



**Children's Services Division  
Early Learning Program  
Implementation Manual  
For Community-Based  
Organizations**

**Final 08 2017**



## Table of Contents

Sections	Pages
Executive Summary	3
Glossary	4
1: Collaborative Governance	8
2: Eligibility, Recruitment, Selection, and Enrollment	20
3: Program Structure	32
4: Education and Child Development Services and Attendance	38
5: Health Program Services	56
5.A: Nutrition	66
5.B: Mental Health	76
5.C: Safety Practices	80
6: Family and Community Engagement	89
7: Services for Children with Disabilities	100
8: Program Management and Quality Improvement	113
9: Data Management	135
10: Transportation	138
11: Waiver Options and Prior Approvals	146
Postscript	148

- *When an agency has more than one type of funding and there is a difference in requirements, the most restrictive or highest standard must be met. So for example, when the distinction is made between HS/EHS and PFA/PI, if an agency has both HS/PFA and/or PI/EHS, it must implement the highest/most restrictive.*
- *EHS refers to **both** the ‘regular’ Early Head Start and Early Head Start-Child Care Partnership programs **throughout the document**.*

## **EXECUTIVE SUMMARY**

### **Background and Process**

The release of the 2016 Head Start Program Performance Standards (HSPPS) coincided nicely with the City of Chicago's planning for the consolidation of the community-based PFA and PI operations into the Department of Family and Support Services' (DFSS) Children's Services Division (CSD), to be administered with HS, EHS, and EHS-CCP. The timing allowed DFSS to bring staff groups together from both Chicago Public School (CPS) community-based programs and CSD in a process to review the standards associated with all early childhood programs and to review and revise procedures to implement those standards.

Those facilitated discussions were held by subject matter areas as laid out in the HSPPS, a format which also captured the content areas of PFA and PI. These discussions also included management sessions and debriefs for each area. Procedures were written based on them and once the first draft of the implementation manual was complete, all HS/EHS/EHS-CCP and PFA/PI agencies were invited to a conference where facilitated discussions were conducted to obtain feedback from community-based agency representatives.

The second draft of the manual was completed after this conference. A second abbreviated round of staff discussions was held before the managers from both DFSS and CPS held a retreat to make final decisions on policies and procedures.

The manual will be posted on the CSD web site. Quarterly reviews will be conducted in the first year, as monitoring reports are reviewed and all entities have a chance to see where the areas are for improvement. After the first year, the manual will be reviewed annually as a more regular part of the CSD ongoing planning system.

### **Format and Contents**

The DFSS Early Learning Implementation Manual contains 11 sections and a glossary. Each section is representative of the expectations for all programs administered by CSD and operated by community-based organizations – Head Start (HS), Early Head Start (EHS), EHS-Child Care Partnership (EHS-CCP), Preschool For All (PFA), and Prevention Initiative (PI) – including all their program options or models. Most sections have a chart in the beginning that lists the sub-sections and indicates which programs are bound by the provisions of those sub-sections.

The early learning implementation manual has an accompanying forms manual. Separate but companion manuals for fiscal procedures, COPA procedures, and a partnership framework are also provided online. Collapsing all existing policies and procedures, plans, forms, and other documents and resources into these streamlined documents was a monumental task and an excellent process for staff and agency involvement in revisiting and reviewing all operating procedures. The consolidation also offered an opportunity to look with fresh eyes on all internal CSD procedures and ensure they meet all program management and leadership requirements and best practices for the breadth of programming delivered via CSD agencies.

## Chicago Early Learning Glossary/Acronym List

<b>ACF: Administration for Children and Families</b>	The branch of the US Department of Health and Human Services (HHS) that administers HS/EHS/EHS-CCP and other programs focused on children and their families.
<b>Assessment</b>	An ongoing process of observation & recording initiated by teachers that provides information about children's development and identifies children's specific strengths and needs. The results of classroom assessment provide the basis for individualizing the curriculum for children. The assessment tool used by all Chicago Early Learning programs is Teaching Strategies GOLD®.
<b>Community Assessment</b>	Required profile for HS/EHS/EHS-CCP of the community in which the program operates; includes data on the characteristics of the community's population, resources, assets and needs.
<b>CACFP: Child &amp; Adult Care Food Program</b>	Funded by the US Dept. of Agriculture (USDA) and administered by ISBE, provides financial reimbursement and/or commodities for providing breakfast, lunch, and snacks that meet federal nutritional requirements to income eligible children/adults.
<b>CATS: Citywide Assessment Team</b>	Staff that complete the assessment process for DFSS children that are referred to CPS for evaluation for suspected delays or disabilities.
<b>CBO: Community-based organization</b>	For these purposes, these are local community centers and agencies that operate HS/EHS/EHS-CCP and/or PFA/PI programming.
<b>CCUO: Chicago Committee on Urban Opportunity</b>	DFSS committee that has responsibility to advise the governing body on compliance and activities of the HS/EHS/EHS-CCP program; governing board retains fiscal and legal responsibility for the grant; must have fiscal, legal and early childhood expertise available.
<b>CCAP: Child Care Assistance Program</b>	Administered by IDHS, CCAP is the IL subsidized child care program for low income working families.
<b>CFR: Code of Federal Regulations</b>	The numbering system used by the US government to organize and catalog all final federal rules published in the Federal Register. All federal regulations governing a specific federal program are codified for easy reference. For example, the numbers assigned to the HSPPS are 45 CFR Parts 1301-1305.
<b>Child standards</b>	Reasonable expectations for children's growth, development and learning in early childhood. Chicago Early Learning programs use: <ul style="list-style-type: none"> <li>• IELDS – IL Early Learning and Development Standards for children ages 3-5</li> <li>• IELG – IL Early Learning Guidelines for children birth to age 3</li> <li>• Head Start ELOF - Early Learning Outcomes Framework for children birth to age 5</li> </ul>
<b>CLASS: Classroom Assessment Scoring System</b>	An observation tool designed to assess the effectiveness of interactions between children and teachers in classes; mandated by OHS for HS classrooms; also mandated by CPS for preschool and toddler classrooms.
<b>Consolidation</b>	Process of consolidating all CBO early childhood funding into one City department for better alignment of programming and streamlined administrative systems for both the City and CBOs.
<b>Conversion</b>	Federal process of converting HS slots into EHS slots to better serve communities and meet the needs of children and families.
<b>COPA: Child Outcome Planning &amp; Assessment</b>	The HS/EHS/EHS-CCP child and family tracking system used by DFSS.
<b>CPP: Community Partnership Program</b>	The program within CPS' OECE that currently administers the PFA and PI funding to CBOs.
<b>CPPC: City-wide Parent Policy Council</b>	Grantee-level council responsible for direction of the HS/EHS/EHS-CCP program; composed of majority parents of currently enrolled children and community representatives; term limit of five years.
<b>CPS: Chicago Public Schools</b>	The grantee of the ECBG (PFA/PI) funding; also a HS delegate of DFSS.
<b>CSD: Children's Services Division</b>	The division at DFSS that administers HS/EHS/EHS-CCP and the City's site administered child care program.

<b>Curriculum</b>	All Chicago Early Learning programs use research-based curricula that guide program activities designed to meet the individual needs of children. Center-based classrooms use Creative Curriculum for all ages of children; DFSS will have a waiver process for use of other curricula; a waiver is not needed for supplemental curricula. PI home visiting programs may use Parents as Teachers, Baby Talk and Healthy Families. HS/EHS home-based programs use Parents as Teachers.
<b>Delegate Agency</b>	A public, private nonprofit, or for profit organization or agency to which a grantee has delegated all or part of its responsibility for operating a HS/EHS/EHS-CCP program; also called a sub-recipient in the Uniform Guidance.
<b>DFSS: Dept. of Family and Support Services</b>	City of Chicago department that is the HS/EHS/EHS-CCP grantee; as of July 2017, will administer the CBO portion of the CPS PFA and PI.
<b>DOE: federal Department of Education</b>	DOE establishes policies on federal education financial aid, distributes and monitors those funds, collects data on America's schools and disseminates research, focuses national attention on key educational issues, prohibits discrimination and ensures equal access to education; provides ECE, special ed and other funding to state and local districts.
<b>ECBG: Early Childhood Block Grant</b>	The state legislation (23 IL Adm Code 235, Subchapter f, Part 235) that enables the PFA and PI programs; funding from this legislation is split with 37% distributed to CPS and the remaining 63% to ISBE.
<b>ECERS: Early Childhood Environmental Rating Scale ITERS: Infant Toddler ERS</b>	Classroom assessment tools designed to measure the quality of group programs for preschoolers and infants/toddlers (birth to age 3) by collecting data through classroom observations and a staff interview.
<b>ECLKC: Early Childhood Learning and Knowledge Center</b>	A resource web site operated by ACF that provides all HS/EHS/EHS-CCP resources, regulations, Information Memoranda, etc. <a href="http://eclkc.ohs.acf.hhs.gov/hslc">http://eclkc.ohs.acf.hhs.gov/hslc</a>
<b>ECM: Enterprise Case Management</b>	Centralized web-enabled application for human infrastructure departments and their delegate agencies to manage services provided to Chicago residents; for DFSS and CPS, it is related to the online application system.
<b>ECSE: Early Childhood Special Education</b>	Special education services for children ages three to five, administered by ISBE and funded by IDEA.
<b>EHS: Early Head Start</b>	Provides comprehensive, family-centered child development programming for low income families with children from birth to age 3 and expectant women.
<b>EHS-CCP: Early Head Start Child Care Partnership</b>	Funded by HHS/OHS in 2014, the intent is to bring together the best of EHS and child care through layering of funding; families must meet both EHS and CCAP eligibility guidelines.
<b>EI: Early Intervention</b>	Special services for infants/toddlers with delays funded by IDEA and administered by IDHS through local Child and Family Connections agencies.
<b>ELLs: English language learners</b>	Children eligible to receive bilingual or ESL services.
<b>ERSEA</b>	Requirements and procedures for HS/EHS/EHS-CCP <i>eligibility</i> determination, <i>recruitment, selection, enrollment and attendance</i> (HSPPS).
<b>ESL: English as a Second Language</b>	Bilingual or ESL services are provided for ELLs.
<b>ExceleRate IL</b>	Early childhood quality rating and improvement system designed to rate the quality of early learning programs and set a research-based standard for providers; has tiered Circles of Quality; higher tiers indicate higher quality.
<b>FPA: Family Partnership Agreement IFSP: Individual Family Support Plan</b>	FPA is a required HS/EHS/EHS-CCP process that describes family goals, responsibilities, timetables, and strategies for achieving family goals, as well as documenting progress in achieving them. IFSP is a required PI/PFA process; the written plan includes three goals the parent has: one for the family, one for the child's development and one for their relationship with their child.

<b>FPL: Federal Poverty Level</b>	A measure of income issued every year by the US HHS department; used to determine your eligibility for certain programs and benefits, including Chicago Early Learning programs.
<b>Grantee</b>	A public or private agency that receives funds directly from ACF to operate a HS/EHS/EHS-CCP program.
<b>Head Start Act</b>	The public law that authorizes the appropriation of funds at specific levels and addresses the intent of the HS/EHS/EHS-CCP program, priorities, and types of services to be provided; most recently reauthorized in December 2007; can be found at <a href="https://eclkc.ohs.acf.hhs.gov/policy/head-start-act">https://eclkc.ohs.acf.hhs.gov/policy/head-start-act</a>
<b>HLS: Home Language Survey</b>	Survey used by PFA/PI to determine if a language other than English is spoken in an enrolled child's home or if the child speaks a language other than English. In PFA, the IDEA Proficiency Test, or Pre-IPT Oral Test, is used to determine whether a child is in need of bilingual or ESL services. Head Start teachers use the home language survey in the Teaching Strategies GOLD® instrument.
<b>HS: Head Start</b>	Comprehensive family-centered child development/early learning preschool program for low income families with children age 3 to compulsory school age.
<b>HSAC: Health Services Advisory Committee</b>	Committee required by the HSPPS that advises the grantee in planning, operating, and evaluating health services; comprised of parents, community health providers, and other specialists in the various disciplines.
<b>IDCFS: IL Dept. of Children &amp; Family Services</b>	State agency that administers early childhood licensing standards and processes; state child welfare agency (foster care and adoption). (also DCFS)
<b>IDEA: Individuals with Disabilities Education Act</b>	Originally enacted by Congress in 1975, the purpose of the law is to ensure that children with disabilities have the opportunity to receive a free appropriate public education just like other children. Part B includes funding and requirements from evaluation to service delivery for children ages 3 and older; Part C addresses the same for infants and toddlers.
<b>IDHS: IL Dept. of Human Services</b>	State agency that administers CCAP, EI, TANF, SNAP and other assistance programs for low income people. (also DHS)
<b>IMPACT: Instructional Management Program and Academic Communications Tool</b>	Web-based solution that meets CPS' student data storing & tracking needs; monitors all students, including children with special needs; and provides business tools and infrastructure necessary to support staff and parents; four components: student information management; curriculum and instructional management; student services management; and gradebook.
<b>ISBE: IL State Board of Education</b>	State agency that administers the ECBG, ECSE and preschool development grant (DOE) funding and programming.
<b>IEP: Individual Education Plan</b>	Plan developed for each child age 3 and older who needs special education; teachers, parents, administrators, related services personnel, work together to improve educational results for children with disabilities.
<b>IFSP: Individual Family Services Plan</b>	A special services plan for young children birth to age 3 with developmental delays; focuses on the child and family and the services that a family needs to help them enhance the development of their child.
<b>LEA: Local Education Agency</b>	Part B of IDEA defines the local education agency, which in Chicago is CPS, as the public board of education responsible for the evaluation, eligibility determination, and provision of services for children ages 3 to 5.
<b>ODLSS: Office of Diverse Learner Supports and Services</b>	ODLSS is an office at CPS responsible for student evaluations, creating and monitoring IEPs, and working with schools, staff, and families to fulfill these plans towards the outcomes of greater student development and achievement.
<b>OECE: Office of Early Childhood Education</b>	CPS Office that administers the ECBG (PFA/PI) programs; as of July 2017, will grant the CBO portion of PFA and PI to DFSS; also administers the HS delegate services in schools.
<b>OHS: Office of Head Start</b>	Office in ACF that administers HS/EHS/EHS-CCP; develops and enforces regulations based on the Head Start Act, HSPPS, and other legislation.
<b>Parent Committee</b>	Committee comprised of <i>all</i> parents of currently enrolled children at the center or program model/option level; part of HSPPS & overall family engagement approach.

<b>PAS: Program Administration Scale</b>	Instrument designed to measure the leadership and management practices of early childhood programs (National Louis University).
<b>PEL/ECE: Professional Educator License/Early Childhood Education</b>	The license and certification issued by ISBE and required of lead teachers in PFA classrooms.
<b>PFA: Preschool for All</b>	ECBG early learning program for children ages 3 to compulsory school age; includes school-based and community-based centers.
<b>PFCE: Parent, Family and Community Engagement Framework</b>	HS/EHS research-based approach to program change designed to help programs achieve outcomes that lead to positive and enduring change for children and families; interactive framework at <a href="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework">https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework</a> .
<b>PI: Prevention Initiative</b>	ECBG program for children birth to age 3; includes community-based centers and home visiting programs.
<b>PIR: Program Information Report</b>	Required annual federal report that provides quantitative information on key characteristics of each HS/EHS/EHS-CCP program to ACF.
<b>Policy Committee</b>	HS/EHS/EHS-CCP committee at the delegate agency level responsible for direction of the program; elects parents to participate on the CPPC.
<b>Program Performance Standards</b>	<ul style="list-style-type: none"> <li>• <b>HSPPS (Head Start Program Performance Standards)</b>. Federal regulations that govern HS/EHS/EHS-CCP programs in the areas of program governance, program operations (ERSEA, program structure, education, health, family and community engagement, disabilities, transition, HR, program management/quality improvement and services to pregnant women), fiscal and administrative, federal administrative; latest revision November 2016.</li> <li>• <b>IL Birth to Five Program Standards</b>. Provide the basis for development, implementation and evaluation of high quality birth to five programs; include organization, curriculum and service provision, developmental monitoring and program accountability, personnel and family/community partnerships.</li> </ul>
<b>Program Models/Options</b>	Service delivery models that may be selected to respond to the needs of children and families in the local community; include center-based, home visiting or home-based and family child care homes.
<b>QIP: quality improvement plan</b>	Plan developed by PFA/PI programs to address the findings from their annual program year self-evaluations.
<b>RFP: Request for Proposals; RFQ: Request for Quotation</b>	Standard procurement business processes whose purpose is to invite suppliers into a bidding process to bid on specific products or services; use to solicit new delegate agencies via the City's procurement process.
<b>RTL: Ready to Learn</b>	Local initiatives and funding that support Chicago Early Learning, including the online application system, the consolidation, preschool slots and others.
<b>Screening</b>	Initial look at a child's level of functioning in all developmental areas, speech/language, hearing/vision, and health. HS/EHS/EHS-CCP and PFA/PI require screenings completed within 45 days of child's enrollment. Instruments used by PI and EHS are Ages & Stages Questionnaire – Developmental (ASQ) and ASQ – Social Emotional (SE); by PFA and HS - Early Screening Inventory-Revised (ESI-R) and ASQ-SE.
<b>Self-Assessment (HS/EHS/EHS-CCP) or Program Self-Evaluation (PFA/PI)</b>	Required annual process in which staff, parents and community assess their program, both classrooms and administration, in relation to the requirements, addressing need, and quality. The results of this assessment guide program planning and decision-making. PFA and PI programs must use a standard tool to evaluate their program; approved tools are ITERS and PAS, ECERS and PAS, Head Start monitoring protocol, and NAEYC Accreditation Process (self-study or site visits years ONLY).
<b>SME: Subject Matter Experts</b>	SMEs from CPS and the Erikson Institute are assigned to HS delegate agencies for support.

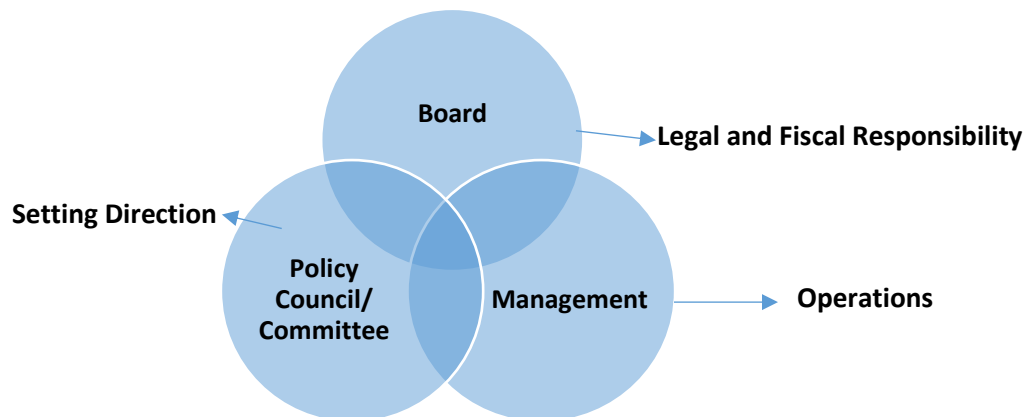
## Section 1. COLLABORATIVE GOVERNANCE

### All HS/EHS/EHS-CCP program models and settings

**HS/EHS/EHS-CCP** programs must have a formal structure of collaborative governance in place, in which a Policy Committee/Council, governing body, and management staff jointly participate in decision-making. Governing bodies and Policy Committees/Councils must work collaboratively with key management staff to make decisions on program design and implementation.

DFSS HS/EHS/EHS-CCP delegate agencies must establish and maintain a formal structure of collaborative governance in which the Policy Committee and the governing body jointly participate in decisions about the direction of the HS/EHS/EHS-CCP programs.

This Venn diagram displays pictorially the vision on collaborative governance.



DFSS believes maintaining a strong board is partly achieved through well organized and structured meetings. This helps to engage board members, giving them a sense of accomplishment and strengthening the overall team for the long term. For governing bodies that are in place because of public election or political appointment, HS/EHS/EHS-CCP agencies must create processes on how they will meet the requirements of the Head Start Act on collaborative governance and describe them clearly in the governing body bylaws.

Each HS/EHS agency's Chief Executive Officer and/or President must ensure and support agency oversight, including the fiscal responsibility, sustainability, functionality, and engagement of the governing body.

### Delegate Agency Governing Body

#### *Governing Body Membership and Operations*

Each HS/EHS agency must have an active and functioning governing body. This governing body must meet on a regular basis to discuss and make decisions about the HS/EHS/EHS-CCP programs.

Each HS/EHS agency's governing body must include the following composition of expertise:

- At least one member with a background and expertise in fiscal management or accounting.
- At least one member with a background and expertise in early childhood education and development.
- At least one member who is a licensed attorney familiar with legal issues that come before the governing body.
- Exceptions to the expert membership requirements shall be made for members of a governing body when those members oversee a public entity and are selected to their positions with the public entity by public election or political appointment.

Additional members shall reflect the community to be served and include current or former Head Start parents.



HS/EHS CBO boards must include members that meet each of the four areas of expertise, however, they may not have only four members. Boards may use consultants to meet the required areas of expertise, however, consultants may not provide services to both the board and the agency.

The agency must maintain documentation of the required compositional make-up of the governing body.

Each HS/EHS delegate agency's governing body shall implement and follow its board bylaws and board policies and procedures related to board member recruitment. Governing body bylaws must include membership requirements and conflict of interest language. The bylaws must be revised, as necessary, and reviewed annually. Revised bylaws must be submitted to DFSS within 30 calendar days of approval.

Each HS/EHS delegate agency's governing body must maintain, review, and update annually, written standards of conduct and formal procedures for disclosing, addressing, and resolving conflicts of interest. Agencies must have systems in place to track and verify that board members do not:

- Have a financial conflict of interest with the delegate agency.
- Receive compensation for serving on the governing board or providing services to the agency.
- Be employed nor have immediate family members be employed by the delegate agency; follow the nepotism implementations of the agency's DFSS contract.

Each HS/EHS delegate agency's governing body shall maintain an organized record-keeping system that stores governing body policies and procedures, meeting minutes, applicable insurances, and evidence of HS/EHS approvals, data sharing reports, and training and technical assist support.

#### *Governing Body Duties and Responsibilities*

The HS/EHS delegate agency governing body has legal and fiscal responsibility for the HS/EHS program and is responsible for administration, oversight, and for ensuring compliance with federal, state and local laws. Delegate agency boards are responsible for adhering to the DFSS contractual agreement.

The CBO's executive director, chief financial officer, and other key staff are responsible for ensuring the board is informed of applicable issues and concerns with compliance with federal, state, and local laws. Governing bodies are responsible for implementing the HS/EHS program with guidance and feedback from program data, such as community assessments, self-assessment, program goals and objectives, and any other applicable data.

The agency should use data to make decisions regarding:

- Selection of partner agencies and the service areas.
- Establishing procedures and criteria for recruitment, selection, and enrollment of children.
- Developing and reviewing all applications and amendments for funding and budgets.
- Establishing procedures and guidelines for accessing and collecting information that helps the board and Policy Committee carry out its conduct of responsibilities for informed decision making.

Governing bodies are responsible for the hiring of key HS/EHS personnel. Agency boards and Policy Committees approve all personnel procedures. Board must approve all key positions, including the executive director, HS/EHS director, chief fiscal officer, and other persons in an equivalent position within the agency.

Each HS/EHS delegate agency's governing body must establish, review, and update annually, complaint procedures that describe how it will handle complaints brought against the program. These procedures should include any applicable investigation process.

The complaint procedures should:

- Have a written system that explains where complaints can be sent.
- Identify to whom the complaint should be addressed at the agency.

- Allow for the Policy Committee and/or board to discuss and provide resolution for the complaint; resolutions should contain next steps, as applicable, and time frames to respond.
- Document actions taken and resolutions made.

Each HS/EHS delegate agency's executive director, chief financial officer, human resources director, or designated staff must engage the governing body in the development, review, and approval, as needed, of the following major activities, policies and procedures:

- Approval of the annual self-assessment, audit, and, as applicable, corrective action plans.
- Approval of agency's progress in carrying out programmatic and fiscal goals.
- Approval of personnel policies and procedures, including hiring, evaluation, compensation, and termination of key staff.
- Review and approve funding applications and amendments.
- Review and approve financial and accounting policies and procedures.
- Develop and update annually procedures for the selection/election of Policy Committee members and the determination of the composition of the Committee to ensure representation of program options, models, and classrooms.
- Program planning procedures.
- Review, revise, as needed, and approve annually the criteria for recruitment, selection, and enrollment of children between March-June for the next program year.
- Data management procedures that ensure the collection, sharing, and use of quality data while protecting the privacy of child records.
- Review and use the following reports and data, as applicable, to make informed program decisions
  - Quarterly child outcomes reports/school readiness data
  - Program summaries
  - Program and fiscal monitoring reports
  - Monthly fiscal reports, including credit card expenditures and in-kind/non-federal share reports
  - Monthly USDA meal and snack reports
  - Monthly enrollment and attendance reports
  - Self-assessment report and related improvement plans/areas for enhancement
  - Federal Program Information Report (PIR) data
  - Annual program report
  - Community assessment
  - Annual fiscal audit reports and corrective measures, as applicable
  - Correspondence, as applicable, from HHS/Office of Head Start and DFSS
  - Human resources reports
  - Other reports, as deemed appropriate

Programs must have a data management process in place that describes how and when the board will receive the above referenced reports.

### **Delegate Agency Policy Committee**

The Policy Committee helps set the direction of the HS/EHS/EHS-CCP program, in partnership with key program staff and the agency's governing body, as part of the HS/EHS/EHS-CCP collaborative governance structure. Each delegate agency must have a functioning Policy Committee that is established annually and early in the program year, preferably between September and November. The Policy Committee is engaged in ongoing planning processes related to HS/EHS/EHS-CCP program operations.

### *Policy Committee Membership and Officers*

The Policy Committee members must be:

- Comprised of a majority of parents/guardians of children currently enrolled in the HS/EHS/EHS-CCP program, with representation from each HS/EHS/EHS-CCP program option/model operated by the agency
- Comprised of representatives drawn from the community; community representatives can include former HS/EHS/EHS-CCP parents

Policy Committee parent members must be elected annually between by their peers from Parent Committees. Policy Committee community representatives must be elected by the Policy Committee between October and November. Community representatives shall not exceed the number of elected eligible Policy Committee parent members.

Policy Committee leadership must include the following six officers: chairperson, vice chairperson, secretary, and Citywide Parent Policy Council (CPPC) delegate and alternate. The Committee may also elect an assistant secretary (optional). Policy Committee members are elected into these positions annually between October and November by their peers on the Policy Committee. Policy Committee officers shall meet with respective program staff to plan and prepare for regularly scheduled meetings.

HS/EHS/EHS-CCP delegate agencies must track Policy Committee membership to ensure that elected parent members and community representatives serve no more than five one-year terms on the Policy Committee.

Each delegate agency must have a written system that supports educating/informing, nominating, and electing Policy Committee members from the agency's Parent Committees, including parents from the HS/EHS/EHS-CCP delegate agency's sites, both directly operated and partner.

Each HS/EHS/EHS-CCP delegate agency must submit the names of the elected CPPC delegate and his or her alternate and the agency's Policy Committee membership list to DFSS, to ensure establishing and tracking the DFSS CPPC and delegates' Policy Committees. This information is due to DFSS annually by November 30. Agencies must use the CPPC Letter of Certification and Policy Committee membership form to submit this information.

Each HS/EHS/EHS-CCP delegate agency is responsible for retaining Policy Committee members to ensure that an active Policy Committee is available to conduct HS/EHS/EHS-CCP business and obtain needed approvals. Agencies are to notify DFSS in the event that Policy Committee members are no longer able to serve or fulfill their terms by submitting updated CPPC Letter of Certification and a Policy Committee membership list.

### *Policy Committee Policies and Procedures*

The following policies and procedures must be developed, reviewed, updated and approved at least annually by HS/EHS/EHS-CCP agencies' governing bodies and Policy Committees, as applicable.

- Policy Committee bylaws, with selection/election processes for Policy Committee members and Parent Committee officers
- Conflict of interest policy
- Standards of conduct for volunteers; refer the Program Management section of this manual
- Impasse resolution procedures
- Confidentiality policy
- Parents' roles in human resources
- Policy Committee reimbursement policy
- Complaint procedure

HS/EHS/EHS-CCP agencies must provide an overview of these policies and procedures in their Policy Committee orientation and/or leadership training during their first quarter of the new Policy Committee service/program year, by no later than November 30. Policy Committee records must be maintained in an organized system, including policies and procedures, meeting minutes, evidence of approvals, data sharing reports, training and technical assist support, and other applicable information.

#### *Policy Committee Responsibilities and Duties*

HS/EHS/EHS-CCP delegate agencies are responsible for planning and organizing meaningful and intentional opportunities for their Policy Committees to be engaged in helping set the direction of the HS/EHS/EHS-CCP program. One of the key ways to do this is by ensuring that the Policy Committee has ample opportunity to be involved in the agency planning processes.

Agencies must engage their Policy Committees at various, planned entry points to share timely and accurate information so Policy Committees can make informed decisions on the action items for which they are responsible.

The Policy Committee is responsible for reviewing and approving the following items.

- Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the HS/EHS/EHS-CCP services are responsive to community and parent needs.
  - The parent activity fund, which covers planned parent activities, Policy Committee activities and CPPC out of area travel, supports this objective.
  - These activities should be planned annually during late summer or early fall.
  - Agencies are to submit their parent activity calendars and budgets to DFSS in October/November with their approved HS/EHS/EHS-CCP contract documents.
- Criteria for the recruitment, selection, and enrollment of children; to be reviewed, revised as needed, and approved annually between March and June for the next program year.
- Applications and amendments for funding HS/EHS/EHS-CCP programs; to be approved prior to submission to DFSS in June/July.
  - Agencies must train Policy Committees on the grant application process, including program goals and objectives.
  - Applicable program data should be shared with the Policy Committee to justify program and budget narratives.
  - Appropriate Policy Committee documents should be submitted to DFSS with the grant application, including Policy Committee meeting minutes and the Policy Committee statement letter signed by the chairperson.
- Budget planning for program expenditures, including policies for reimbursement and participation in Policy Committee activities. Preparation includes the design of the parent involvement activity budget plan and explaining cost categories in the line item budget for the overall grant application and budget.
  - Policy Committee funds are also used to provide child care reimbursement to parents/Policy Committee members, as needed, when tending to Policy Committee business.
  - Each agency must have a reimbursement policy that includes the following elements: child care reimbursement procedures and rates; meal reimbursement procedures (local); and transportation support for travel to policy group meetings and activities.
- Bylaws for the operation of the Policy Committee. This can include the procedures for the selection of Policy Committee members and must include the election process for Policy Committee members, Policy Committee officers, CPPC representatives, and community representatives.
  - Bylaws are reviewed every year during spring/summer planning for the succeeding Policy Committee.

- May be amended, as needed and within reason, with Policy Committee approval.
- Program personnel policies, including decisions regarding the employment of key program staff and the criteria/procedures for the employment and dismissal of staff; reviewed and/or revised and approved as necessary for policy and procedural changes; must include the Policy Committee's role in human resources matters, including recruitment of HS/EHS/EHS-CCP staff, interviewing and screening processes.
- Approve all hiring procedures and participate in the hiring process for all positions funded in whole or part by HS/EHS; approve hires and promotions for key staff funded in whole or part by HS/EHS/EHS-CCP; key staff include those that set policies and write procedures for the program.
- Standards of conduct for staff, contractors, and volunteers (refer to the Program Management section of this manual).
- Recommendations on the selection of sites and partners and the service areas for such agencies, as applicable to delegate agencies.

The Policy Committee is also responsible for:

- Adhering to program confidentiality and conflict of interest policies.
  - Members must sign a confidentiality and conflict of interest disclosure at their orientation training or at their first meeting, if they did not attend orientation.
  - No DFSS or delegate staff or members of their immediate families may serve on the Policy Committee.
  - Policy Committee members cannot be paid for services rendered to the program.
- Sustaining, mentoring, and supporting Policy Committee membership.
  - Remaining active on the Policy Committee until the newly elected members have been seated.
  - Allowing newly seated members to shadow the currently seated Policy Committee members before assuming their role on the Committee.
    - ✓ Once elected, being committed to serving during the full program year.
    - ✓ Notifying program staff of any inability to continue to serve.
    - ✓ Making recommendation for replacement members.
- Reviewing program data prior to making decisions to remain updated on program progress, issues, and concerns.
- Reviewing and using the following reports and data, as applicable, to make informed decisions regarding the program:
  - Quarterly child outcomes reports/school readiness data
  - Program summaries
  - Program and fiscal monitoring reports
  - Monthly fiscal reports, including credit card expenditures and in-kind/non-federal share reports
  - Monthly USDA meal and snack reports
  - Monthly enrollment and attendance reports
  - Self-assessment report and related improvement plans/areas for enhancement
  - Federal Program Information Report (PIR) data
  - Annual program report
  - Community assessment
  - Annual fiscal audit reports and corrective measures, as applicable
  - Correspondence, as applicable, from HHS/Office of Head Start and DFSS
  - Human resources reports
  - Other reports, as deemed appropriate

Programs must have a data management process in place that describes how and when policy committee and board members will receive the above referenced reports.

### *Policy Committee Meetings*

HS/EHS/EHS-CCP delegate agency Policy Committees must meet monthly to fulfill their responsibilities. These meetings must be set at an agreed upon date and time, in partnership with the Policy Committee and as reflected in the bylaws. Best practices indicates that regular meetings should be held on the same day of the month and time to maximize membership participation and consistency for planning personal and work schedules. The Policy Committee bylaws must indicate instances and expectations for special meeting sessions.

Information should be mailed and/or emailed to Policy Committee members prior to meetings and posted where parents can see them. This information might include meeting notices, agenda highlights, meeting minutes and materials. Just prior to the scheduled meeting, agency staff should provide Committee members with reminder calls/notices.

Policy Committee meetings should include a written agenda with informational and action items to be discussed during the meeting. Other agenda items can include, but are not limited to program updates, fiscal reports, Parent Committee/CPPC committee reports, director reports, training presentations, etc.

Agencies are encouraged to train their Policy Committees to use a modified parliamentary agenda, including for example, call to order, roll call, review and approval of minutes, action items, committee reports, special reports, old or unfinished business, and new business.

### **Monthly and Periodic Data Reports to the Governing Body and Policy Committee**

Each delegate agency must ensure that it is sharing and providing timely, accurate, and regular information for the use by the Policy Committee and board. The agency must have a data management system in place that will address how these groups will receive this information to help them carry out their responsibilities to ensure quality programming to children and families.

Each HS/EHS/EHS-CCP agency shall ensure it regularly shares accurate information about program planning, policies, and operations for the governing body and Policy Committee to use, including:

- Monthly financial statements, including credit care expenditures and in-kind/non-federal share reports
- Monthly program summaries
- Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency
- Monthly USDA meal and snack reports
- Financial audits, including findings
- Annual self-assessment reports, including findings
- Community assessment and planning, including updates
- Communication and guidance from the HHS Secretary
- Program Information Reports (PIR)

The procedure for sharing these reports and information to the Policy Committee, the governing body, and staff shall be documented and maintained. Agency staff persons who are responsible for providing the reports/information include the executive/program director, financial officer, human resources director, or designees.

### **Training Requirements for the Governing Body and Policy Committee**

The executive/program director and assigned staff must provide the governing body and Policy Committee with appropriate training and technical assistance so they understand the information received and can effectively carry out their responsibilities. Training topics must cover, but are not limited to, eligibility rules, HSPPS,

orientation/leadership to collaborative governance, personnel procedures and expectations, fiscal, grant application/budget process, parent activity fund budget, contract scope of services, meeting protocol and decorum, how to use data for planning and decision making, and annual program self-assessment. This training should be provided in a timely manner throughout the program year to support members in carrying out their responsibilities.

Newly seated Policy Committee and board members must receive the eligibility rule training within 90-120 days of seating the new Policy Committee and interview training.

### **Procedures for Impasse Resolution**

An impasse occurs when parties cannot agree on a course of action, given their respective responsibilities pursuant to applicable regulations. In the event of an impasse, the HS/EHS/EHS-CCP delegate agency board of directors and Policy Committee will:

- Convene a meeting between the board and Policy Committee chairpersons and the delegate executive/program director. The meeting will take place within 10 working days after reaching the impasse. The purpose of the meeting will be to discuss the issue and to seek a resolution, subject to the approval, if applicable, of the Policy Committee and the governing board.
- If the parties are unable to reach an agreement, an arbitration team will be selected and given clear directions regarding expectations, procedures, timelines, and report format.
- The arbitration team will review and research all documents and interview all key parties, in order to make an objective decision.
- All parties in the impasse will provide the arbitration team with the necessary and requested documentation related to the issues within 10 working days of the request. This may include minutes of meetings, taped discussions, interviews, program documents, and any other pertinent information.
- The arbitration team will convene a hearing within 10 working days after receiving all necessary documentation. The board and Policy Committee chairpersons and delegate executive/program director may be present at the hearing to present evidence.
- The arbitration team will issue a written ruling within 10 working days after the conclusion of the evidentiary hearing. The ruling will be binding on all parties.

### **Parent Committees**

Parent Committees must be formed at the delegate agency's directly operated and partner sites. Each respective site must establish a Parent Committee that is comprised of parents/guardians of children currently enrolled in the program.

#### *Structure and Meetings*

The Parent Committee must be established early in the program year, beginning with the annual parent orientation held at each site. The Parent Committee is open to all parents/guardians with children currently enrolled in the program.

Monthly Parent Committee meetings must be set and held at an agreed upon date and time, in partnership with the parents. The annual meeting schedule must be provided to parents and posted where parents will see it.

HS/EHS/EHS-CCP delegate agencies must submit the Parent/Policy Committee Tracking Form to DFSS by November 30 of each year. This form supports verification of established Parent and Policy Committees.

Delegate agencies must ensure that parents understand the purpose and process for serving on the agency's Policy Committee. Information should be provided related to this at the annual parent orientation and Parent Committee meetings.

Each site must have a written process that supports and ensures the nomination and election process for parents elected as officers of the Parent Committee and as parent representatives on the Policy Committee.

Each site must have staff assigned to work with the Parent Committee to support its functions, meetings, and activities. Each site shall maintain an organized record keeping system that stores Parent Committee policies and procedures, meeting minutes, agendas, sign-in sheets, training records, etc.

#### *Responsibilities*

Each HS/EHS/EHS-CCP agency must have systems and procedures in place to support Parent Committees in implementing their responsibilities, including:

- Advising staff in developing and implementing local program policies, activities, and services, to ensure they meet the needs of children and families.
- Ensuring a process for communication with the Policy Council and Policy Committee. Reports are submitted to the Policy Committee and Policy Council monthly.
- Participating in the recruitment and screening of HS/EHS employees, within the agency guidelines.

#### *Staff Support Roles*

Program directors must designate staff to attend monthly Parent Committee/Policy Committee meetings and provide assistance to Parent Committees.

Teachers and home visitors, where applicable, and other designated staff will:

- Actively recruit families to attend Parent Committee/Policy Committee meetings from all program options.
- Actively talk with families about Parent Committee meeting fliers and post them where parents can see them.
- Actively sign families up to attend Parent Committee.
- Actively talk about Parent Committee and Policy Committee meeting dates and times with the parents who serve in a parent leadership role.
- Include Parent Committee dates and Policy Committee meeting dates in monthly newsletters.

#### *Procedures for Initial Parent Committee Orientation/Officers Meeting*

Program/site directors or designees will:

- Review program calendar and schedule initial meeting dates and times for all Parent Committees/Policy Committees, along with all appropriate staff and managers.
- Ensure that an orientation meeting is held within the first 45 days of new program year.
- Ensure parent notification of the orientation and provide training for appropriate staff to ensure that they will be able to successfully manage the Parent Committees.
- Ensure that each Parent Committee has the proper materials to be effective.
- Attend the initial Parent Committee orientation officer meetings, as feasible.
- Explain the purpose and structure of the Parent Committees and Policy Committees and clarify the roles and responsibilities of Parent Committee officers and the Policy Committee delegate and alternate.
- Encourage parents to participate in the Parent Committee as an officer or as a Policy Committee representative or alternate.
- Generate a database of officers and keep it current.



- Maintain updated demographics for Parent Committee officers and Policy Committee members for the purpose of communication, oversight, filling vacant positions and ensuring training for parent leaders.

Appropriate/designated family support and home visiting staff will support the parent orientation and all Parent Committee meetings.

- Notify families of meeting dates and times; post fliers where families can see them.
- Assist with logistics for the meeting and attend the meeting and transcribe minutes of all meetings, as needed.

#### *Procedures for Monthly Parent Committee/Policy Committee Meetings*

The site director or designee will:

- Attend and make reports on monthly and future program activities; ensure that all classroom/home visitor reports are provided to the group.
- Report on parent activities and solicit ideas for future activities, including an end of the year family engagement activity.
- Ensure that all positions remain filled.

### **Ongoing Monitoring of Collaborative Governance**

HS/EHS delegate agency staff will review all the provisions of this section monthly, including related agency policies and procedures, to ensure that:

- Parent and Policy Committee are established and meetings are being held.
- Policy Committee and board record keeping systems are maintained.
- Policy Committee and board approvals are obtained and documented in meeting minutes with supporting handouts.
- Policy Committee and board are receiving timely and accurate data reports.
- Composition of the Policy Committee and board adhere to standards.
- Board, Policy and Parent Committees receive ongoing and required training.
- Collaborative governance policies and procedures are in place and implemented.
- Agency staff must certify the approval of key staff by entering hires, dates, and criminal background checks into COPA.

### **Collaborative Governance Milestones**

Each HS/EHS/EHS-CCP delegate agency must use the collaborative governance milestones to support program planning for timely implementation and compliance on benchmarks in this subject matter area.

#### *Monthly*

- Support parents in convening their monthly Parent and Policy Committee meetings and maintain record keeping systems for securing meeting materials
- Present and provide written monthly reports to the Policy Committee and board including elements detailed in the reporting section of this part
- Enter the approved key staff hires, dates, and criminal background checks into COPA HR
- Conduct parent orientation session, including educating parents on Policy Committee service and Parent Committee involvement and expectations
- Implement activities for establishing the program year's newly elected/re-elected Policy Committee
- Ensure/provide CPPC report to the Policy Committee
- Update Letter of Certification and Policy Committee membership list, as needed

#### *Quarterly*

- Present quarterly child outcomes analysis to the Policy Committee and Board

#### *September*

- Prepare the scope of services, parent involvement activity budget plan, and HS/EHS/EHS-CCP budget in partnership with the policy committee and board
- Conduct Parent Committee elections for site officers and Policy Committee members for the program year

#### *October*

- Conduct parent committee elections for site officers and policy committee members for the program year (may go into November)
- Conduct Policy Committee elections for officers, CPPC Representatives, and community representatives (may go into November)
- Provide Policy Committee orientation and leadership training session(s). This training should include providing the Policy Committee with an overview of the program governance policies and procedures that will govern them throughout the program year; HSPPS, fiscal training, understanding their roles in HS/EHS/EHS-CCP governance, meeting decorum/best practices, and personnel training, including best practices for interviewing (may go into November)
- Finalize the scope of services, parent involvement activity budget plan and HS/EHS/EHS-CCP budget in partnership with the Policy Committee and board

#### *November*

- Self-assessment timeline and implementation plan developed in partnership with the Policy Committee and board
- Submit approved scope of services, parent involvement activity budget plan, parent activity calendar, and budget to DFSS
- Submit Letter of Certification and Policy Committee membership list to DFSS
- Submit Parent/Policy Committee Tracking to DFSS
- Present and provide agency's annual report to the board and the Policy Committee

#### *December*

- Present self-assessment timeline and action plan to the Policy Committee and board for approval
- Support CPPC representative in running for office on the CPPC

#### *January*

- Provide self-assessment training to the Policy Committee and board

#### *April*

- Begin Policy Committee recruit plans for the next program year
- Conduct transition activities with parents of children transitioning to Head Start or to kindergarten
- Share community assessment with Policy Committee and board

#### *May*

- Prepare for the next program year HS/EHS grant applications and budgets: provide training the Policy Committee and board on the grant application and budget process; review the program approach and line item budget
- Develop the HS/EHS grant applications and line item budgets, in partnership with the board and Policy Committee, including program goals and objectives, program approach, budget
- Submit HS eligibility rule training certification for newly seated Policy Committee & board members

#### *June*

- Submit approved HS/EHS/EHS-CCP self-assessment action plan, grant applications, and budgets to DFSS
- Review/revise collaborative governance policies and procedures, in partnership with the Policy Committee

#### *July*

- Maintain evidence of approved collaborative governance policies and procedures that will govern the succeeding Policy Committee for the upcoming program year
- Submit/upload governance Certification of Compliance for board approval of the organization's financial and accounting policies and procedures
- Maintain compliance evidence of the board's annual evaluation of the executive director
- Maintain evidence that the annual report, including all mandatory elements, was shared with the Policy Committee and board
- Maintain evidence that the annual single audit process included selection and approval of the auditor by the board, that the audit report was shared with the board and Policy Committee, and the board approved any corrective action plans related to audit findings
- Conduct an annual review of the following policies and procedures: whistle blowing, board bylaws, conflict of interest/disclosure, code of conduct/standards, personnel policies and procedures, fiscal and accounting policies and procedures

### **DFSS Support**

As part of its support, DFSS may provide, as needed, technical assistance about: ensuring boards and Policy Committees are established and functioning and their minimum functions; elections; strategies for engaging parent participation in the review and approval processes for submission to the board; opportunities for parent involvement in the development of strategies ensuring communication between the Policy Committee, Parent Committees, management, and the community; and other resources and supports to enhance the functioning and compliance of this area. DFSS may also provide opportunities for parents to attend training, i.e., identify training resources, network with community organizations and support to the agency's elected CPPC Parent representatives.

Collaborative governance forms.

- #1 CPPC letter of certification and Policy Committee membership form
- #2 Parent Committee/Policy Committee Communication Form with Guidance
- #3 Parent Involvement Activity Budget - sample template
- #4 Parent/Policy Committee Tracking Form
- #5 Policy Committee Reimbursement Form

Collaborative governance resource documents found on the CSD web site, among others.

- #1 Policy Committee composition and community representative resources
- #2 Policy Committee and Board Approvals at a Glance
- #3 Board and Policy Committee Minutes Contents
- #4 Sample Parent Activity Calendar
- #5 Office of Head Start Governance Readiness Tool  
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/governance-readiness-tool-fillable-form.pdf>
- #6 Guidance for Election/Re-Election of Policy Committee
- #7 Ensuring Board Involvement in Head Start Program Governance – Annual Fiscal and Reporting Requirements
- #8 Monthly and Periodic Reports to the Board and Policy Council
- #9 OHS Program Planning Schedule

## Section 2: ELIGIBILITY, RECRUITMENT, SELECTION, AND ENROLLMENT

Eligibility, Recruitment, Selection & Enrollment Chart	Page #	Ages 3-5			Birth to Age 3					Birth -5
		Center-Based		Home- Based	Center-Based			Home-Based/ Home Visiting		FCCH
		HS	PFA without HS	HS Home- Based	EHS Start	PI with EHS	PI without EHS	EHS	PI without EHS	HS/ EHS
Community Assessment	20	X		X	X	X		X		X
Enrollment Process	21	X	X	X	X	X	X	X	X	X
Recruitment	23	X	X	X	X	X	X	X	X	X
Recruiting for Home- Based	23			X				X	X	
Eligibility and Selection Process	24	X	X	X	X	X	X	X	X	X
COR Birthdate Age Chart	24					X full	X full			
After the Preliminary Placement Process	26	X	X	X	X	X	X	X	X	X
Children with Disabilities	27	X		X	X	X		X		X
Children from Over Income Families	28	X		X	X	X		X		X
Enrollment and Re- Enrollment Process	28	X		X	X	X		X		X
Assurance of Funded Enrollment	29	X	X	X	X	X	X	X	X	X
Fees	30	X	X	X	X	X	X	X	X	X
PFA Transition	30		X							
Eligibility Training	30	X		X	X	X		X	X	X
Ongoing Monitoring	30	X	X	X	X	X	X	X	X	X
Milestones (as apply)	31	X	X	X	X	X	X	X	X	X

DFSS' programs provide support and oversight for eligibility, recruitment, selection, and enrollment processes by establishing requirements for determining community strengths, needs, and resources, as well as recruitment areas. Attendance procedures can be found in the Education section of this manual.

### HS/EHS: Community Assessment

Each DFSS HS/EHS agency will collect and analyze available quantitative and qualitative data to assess the needs and strengths of each community in its service area. Community assessment data is essential to the planning process, for informing slot allocation and distribution, program self-assessment, goals and objectives, and grant applications.

Per the HSPPS, agencies must conduct a full community assessment at least once every five years, and an annual review and update of the community assessment data to reflect significant changes. Data must be used to describe community strengths, needs, and resources, and to document the needs of special populations.

Minimum requirements for agency community assessment reports and annual updates include the following:

#### Community demographics

- Number of eligible infants, toddlers, preschool-age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak
- Number of eligible children experiencing homelessness, children in foster care, and children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies

#### Community early childhood supply and demand

- Number of eligible children served by your agency by age and program type
- Other child-development child care centers and family child care programs that serve eligible children in the community, and the approximate number of eligible children served

#### Community needs and strengths

- Education, health, nutrition, and social service needs of eligible children and their families, and typical work, school, and training schedules of parents with eligible children
- Resources available in the community to address the needs of eligible children and their families
- Results from parent and teacher surveys or focus groups, if applicable.
- Additional information and data points useful to the agency or its stakeholders
- Possible resources for agencies to use in conducting and analyzing community assessment data, also found in the Program Management section of this manual, include: Young Children in Chicago (<http://dfss-ycic.chapinhall.org/>) and Early Childhood Supply and Demand (<http://dfss-ecsd.chapinhall.org/>).

After writing the community assessment, the HS/EHS agency director or designee must review the program's structure and location(s) for center-based, home-based, FCCH, and child care partnership models to reassess and determine if the agency is serving the most needy children in the manner that best supports the community.

DFSS will provide guidelines to its agencies for the template and timing of reporting community assessment data to central office.

## Enrollment Process

### *Intake*

#### Prequalification of families:

- a. Collect proof of income, birth certificate/certificate of live birth, documentation of number in the household, and the family's residency status.
- b. Determine whether or not the family is experiencing homelessness.
- c. Give the parent a list of needed documentation required to enroll child, including medical and dental.
- d. Add the child to the waiting list.

#### Intake:

- a. **HS/EHS:** DFSS has established a timeline of no longer than 15 days between a family's intake and enrollment application.

- b. Obtain documentation of current physical, immunization, and dental.

**HS/EHS:** DFSS has established a timeline of within 15 calendar days of enrollment, and not to exceed 30 calendar days, for the following steps:

- a. Complete family assessment.
- b. Identify and enter into COPA at a minimum one goal, referral, and case note.
- c. Schedule the first home visit with the family.

**HS/EHS:** Per the HSPPS, “enrollment” means a child has been accepted and attended at least one class for center-based and family child care option or at least one home visit for the home-based option.

All agency children are enrolled in the COPA child and family data tracking system. Please follow the guidance in the *Policies and Rules for Community-Based Organization (CBO) and Chicago Public Schools (CPS) Preschool Programs Chicago Early Learning Preschool Application (CELPA)*, posted on the CSD web site.

At a glance, the process of applying and enrolling into preschool via the online application system is as follows:

- **Research.** Families may visit [chicagoeearlylearning.org](http://chicagoeearlylearning.org), visit a community-based preschool, or visit a Family Resource Center to learn more and compare their options for early childhood education. They may also call 312-229-1690 for assistance.
- **Apply.** Families can apply at [chicagoeearlylearning.org](http://chicagoeearlylearning.org), at a community-based site directly, or with the assistance of a Family Resource Center or other social service agency. Families who want to apply online, but who have problems accessing the application, can call 312-229-1690 to receive assistance.
- **Verify.** Families who have been given preliminary offers will be required to bring in documentation to prove their eligibility. Schools require families to visit a Family Resource Center with their documentation. Community-based preschool programs require families to visit that site directly.
- **Enroll.** Students who have verified offers for school-based programs will be instructed to register at their school prior to the school year. Students who have verified offers for community-based programs will be instructed to complete enrollment at the community-based site.

Point assignments for these criteria are determined by DFSS and CPS, in collaboration with schools, agencies, and partner organizations.

Point assignments can vary from school to school, or program to program, and can fluctuate over time. DFSS and CPS leadership will provide guidance and approval of all point assignments – and their value changes over time – to best meet and address the needs of specific schools and programs, and to satisfy funding requirements and rules. Assessment and prioritization based on family criteria is a requirement of state and federal funding sources that support Chicago early learning preschool programs citywide. It is not possible to admit children without assessment and prioritization.

All CBOs use the selection criteria policy and procedure in place in CELPA, as explained in the earlier section. For example, if there are 20 spaces available for children and 100 children have applied and meet the eligibility requirements, the program needs to have a selection criteria in place to choose the 20 families based on COPA assigned points. Agencies set points based on community need.

After the child has been in attendance at the center, he or she can be enrolled in COPA. All sections of COPA must be completed accurately and entered into the COPA system to ensure that the child is correctly enrolled and receives a CPS identification number from the system.

The child’s birth certificate must be collected, maintained in a file, and documented as collected in COPA. If the child was born outside the United States, a birth certificate or other form of identification showing the birth date is acceptable. If the family is identified as refugees, US Department of Homeland Security documentation for the

child and the parent are acceptable. In accordance with DCFS day care licensing standards, a child born in the United States must submit a birth certificate to the site within 30 days of enrollment. If a parent cannot produce a birth certificate, he or she must provide a reason why.

Birth certificates can be obtained from the Bureau of Vital Statistics, Office of the Cook County Clerk, 118 North Clark Street, Chicago, Illinois 60602; telephone (312) 603-7790. Birth certificates may also be obtained at local currency exchanges for a fee. For births outside Cook County, birth certificates can be obtained from the local county clerk's office or department of vital statistics. CBOs should support families in obtaining birth certificates by creating linkages with these entities.

## **Recruitment**

Recruitment is a fundamental part of the enrollment process. CBOs must serve the families most in need of services, while also balancing services for children from diverse economic backgrounds to maximize other resources, such as child care and PFA/PI, while considering the characteristics of their communities. Per HS/EHS standards, families with young children experiencing homelessness and children involved in the child welfare system are prioritized for recruitment and enrollment.

DFSS and CBOs work together to maximize resources in recruitment. DFSS' citywide memoranda of agreement and work with in working with partner community resources help provide for a smooth process. DFSS and CBOs also work together to target the families categorically eligible for HS/EHS, i.e., families with young children experiencing homelessness and those involved in the child welfare system, as well as families with children with disabilities.

In January, the CBO's leadership determines each agency's recruitment area in the community. They use their community assessment to determine the need for services and available resources in each community served.

CBO leadership will designate staff to do the following recruitment tasks:

1. Schedule regular recruitment activities in the program calendar; these could include an open house or other events.
2. Exchange information with other community agencies and advertise the program.
3. Advertise in local newspapers.
4. Make use of DFSS recruitment materials and purchase other items to advertise the program at community events.
5. Identify and set up recruitment space at locations to recruit at community events and affiliations.
6. Be aware of and work within the DFSS memoranda of agreement with community resources/agencies.

Since "recruitment is everybody's business," all staff will be encouraged to:

1. Recruit children and families who are eligible for HS/EHS in the service area on an ongoing basis.
2. Inform all families in the targeted service area and local community of the availability of services, as outlined in the community assessment.
3. Post fliers in local businesses via community information boards and/or in places potentially eligible families frequent.
4. Brainstorm and bring to leadership other recruitment strategies and ideas.
5. Be an ambassador in the community for the center, the agency, and the program.

### *Recruiting for the Home-Based Option*

If CBO has the home-based option, staff should be designated to:

1. Build community partnerships to expand recruitment of new families. Create and maintain a list of community agencies, contacts made and the results.

2. Schedule regular recruitment events, as time and caseloads dictate.
3. If a home visitor's caseload is fewer than 12 families, accelerate recruitment efforts at varying locations; these must be documented.
4. Document all interested families' information, such as name, address, and contact information.
5. Follow up with all families by providing them with an application form and any pertinent information pertaining to the home-based program. Document all efforts made to enroll each family.
6. Assist families in completing the application packet.
7. If families are eligible, follow enrollment procedures.

For supporting the service of children with disabilities:

1. Work within the DFSS memorandum of agreement and citywide processes to collaborate with community agencies serving children with disabilities to recruit children for all programs.
2. Monitor the number of children in the program with disabilities. Each HS/EHS CBO's enrollment must be made up of at least 10% students with disabilities. See the Disabilities section of this manual.
3. Collaborate with other staff to maintain a waiting list of children recruited, using the selection criteria and the ranking system.

Recruitment materials will be made available in Spanish and other languages, and every effort will be made to reach populations of non-English-speakers. Translation and interpretation will be provided whenever possible. All agencies will participate in the ongoing citywide efforts and should always be watching for further information about recruitment events.

## Eligibility and Selection Process

**PFA/PI:** Children are eligible for PFA and PI programs if they meet the following criteria:

1. Family meets income eligibility guidelines for 200% or under the most current federal poverty guidelines (see <https://www.federalregister.gov/d/2017/02076>).
2. Child meets age eligibility for the specific program for which they are applying.
  - a. PFA (all center-based). Child is three or four years old on or before September 1 and not five years old on or before September 1 of the program year.
  - b. PI Center-Based. *Two Year Old Only Model*. Child is 24 months old at the time of starting the program.
  - c. PI Center-Based. *Full Birth/0 to Age Three Model*. Child is within the birth date age range as listed on the Continuity of Relationships Birthdate Age Range Chart for the classroom for which the child is applying (see below).

Continuity of Relationships Birthdate Age Ranges			
Mixed Age Classroom	Child must be younger than 3 before or on September 1 <sup>st</sup> of the program year		
Same Age Classrooms			
Program Year	Year 1 - Infant Room	Year 2 - Toddler Room	Year 3 - Twos Room
2016-17	9/2/2015-9/1/2016	9/2/2014-9/1/2015	9/2/2013-9/1/2014
2017-18	9/2/2-16-9/1/2017	9/2/2015-9/1/2016	9/2/2014-9/1/2015
2018-19	9/2/2017-9/1/2018	9/2/2016-9/1/2017	9/2/2015-9/1/2016
2019-20	9/2/2018-9/1/2019	9/2/2017-9/1/2018	9/2/2016-9/1/2017
2020-21	9/2/2019-9/1/2020	9/2/2018-9/1/2019	9/2/2017-9/1/2018

- d. PI Center-Based. *Full Birth/0 to Age Three Mixed Age Classroom and PI Home Visiting Models*. Child is younger than three years old on September 1 of the program year.
- e. PI Home Visiting. Must serve families who are prenatal or have children ages birth to under three on or



before September 1 of the program year.

f. Children who are age eligible for PFA are not eligible for PI.

3. Child lives in Chicago and family provides a Chicago address.

CBOs must have a written procedure for selection criteria for expected enrollment that follows PFA/PI income requirements and ISBE priorities. CBOs must implement the written procedure for selection criteria.

CBOs must have a procedure for verifying a family's income and keep the documentation of verification on site.

**HS/EHS:** Children and families are eligible for HS and EHS programs if they meet the following criteria:

1. Age requirements. For EHS, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old. For HS, a child must:
  - a. Be at least three years old or, turn three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located (September 1); and,
  - b. Be no older than the age required to attend school.
2. Eligibility requirements. A pregnant woman or a child is eligible if:
  - a. The family's income is equal to or below the poverty line; or,
  - b. The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance, including TANF child-only payments, or
  - c. The child is homeless, as defined in HSPPS - Part 1305 and Section 725(2) of the McKinney-Vento Homeless Assistance Act, or
  - d. The child is in foster care.
3. Child lives within the CSD Head Start/Early Head Start grantee service area and provides appropriate address.

Income eligibility is determined by using the most current federal poverty guidelines and the *Policies and Rules for Community-Based Organization (CBO) and Chicago Public Schools (CPS) Preschool Programs Chicago Early Learning Preschool Application (CELPA)* below.

**HS/EHS:** Per HSPPS 1302.12(l), HS/EHS delegate agencies must establish written policies and procedures that describe all actions taken against staff who intentionally violate federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive HS or EHS services.

For all Chicago programs, CELPA enrollment guidelines are as follows:

#### *Household assessment*

Families complete a family profile prior to applying to a specific program; this assessment determines an applicant's total point score.

Applicants can score a maximum of 250 points on the assessment if applying to a CPS preschool, and 300 points if applying to a CBO preschool; an applicant's points may vary based on the school or program to which he/she applies. Points may be awarded according to the following criteria, as it suits the needs in the CBO's communities.

Criteria	
Returning Student	1 yes (household) – Non-English Speaking
Foster Child or Ward of the State	Age 4
Homeless/Student in Temporary Living Situation (STLS)	Age 3
TANF	Teen Parent at Time of Child's Birth
SSI	Teen Parent at Time of First Birth
Teen Parent at Time of Application	Recent Immigrant or Refugee Family
>75% Federal Poverty Level (FPL)	History of DCFS or Legal Involvement
75%-100% FPL	Death in Immediate Family (parent, child, sibling)
100%-162% FPL	History of Child/Family Abuse or Neglect
162%-200% FPL	History of Alcohol/Drug Abuse in Family
Over Income (over 200% FPL)	ADHD/ADD, Diabetes, Heart Condition, Conditions Requiring Medications (asthma, eczema, seizure), Traumatic Brain Injury, High-Risk Pregnancies, Low Birth Weight/Failure to Thrive, Other
All Household Adults Attend School or Work	Caregiver has Mental Illness
Child has IEP	Parent Incarcerated
Non-English Speaking Child and Household (HH)	Primary Caregiver did not Complete High School
1 yes (child) – Non-English Speaking	Caregiver Other than Parent Raising Child

### *Matching process*

CPS and CBO preschools, after factoring in returning children, work with CPS and DFSS officials to articulate the total number of new students they are able to accept in a given school year. Returning children are those who previously enrolled students who will continue for the next school year.

Portions of this net total of available spaces are allocated to different point values, in accordance with funding requirements.

If the net total of new children in a particular program must meet HS standards, then the entire portion of the net total of new students would be allocated to applicants whose point value match HS eligibility.

Based on their responses, risk factor questions on the CELPA, and on their school/program choice, parents will receive a preliminary offer to the most restrictive apportionment of seats to which they qualify. If they do not meet the most restrictive apportionment, the system will attempt to slot them into the next most restrictive apportionment. Once a “match” is found in this manner, a “preliminary placement” is offered. If no match is found, the applicant is placed on that school program’s wait list.

### **All: After the Preliminary Placement Process**

Eligibility procedures include the following, as assigned by the CBO director:

1. Conduct an in-person interview with each family who wishes to apply for the program. At the time of intake, review the child’s birth certificate for age eligibility. If a birth certificate is not available and creates a barrier for the family to enroll the child, another source of birth verification, such as a hospital birth record, can be used or the staff can work with the family to secure a duplicate birth record.
2. Ensure that the age requirement for the program and program model/option.

3. **HS/EHS:** Verify family income by using the most recent individual tax forms or W-2 forms or current pay stubs, SSI, written statements from employers, or documentation showing current status of public assistance, foster care stipends, child support, or any other proof of income.
  - a. The designated staff person signs an income verification form stating they have reviewed all documents.
  - b. Letters from employers should be signed and dated, with contact information of a supervisor or manager noted. Please make sure the date of employment, salary, date and signature is included. Center staff will call to verify information.
  - c. No income. Families who state they do not have income must complete and sign a declaration of “no income” by writing a statement describing their situation and why they have no income on a piece of paper and signing it. On the same paper, the parent/guardian writes another statement indicating a third party that can verify their ‘no income’ status and signs consent for the staff to contact that person. Staff contact that person and write a verification of the contact on the same paper. If the parent/guardian doesn’t have anyone they are comfortable giving consent to contact to verify, they write that statement in lieu of the contact information for the third party and sign it. Staff writes a statement they have discussed with the parent and signs.
4. Verify residency by using a utility bill or other documentation of address in the family’s name.

DFSS and its **HS/EHS** CBOs give priority eligibility and enrollment placement to families who are experiencing homelessness and to children who are involved in the child welfare system. These families and children are categorically eligible for HS/EHS.

CBO staff should make sure all data is recorded in COPA and monitored by the site/program director or their designee. Eligibility, selection, and enrollment data will be monitored by DFSS. Records of each enrolled child and store file records need to be stored for three full years for children who have dropped from the program, aged out of the program while on the wait list, or have completed the program.

After completing all proper enrollment line items in COPA, the agency is responsible for verifying family income and eligibility for all children before enrolling the child in the program. This verification is done through a file and COPA data review. The file is approved and the child is enrolled or placed on the wait list. The family receives a letter as to enrollment or wait list status. Children must be age eligible and families must be income eligible and live in Chicago, ideally in the CBO’s service area.

Enrollment and selection occurs all year long, with a push of initial selection and enrollment made in April and May. Remaining slots are filled in July, August and September, as well as ongoing when vacancies occur. The wait list in each agency will be kept current and eligible applicants will be ranked by priority points assigned, according to selection criteria.

As a vacancy occurs, children are selected from the wait list according to priority points and enrolled within 30 days of the opening. DFSS CBOs will not discriminate on the basis of race, ethnicity, or disability when considering a child for enrollment.

### **HS/EHS: Children with Disabilities**

Ten percent of a **HS/EHS** agency’s enrollment opportunities will be filled by children with disabilities. The following tasks are to be completed by agency leadership or assigned to designated staff:

1. Develop written selection criteria based on the above priorities and the needs of the families, as derived from the community assessment.
2. Determine a family’s eligibility based on the selection criteria/point system and ranking guide.
3. Maintain documentation used in the selection criteria to determine enrollment and placement.
4. Create a waiting list and maintain it throughout the year. Wait list files are maintained in COPA.

The HS/EHS CBO Policy Committee and board will:

1. Review and approve the selection criteria annually.
2. Review and approve the eligibility, recruitment, selection, enrollment, and attendance summary annually.

### **HS/EHS: Children from Over Income Families**

DFSS HS/EHS CBOs enroll families whose income is more than 100% of the federal poverty level (over income families), provided their children would benefit from services, these participants only make up to 10% of the HS/EHS enrollment, and the CBO has requested approval to enroll them from DFSS.

The form used to request the enrollment of over-income children as part of the allowable 10% is in the forms document that accompanies this manual.

Children are accepted for over-income enrollment under the following circumstances:

- The child is age eligible for HS/EHS.
- The agency has not reached 10% enrollment of over income children, calculated according to the PIR Report 999 in COPA as the number of over income children served taken as a percentage of total cumulative enrollment for the program year. For example, a program whose cumulative enrollment for the year is 100 that has served 5 over income children is at 5%.
- There is not a more eligible child waitlisted for the same program model and option at the site.

Typically, families whose family income is over 185% FPL would not be approve to have their children enrolled. When an agency sends requests to enroll children whose families are over income totaling more than 10% of their cumulative enrollment, preference is given to the lowest income children.

There are two exceptions to this: preference in accepting over income children is given to children with IEPs and to siblings of currently enrolled children at the site. These children will be accepted before over income children from lower income families who do not meet these criteria.

To request over income approval, CBOs should:

- Open the “Over Income Request Form” in MS Word and select SAVE AS to create a new file naming it with child’s name, such as OIRMariaSanchez.
- Complete all sections of the form, including complete family income. No signature is required on this document since CBOs will maintain those on the HSEV they retain in their agency files.
- Email this completed form as an attachment to [Craig.Zemke@cityofchicago.org](mailto:Craig.Zemke@cityofchicago.org).

DFSS responses:

- When the case is approved, DFSS will add points to the file on the waiting list so that the child can be enrolled in COPA and will fax an approval letter to the agency/site fax number provided.
- DFSS will notify the CBO if the case is denied, with an explanation.

### **Enrollment and Re-Enrollment**

**All programs:** All programs are responsible for ensuring DFSS has the necessary enrollment documentation for all children enrolled in PFA/PI/HS/EHS programs and that it’s entered into COPA, per DFSS procedures. All home visiting/home-based enrollment, including prenatal participants/pregnant women, will be documented in COPA.

**HS/EHS:** All children enrolled in HS/EHS will be allowed to remain in the program until they are eligible for public school, except that children transitioning from EHS/EHS-CCP to HS and third year children will have to re-enroll. Families’ income eligibility and selection criteria priority will be re-established at re-enrollment.

Children who may be enrolled as three year olds will have a second year of eligibility, but their families will have to be re-determined for eligibility for the third year. For example, if a child is enrolled in February of the program year at age three and returns in September, this would be the child's second year; child is still age three. If the child returns again the next September at age four because he/she is not eligible for kindergarten, this would be considered the child's third year.

Children transferring from one delegate agency to another can transfer, with the parent's permission, under the income and other criteria established at their initial enrollment in their original agency.

DFSS strives to have eligible children selected for enrollment for EHS programming remain until they are eligible for public kindergarten. However at age three, families must participate in the eligibility process again (re-enrollment) to be eligible for Head Start.

Re-enrollment procedures are:

1. Children transitioning from EHS/EHS-CCP to HS must verify eligibility again. Income and the child's physical and dental documents cannot be older than a year.
2. Designated agency staff will begin the transition plan for EHS/EHS-CCP parents before the EHS child turns 2 years and 6 months old.
  - a. As part of the transition plan, EHS/EHS-CCP staff will work collaboratively with HS staff to set up an intake appointment for the transitioning family.
  - b. EHS staff will support parents as they register their children for the next educational placement.
3. Names of EHS children transitioning to HS will be shared with the appropriate staff.
4. HS staff will begin the registration process for transitioning EHS families by using the following steps:
  - a. Provide families with a registration packet to complete, including a list of required documentation to bring in at the time of a scheduled registration appointment.
  - b. After the registration process and determining eligibility, EHS staff brings all new registrations to the enrollment team or other designated staff.
  - c. If COPA is incomplete, staff is given instructions and makes an appointment to complete and update the file.
  - d. If there are no vacancies, children are placed in the wait list status in COPA.
  - e. Make contact with family via phone and mail to give them an update on their child file and mail a status letter to them.
  - f. Send the family of the enrolled child an enrollment letter indicating the date, time, and location of the official start day.
  - g. Set up an appointment with all enrolled families to go over the partnership agreement, family assessment, and family engagement outcomes.
  - h. Re-enrollment is done mid-year with all returning families; third year returning families must verify income.
  - i. Place all child and family data into COPA.

### **All programs: Assurance of Funded Enrollment**

**HS/EHS:** DFSS conducts a slot reallocation process in February and August, to assist HS/EHS CBOs with maintaining full funded enrollment. CBOs can request to either increase or decrease their funded slots. They must also have qualified teachers and be in compliance with ages, ratios and class sizes.

When a vacancy occurs, enrollment slots can be reserved for up to 30 days for pregnant women, families experiencing homelessness with young children, and/or children involved in the child welfare system. If the slot is not filled after 30 days, it is considered vacant and must be filled within 30 days. No more than 3% of the

program's funded enrollment slots may be reserved for these high need, high priority families. Under exceptional circumstances, a program may maintain a child's enrollment in HS for a third year, provided that family income is verified again.

**PFA/PI:** CBOs are expected to maintain at least at 80% of the expected enrollment/allocation in PFA/PI. If enrollment drops below expected levels for two consecutive months, DFSS will discuss action needed with the CBO, which may include an action plan for reducing funded capacity.

#### **All: Fees**

Agencies must not charge eligible families a fee to participate, including special events such as field trips. Payment of any fee cannot be a condition for an eligible child's enrollment or participation in the program.

CBOs can only accept fees from families of enrolled children for services that are in addition to the services funded by HS/EHS/PFA/PI, such as child care co-payments or support to children from diverse economic backgrounds before or after funded HS/EHS/PFA/PI hours.

**PFA/PI** parents who participate in the parental education component may be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation.

Appropriate staff will be designated to:

1. Ensure HS/EHS/PFA/PI does not receive or charge any fees for participation in the HS/EHS/PFA/PI program, with the exception of the co-payment associated with the Child Care Assistance Program. Programs may explore means to support families if they are unable to afford the expense of this co-payment.
2. Ensure field trips are paid for through program funds.

#### **PFA: Transition of Children**

At the end of the school year, parents should be given enrollment information and the CPS ID number. Children transferring to PFA programs do not need to prove eligibility. The child's information is already in COPA.

#### **HS/EHS: Eligibility Training**

1. HS/EHS CBOs will provide training to their governing bodies, Policy Committees, management, and staff who determine eligibility on applicable federal regulations and program policies and procedures.
2. CBOs must train management and staff members who make eligibility determinations within 90 days of hiring new staff.
3. The governing body and Policy Committee members must be trained within 180 days of the beginning of the term of a new governing body or Policy Committee.
4. Agencies must develop policies on how often training will be provided after the initial training.

#### **Ongoing Monitoring of ERSE**

Agency leadership should designate appropriate staff to review:

1. Eligibility, recruitment, selection, and enrollment requirements are followed.
2. Each child's file for completion and accuracy, including examining child's age, family income, family's address, and child's health information. Instruct the appropriate staff to make corrections, if the file is not complete; give a timeline for completion and review again after.
3. HS/EHS over income records to ensure appropriate approvals from DFSS and that the 10% limit is not exceeded.
4. The balance in the age of children enrolled in each HS classroom.
5. That appropriate enrollment procedures are followed and that funded enrollment is maintained in HS/EHS

and at least at 80% in PFA/PI.

6. Master class lists of all children enrolled in the program to ensure they are up to date.
7. All monthly recruitment efforts and report summaries to appropriate agency leadership and follow up.
8. Monitor waiting lists.

## **Milestones**

### *Monthly*

- Review enrollment in COPA and certify eligibility waiting list to CSD
- Review/certify accuracy of HR and eligibility, recruitment, selection, and enrollment COPA data to Policy Committee and board
- Review/certify accuracy of enrollment files and COPA data

### *Quarterly or Biannually*

- Submit slot reallocation request to CSD; include report containing year to date attendance and enrollment and recruitment plan to support request
- Submit attendance analysis report to CSD

### *January*

- Ensure eligibility, recruitment, enrollment, and selection plan and approved ranked waiting list; certify criteria for defining priorities for these areas are approved by Policy Council and board

### *February*

- Submit age/class size documentation and teacher qualifications

### *March*

- Submit modified recruitment plans, as needed, to CSD

### *August*

- Ensure the criteria for defining recruitment, selection, and enrollment priorities have been approved by the Policy Committee and the board

### *September*

- Certification process: 1<sup>st</sup> and 3<sup>rd</sup> Fridays of September, ensure all child/family enrollment data is entered into COPA and age/class size compliance
- Verify the completion of the income eligibility checklist in COPA (HSEV section 5)

Eligibility, recruitment, selection and enrollment resources found on the CSD web site.

- #1 Chicago Early Learning Preschool Enrollment Guide
- #2 Quick Recruiting Tips

## SECTION 3: PROGRAM STRUCTURE

### Applies to HS/EHS and PFA/PI

DFSS and its agencies work to align program structures with the needs of communities served. All DFSS CBO programs follow the guidance outlined below.

#### Determining Program Models or Options

*Choosing a program option.* CBOs must choose to operate one or more of the following program options: center-based, home-based, family child care, or an approved, locally designed option. DFSS agencies must receive approval from DFSS to consider a locally-designed variation. The program option chosen must meet the needs of children and families based on the community assessment. A HS program serving preschool-age children may not provide only the home-based option.

To choose a program option and develop a program calendar, CBOs must consider, in conjunction with the annual review of the community assessment, whether it would better meet child and family needs in full school day or full working day slots, by extending the program year, and/or using preschool or infant/toddler slots. Additionally, CBOs must consider how to promote continuity of care and services. CBOs should work to identify alternate sources to support full working day services for families who need them. If no additional funding is available, program resources may be used.

#### Center-Based Option

The center-based option in **HS/EHS** delivers the full range of comprehensive services. Education and child development services are delivered primarily in classroom settings for all programs.

##### *Ratios and Group Size*

1. **HS:** Staff-child ratios and group size maximums in classrooms must be determined by the age of the majority of children and the needs of children present. CBOs must determine the age of the majority of children in a HS class at the start of the year and may adjust this determination during the program year, if necessary.
2. **All CBOs** must maintain two staff in every classroom at all times. Appropriate ratios and group sizes must be adhered to in all classrooms during all hours of program operation, except:
  - a. For brief absences of a teaching staff member for no more than five minutes.
  - b. In **HS/EHS** classrooms during nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for the age.
  - c. **PFA/PI** classrooms will follow DCFS licensing standards for the appropriate age group for staffing at nap time.

**PI** classrooms adhere to continuity of relationships standards and practices in all birth to age 3 classrooms. All classrooms at PI sites must be approved as PI classrooms. If a site decides to open a new classroom, they must apply to DFSS for approval of that classroom to ensure it meets PI requirements. If PI funding is not available, a plan must be developed with DFSS. See Education section for more guidance on continuity of relationships.

**EHS** agencies should develop plans that address how they will minimize teacher changes throughout a child's enrollment, whenever possible, and consider mixed age group classes to support continuity of care. Each EHS teacher must be assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children.



### Program Structures/Program Options

		Preschool for All	Prevention Initiative	Head Start	Early Head Start	EHS-Child Care Partnership	Child Care Assistance Program
<b>Center-Based</b>	<i>Group Size</i>	Maximum 20	Maximums: 8 for ages 6 wks.-11 months 12 for 12 months and older	Maximums: <i>Full day &amp; part day/single:</i> 20 for ages 4-5 & 17 for age 3. <i>Part day/double session:</i> 17 for ages 4-5 & 15 for age 3	Maximum: 8 in any birth-age 3 class	Maximum: 8 in any birth-age 3 class	Maximums: 12 for 6 wks. – 14 months 15 for 15-23 months 16 for age 2 20 for ages 3-5
	<i>Staff:Child Ratio</i>	1:10	1:4 for ages 6 wks. through 23 months 1:6 for 24 months and older	1:10	1:4	1:4	1:4 for 6 wks.-14 mos 1:5 for 15-23 months 1:8 for age 2 1:10 for ages 3-4 1:20 for age 5
	<i>Home Visits and Parent Conferences</i>	Minimum 2 parent conferences per year No home visits required	Minimums: 2 visits in the home per year, or as needed. 2 parent conferences per year. Monthly personal encounters/visits with each family for PI staff.	As needed Not less than 2 teacher home visits per year plus 2 parent conferences Home visits 1.5 hours each	As needed Not less than 2 teacher home visits per year plus 2 parent conferences Home visits 1.5 hours each	As needed Not less than 2 teacher home visits per year plus 2 parent conferences Home visits 1.5 hours each	N.A. no requirement
	<i>Service Duration</i>	Minimums: 7 hours/day 5 days/week 10 months/year (September through June)	Full PI and 'two's only' options: Full day, i.e., 7 hours/day 12 months/year	Minimums: <i>Full day.</i> 7 hours/day, 180 days/year & 5 days/week. <i>Half day/single.</i> 3.5 hours/day, 180 days/year, 5 days/week for ages 4-5; same for age 3 except 4 days/week. <i>Half day/double:</i> 3.5 hours/day, 4 days/week, 180 days/year.	Minimums: 7 hours/day 5 days/week 240 days/year	Minimums: 10 hours/day 5 days/week 240 days/year	Less than 5 hours/day is part day; 5 or more hours per day is full day

		Preschool for All	Prevention Initiative	Head Start	Early Head Start	EHS-Child Care Partnership	Child Care Assistance Program
Home Visiting	Caseload	N.A. not a program model for PFA	Maximum 24 families per Home Visitor If program staffs a Case Manager and Home Visitor(s), maximum 48 families per Case Manager	<i>See below – called home-based option in HS/EHS</i>	<i>See below – called home-based option in HS/EHS</i>	N.A. not a program model for EHS-CCP	N.A. not a program model for CCAP
	Frequency		Minimum once every 2 weeks per family; roughly an hour, depending on content & what's going on in home				
	Group Socializations or Sessions		Monthly				
Home-Based	Caseload	N.A. not a program model for PFA	<i>See above – called home visiting model in PI</i>	Average 10-12 families per Home Visitor; maximum 12 families	Average 10-12 families per Home Visitor; max. 12 families	N.A. not a program model for EHS-CCP	N.A. not a program model for CCAP
	Frequency			Minimums: 1.5 hours per home visit 46 home visits/year	Minimums: 1.5 hours per home visit 46 home visits/year		
	Group Socializations or Sessions			Minimum: 24 experiences/year 1.5 hours each	Minimum: 24 experiences/year 1.5 hours each		

		Preschool for All	Prevention Initiative	Head Start	Early Head Start	EHS-Child Care Partnership	Child Care Assistance Program
<b>Family Child Care Homes</b>	<i>Group Size</i>	N.A. not a program model in PFA	N.A. not a program model in PI	<p>1 provider: maximum 6 including the provider's own children under age 6; no more than 2 of the 6 under 24 months old; may care for up to 4 younger than 36 months with max group size 4 &amp; no more than 2 under 18 months old</p> <p>Provider &amp; assistant: maximum group size 12; no more than 4 under 24 months old</p>	<p>1 caregiver: Max. 6 including the provider's own children under age 6</p> <p>No more than 2 of the 6 under 24 months old</p> <p>May care for up to 4 younger than 36 months with max group size 4 &amp; no more than 2 under 18 months old</p> <p>Caregiver &amp; assistant: Max. group size 12</p> <p>No more than 4 under 24 months old</p>	<p>1 caregiver: Max. 6 including the provider's own children under age 6</p> <p>No more than 2 of the 6 under 24 months old</p> <p>May care for up to 4 younger than 36 months with max group size 4 &amp; no more than 2 under 18 months old</p> <p>Caregiver &amp; assistant: Max. group size 12</p> <p>No more than 4 under 24 months old</p>	<p>1 caregiver: up to 8 children under age 12 of which up to 5 may be under age 5 of which up to 3 may be under 24 months OR</p> <p>Up to 8 under age 12 of which up to 6 under age 5 of which up to 2 under 30 months</p> <p>Caregiver &amp; assistant under age 18: one of the above + 4 FT SA children OR total 8 children under age 5 of which up to 5 may be under 24 months</p> <p>Caregiver &amp; assistant over age 18: one of the above OR up to 8 children under age 5 of which up to 5 can be under 24 months + 4 additional FT SA children</p>
	<i>Service Duration</i>			7 hours/day 5 days/week 180 days/year	7 hours/day 5 days/week 240 days/year	10 hours/day 5 days/week 240 days/year	Less than 5 hours/day is part day; 5 or more hours per day is full day
In mixed age classrooms, follow the group size and ratio of the youngest child. When there are conflicts in requirements, the lower/more restrictive requirements must be followed.							

### **HS/EHS/EHS-CCP: Center-Based Operations**

All HS CBOs must operate their HS center-based funded options for the hours/day, days/week and days/year described in the Program Options/Models chart on the previous two pages. Part day/single refers to single session classrooms. Part day/double refers to double session classrooms, where one group of children attend in the morning and another group in the afternoon.

### **PFA/PI: Center-Based**

All CBOs offering PFA/PI center based services must operate their classrooms according to the hours/day and months/year describe in the Program Options/Models chart on the previous two pages.

### **PFA/PI/HS/EHS: Licensing and Square Footage Requirements**

The facilities used by DFSS agencies must meet state licensing requirements, even if exempted by the licensing entity. In cases where requirements conflict, the most stringent provision takes precedence and programs must follow it.

### **HS/EHS: Home-Based Option**

The home-based option delivers the full range of services through visits with the child's parents, primarily in the child's home, and through group socialization opportunities in a classroom, community facility, home, or on field trips. For EHS programs, the home-based option may be used to deliver services to some or all of a program's enrolled children. For HS programs, the home-based option may only be used to deliver services to a portion of a program's enrolled children. Parents as Teachers is the required curriculum for HS/EHS home based programming.

### **PI: Home Visiting Option**

The PI home visiting model 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. Parents should gain knowledge and skills in parenting through implementation of the research-based curriculum, which guides the provision of services. Parents as Teachers, Baby Talk, and Healthy Families Illinois are recommended curriculums.

### **PI/EHS/HS Home-Based/Home Visiting: Safety Requirements**

The areas for learning, playing, sleeping, toileting, preparing food, and eating in facilities used for group socializations in the home-based option, must meet the DCFS safety standards, as well as this manual's safe environments' section safety standards.

### **HS/EHS: Family Child Care Home Option**

The family child care home option delivers the full range of services consistent with education and child development services, which are primarily delivered by a family child care home provider in their home or another family-like setting.

A HS/EHS CBO may choose to offer the family child care home (FCCH) option if:

1. It has a legally-binding agreement with one or more FCCH providers that clearly defines the roles, rights, and responsibilities of each party or the CBO is the employer of the family child care provider.
2. It ensures children and families enrolled in this option receive the full range of services.
3. It ensures FCCHs are available that can accommodate children and families with disabilities.

### *Licensing Requirements*

A family child care home provider must be licensed by the DCFS to provide services in their home or another family-like setting. When requirements conflict, the most stringent provision applies.

## **Locally Designed Program Option Variations**

### *Waiver Option*

DFSS CBOs may request to operate a locally-designed program option – including a combination of program options – to better meet the unique needs of their communities or to demonstrate or test alternative approaches for providing program services. In order to operate a locally-designed program option, DFSS CBOs must seek a waiver from DFSS as described in this section, must deliver the full range of services, and must demonstrate how any change to their program design is consistent with achieving program goals.

### *Request for Approval*

DFSS CBOs requesting to operate a locally-designed variation may be approved by DFSS through the end of the agency's current contract or, if the request is submitted in a grant application, for an upcoming contract year or for the project period of the new contract. Such approval may be revoked based on the agency's lack of progress toward program goals or monitoring results.

### **HS/EHS:** *Transition from Previously Approved Program Options*

If a DFSS CBO was approved to operate a program option before November 7, 2016 that is no longer allowable, the agency may continue to operate that model until July 31, 2018.

### Section 3. EDUCATION AND CHILD DEVELOPMENT SERVICES

		Ages 3-5			Birth to Age 3					Birth-5
		Center-Based		Home-Based	Center-Based			Home-Based/ Home Visiting		FCCH
Education/Child Development Programming Chart	Page #	HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/ EHS
Teaching and Learning Environment	39	X	X		X	X	X			X
Teaching Practices	39	X	X		X	X	X			X
Continuity of Relationships	39					X full	X full			
Lesson Plans	40	X	X	X	X	X	X	X	X	X
Dual Language Learners	40	X	X	X	X	X	X	X	X	X
Daily Program	42	X	X		X	X	X			X
Attendance	44	X			X	X				X
Suspension/Expulsion	45	X	X	X	X	X	X	X	X	X
Curricula	46	X	X	X	X	X	X	X	X	X
Child Screening and Assessment	48	X	X	X	X	X	X	X	X	X
Family Engagement in Education	50	X	X	X	X	X	X	X	X	X
Parent Conferences	50	X	X		X	X	X			X
Home Visits	50	X	X		X	X	X			X
Home-Based/Home Visiting Program Model	51			X				X	X	
Training & Resources	53	X	X	X	X	X	X	X	X	X
Approach to School Readiness/Est. Goals	53	X		X	X	X		X		X
CLASS®	55	X	X		X	X	X			X

#### Overall Expectation

DFSS and its agencies provide high quality early education and child development services that are inclusive of children with special needs, as well as English Language learners and other special populations. DFSS and its agencies believe that central to learning and healthy growth and development is the relationship between the child, family, and caregivers. DFSS center-based, family child care home, home-based/home visiting models embed responsive and effective teacher/home visitor-child and staff-

parent interactions into all aspects of teaching and learning. Home-based/home visiting staff persons promote secure parent-child relationships, while helping parents provide high quality early learning experiences for their children.

## **Teaching and the Learning Environment**

DFSS center-based and family child care home programs ensure that teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promote healthy development and children's skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five (HSELOF), the IL Early Learning and Development Standards and the IL Early Learning Guidelines and ExceleRate, as applicable to the program model. Agencies also support implementation of learning environments with the integration of regular and ongoing supervision, and a system of individualized and ongoing professional development.

## **Teaching Practices**

DFSS agencies' support high quality teaching practices that:

- Emphasize nurturing and responsive practices, interactions, and environments to foster trust and emotional security. Teacher-child interactions are language rich, promote critical thinking and problem solving, provide supportive feedback for learning, motivate continued effort, and support all children's engagement in learning experiences and activities. The Classroom Assessment Scoring System (CLASS™) is one tool used across DFSS agencies to help understand and improve the quality of interactions.
- Focus on promoting growth in the developmental progressions. This is accomplished by intentionally planning and implementing organized activities, schedules, lesson plans, and high quality early learning experiences that are aligned to curricula. Plans and experiences are responsive to each child's individual pattern of development and learning, and build on that pattern.
- Use child assessment data as a basis for planning both individual group experiences and activities. See the "Lesson Plans" section for specific information on how to integrate these steps.
- Recognize and reflect on the fact that children develop at various rates and that no two children will progress the same way through developmental stages.
- Provide each child with developmentally appropriate activities and experiences in the following areas: language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development.

## **PI: Continuity of Relationships**

The continuity of relationships (COR) model is implemented in PI classrooms serving children aged birth to three. The components include:

- a. Committing to keeping groups of children and teaching teams together from entry into the birth-to-three program until enrollment of preschool.
- b. Choosing to do looping, mixed-age, or a combination.
- c. Introducing the program model to the families.
- d. Amending program systems for enrollment and recruitment.
- e. Adjusting program enrollment to match birthday deadlines for entry into preschool (see COR birthdate chart on page 24).
- f. Completing an environmental assessment and evaluating if equipment and materials need to be purchased, or if the classroom space needs a license revision.

- g. Providing staff development opportunities, including time spent with different age groups of children.
- h. Documenting selected model and its implementation.
- i. Implementing a transition plan for gradually orienting the child into the new classroom culture with parents in attendance.

## **Lesson Plans**

For DFSS agencies, lesson planning is a critical aspect of effectively promoting each child's learning, development, and school readiness. Weekly lesson plans are required for all classrooms and family child care homes, as well as for home visits and group socialization experiences in the home-based/home visiting program option/model.

Agencies' lesson plans should reflect and document a team approach in working with children. Plans should provide opportunities to share the ideas and special talents of the classroom team, including teachers, assistants, and volunteers such that plans are developed with all team members, whenever possible. Family child care home and home-based/home visiting planning teams may vary from this, as will the steps in the process. Each teaching team designates a regular time each week to develop and evaluate lesson plans. Protecting this time is supported by agency leadership.

DFSS agencies lesson plan forms should all reflect execution of the Creative Curriculum and other curricula with fidelity and the intentional process of planning. DFSS agency classrooms change materials intentionally as part of lesson planning and periodically to support children's interests, development, and learning.

Intentionality in lesson plans should be practiced by all DFSS early learning CBOs and can be achieved by following a regular planning cycle that is informed by reflective child observations. DFSS agencies must develop and document an intentional process for lesson planning, grounded in the HSELOF and other standards, for center-based, family childcare homes, and home-based/home visiting.

One possible system, while not required, for this process includes these elements.

*Step one:* using child observation data to identify specific learning objectives. Ongoing assessment data and parent input are critical sources of information to help inform goal setting and the design of appropriate lessons for instruction. DFSS CSD agency teachers use TS GOLD® objectives to inform individualized instruction.

*Step two:* make sure planning of objectives corresponds with standards and goals. Using research-based standards and goals to develop lesson plans ensures that teachers can identify what they want children to know and do at their current age, the next age, and at kindergarten entry across all areas of development.

*Step three:* designing explorations, interactions and instruction. After considering all information from steps one and two, teachers draw from their curriculum to design specific activities for each learning center, as well as for outdoor play, large group, small group, and self-selected activities.

*Step four:* planning for team teaching and documentation. Once step three is completed, the teaching team plans who will implement the lesson plans, who will support individual child needs, and what documentation will be collected to evaluate.

## **Dual Language Learners**

There are a number of crucial and effective teaching practices related to supporting the development of children who are dual-language learners. The first step is to ensure that children with dual language



needs are identified at enrollment. Upon enrollment into any DFSS program, a questionnaire is completed with the family about the child and family's home language. This is documented in COPA.

The same questions are asked in Teaching Strategies GOLD® in the form of the "Home Language Survey." The Teaching Strategy survey is completed by the parents and agency staff when children ages 3-5 are entered into the GOLD assessment system. The information in COPA and the information on the TS Gold Home Language Survey must match. This survey can be used for children birth to age 3, but not scored because the focus is on developing the child's home language.

Per the education milestones, agencies should complete the COPA Home Language survey in September or upon enrollment.

**PFA: Home Language Survey.** On enrollment in a PFA agency, each family completes the Home Language Survey (HLS). When the HLS indicates that a language other than English is spoken in the home or that the child speaks a language other than English, an English language proficiency screener is administered to determine whether the child is in need of bilingual or English as a second language (ESL) services. For PFA, the Individuals with Disabilities Education Act Proficiency Test, or Pre-IPT Oral Test, is currently used to make this determination. The PFA CBO director must assign appropriately trained and certified teachers to administer the Pre-IPT Oral Test within an acceptable timeframe.

*Pre-IPT Oral Test.* Pre-IPT Oral Test is a tool for PFA children whose family answers "yes" to even one question on the HLS. The Pre-IPT Oral Test must be completed on the child in these cases.

Both the HLS and the Pre-IPT Oral Test should be documented in the child/family file. Pre-IPT training is online: [www.ballardtighetraining.com/iptinservice/](http://www.ballardtighetraining.com/iptinservice/).

*Bilingual/ESL Services.* Children who are eligible for bilingual or ESL services are classified as ELLs. If a PFA program has one or more ELLs, that program is required to have an ESL- or bilingual-endorsed teacher serving the ELLs and to establish a preschool bilingual or ESL program. Staffing bilingual and ESL classrooms and programs with teachers who are appropriately certified and endorsed is a federal and state requirement and is a district policy that must be met, regardless of whether the school receives supplemental ELL funds. The requirements for providing services for PFA children who are determined to be ELLs are:

- If a center has 20 or more children who have the same home language and are determined to be ELLs by the Pre-IPT Oral Test (per center – not classroom), then the children must have ELL services by a teacher who has both the PEL/ECE certification and the bilingual certification in that home language. The teacher must offer language and content instruction in both English and the child's home language. In addition, teachers must also provide ESL services to their ELLs and use appropriate ELL strategies and supports when they teach in English.
- If a center has fewer than 20 children who have the same home language and are determined to be ELLs by the Pre-IPT Oral Test, then the children must have ESL services at a minimum by a teacher who has both the PEL/ECE certification and the ESL endorsement. The teacher will be required to teach all other subjects using appropriate ELL strategies and supports.

**HS/EHS:** If a majority of children in a DFSS HS/EHS class or home-based program speak the same language, at least one class staff member or home visitor will speak such language.

All DFSS agencies and programs ensure that all staff and consultants are familiar with the ethnic background and heritage of all families in the program and that they communicate effectively, to the extent feasible, with families who have little or no English proficiency.

If staff persons do not speak the home language of all children in the learning environment, HS/EHS agencies must include steps to support the development of the home language for dual language learners, such as having culturally and linguistically appropriate materials available, translators available, and other evidence-based strategies. Agencies must define how they will use community resources to engage and communicate with families of dual language learners and work to identify volunteers who speak children's home language and could be trained to work in the classroom to support children's continued development of the home language.

DFSS agencies will develop a coordinated approach to supporting dual language learners that includes: what planned language approach will be used in the classrooms/home visiting; how bilingualism and biliteracy will be supported; and how instruction will be individualized for children.

Research-based practice resources and training materials can be found in the "Planned Language Approach" section of the Office of Head Start Early Childhood Learning and Knowledge Center website at <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/planned-language-approach>.

## **The Daily Program**

DFSS agencies must ensure that teachers implement well-organized learning environments, planned based on the HSELOF, curriculum, and other standards, with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences.

### *Daily Program Basics*

For infants and toddlers, DFSS agency teachers promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences. Relational learning is way of being with children from a social constructionist perspective where those involved in education learn from each other through the sharing of ideas and together create the learning/teaching world.

Additionally, the schedule for infants, toddlers, and twos must be regular enough to be predictable, but flexible enough to meet their individual needs and to take advantage of the learning opportunities that emerge continually every day.

In general, the younger the child, the more flexible and individualized the schedule must be. DFSS agencies serving younger children will build the following components into the daily schedule:

- Planned experiences /routines that are individualized and include playing with toys, imitating and pretending, stories and books, connecting with music and movement, creating with art, exploring sand and water and going outdoors
- Many gross motor activities
- Short rest periods to protect children from fatigue and overstimulation
- Small group activities that are short in duration
- More assistance with routine tasks, such as dressing and eating
- Longer periods of time for completion of tasks
- Fewer structured activities

For preschool age children, DFSS agency teachers include a balance of teacher directed and child initiated activities, active and quiet learning activities, and opportunities for individual, small group and large group learning activities. Music and movement activities, as well as nutrition education and field

trips, are planned in a way that supports children's learning and development goals and is developmentally appropriate.

In DFSS agencies, daily plans for both age groups include sufficient time for routines and transitions, as well as opportunities to spend time in small groups of children.

DFSS agencies are committed to providing an environment of acceptance that supports and respects gender, culture, language, ethnicity, and family composition. To ensure this result, multicultural experiences are woven into all developmental areas. DFSS agencies' home-based/home visiting, family child care home, and center-based experiences build on children's heritage and familiarize them with the heritages of other groups. Activities promote pride, cultural awareness, positive self-image, and individual strengths.

#### *Approaches to Rest, Meals, Routines, and Physical Activity*

DFSS agency center-based programs implement an intentional, age appropriate approach to accommodate children's need to nap or rest. Infant sleep/nap times are dictated by the child's own biological rhythms.

In classrooms for preschool age children that operate for six hours or longer per day, a regular time is provided every day during which children are encouraged but not forced to rest or nap. DFSS agencies provide alternative quiet learning activities for children who do not need or want to rest or nap.

DFSS agencies implement snack and meal times in ways that support children's development and learning.

- For bottle fed infants, this approach includes holding infants during feeding and feeding them on demand rather than at set meal times.
- For toddlers and preschool children, meals and snacks should be served family style per the CACFP requirements. This means that children and staff sit together and eat and children are allowed to serve themselves as appropriate for their age with support from staff as needed.
- Snack and meal times are to be structured and used as learning opportunities that support staff-child interactions and foster intentional communication and educational conversations that contribute to a child's learning, development, and socialization.
- DFSS agencies also provide sufficient time for children to eat, do not use food as reward or punishment, and do not force children to finish their food.

DFSS agencies approach routines, such as hand washing, diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth. This is especially important for infants and toddlers, since it is the basis for learning and development.

DFSS agencies recognize the importance of physical activity to learning and they integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. Physical activity is never used as a reward or punishment.

#### *Materials and Space for Learning*

DFSS agencies must provide age appropriate equipment, materials, supplies, and physical space for indoor and outdoor learning environments – including functional space – to support curriculum implementation with fidelity. Agencies must ensure space is accessible to children with disabilities and that necessary reasonable accommodations are made to equipment, materials, and supplies. DFSS

agency classrooms change materials intentionally and periodically to support children's interests, development, and learning.

Key aspects of DFSS agency classroom and socialization environments include:

- Learning centers that are well organized, with age appropriate and safe materials that are accessible to children.
- Learning centers that include blocks, dramatic play, toys and games, art, library, discovery, sand and water, music and movement, computers, and the outdoors. Content learning – writing, math, science, literacy, social studies, etc. – occurs in all learning areas through materials and teacher-child interactions.
- Space that is available to display children's work that reflects the current study.
- Space that is also available to post information for families about the agency, parent, and classroom activities.
- Centers and materials that reflect a multicultural and respectful atmosphere.

### **HS/EHS: Attendance**

Research shows that attendance is linked to child outcomes and that absenteeism in preschool children is connected to a number of different social issues, including poverty, access to quality health care, transportation problems, and access to child care. Improving attendance of very young children is likely to require a child by child, family by family approach.

DFSS CBOs must create strong mechanisms for parent involvement to ensure consistency in children's attendance. Information regarding the importance of attendance must be discussed in the parent handbook, during the parent orientation, and in parent workshops. The following attendance procedures will be used:

1. Classroom attendance will be taken daily, documented in COPA, and absences will be noted, with a qualitative explanation for the absence entered into anecdotal records.
2. If the child is absent and the parent has not contacted agency staff within one hour of the start time of the program, staff must contact the parent as early in the day as possible after the first hour and inventory has been taken about who has contacted the center and who hasn't to ensure the child's well-being, make notes about the reason for child's absence, and place in COPA.
  - a. DFSS recognizes that for extended day programs, children may arrive at various intervals between the center opening and the beginning of what the agency might consider the HS/EHS/PFA/PI program hours.
  - b. In inventorying who has contacted the center within one hour of start time, the later time should be used, not necessarily the center opening. Each agency will determine what the benchmark is for 'start time' for this standard. Best practice is to contact all families that have not reported the absence within 2 hours of this start time.
  - c. Agencies should be clear that this standard does not mean parents who have not contacted the center need to be contacted within one hour of start time, but rather that inventory should be taken and then parents the center has not heard from contacted as soon as possible after that.
3. When a child is absent and the parent contacts the CBO/site stating the reason for the absence, notes about the reason for the absence are entered in COPA.
4. If the child has not returned to school by the third day, the designated agency staff will contact the family to follow up on how the child is doing.
5. If contacts to the families are unsuccessful, mail or email an attendance letter to the home. If there is no response to phone messages, emails/texts, or letters, attempt a home visit.

6. If absenteeism continues, CBO staff will work with the parent to develop appropriate family engagement intervention strategies to encourage regular attendance.
  - a. In circumstances where chronic absenteeism persists and after all family engagement efforts have been exercised to improve attendance, the child's slot will be considered an enrollment vacancy.
  - b. **HS/EHS:** Possible supports may also include work with the program's mental health consultant or social worker.
  - c. **HS/EHS:** If a child ceases to attend, the program must make appropriate efforts to reengage the family to resume attendance, including providing information about the benefits of regular attendance, supporting families to promote regular attendance, and conducting home visits or making other direct contacts with the child's parents if the child has multiple unexplained absences.
  - d. **HS/EHS:** Children who have unexcused absences longer than five consecutive days will be placed on the wait list if attempts to reach the family or guardian have been unsuccessful, however, special circumstances for absences longer than five days with documentation will be given to the appropriate designated staff for action.
  - e. All efforts must be documented.
7. Agencies and sites will monitor overall and individual child attendance monthly to ensure the attendance rate is at 85% or above.
8. Within the first 60 days of program operation and ongoing thereafter, agency leadership or their designees should assess individual child attendance data to identify children with patterns of absence that put them at risk of missing 10% of program days per year and develop appropriate strategies to improve individual attendance among identified children, such as direct contact with parents or intensive case management, as appropriate.
9. CBOs will create procedures that address absence follow-up, including determining within an hour of their designated start time who is not present and why. The CBO policy must include that calls to parents must be made immediately after the attendance check. Specific personnel must be assigned this function in the procedures.
10. Should an individual child's attendance fall below 85% in any given month, agency staff will make a special phone call/home visit to inform the family of the importance of school attendance.
11. Excusable absences include illness or serious injury, hospitalization, communicable disease, death in the child's family, medical treatment or therapy, temporary family situations, and hazardous driving conditions. Questions of joint custody and parental visitation will be considered on an individual basis.
12. If a child with a disability or special need is unable to attend the program on a regular basis, but the program placement is considered to be beneficial, the CBO may choose to overenroll, thereby allowing the child to attend as able. In these cases, the agency will discuss its plan with its DFSS education liaison on the assigned monitoring team.

## **Suspension and Expulsion**

Per federal executive directive, the following procedures will be followed in DFSS CBOs to conform to state and federal measures to embed positive behavioral support strategies in all areas of the program.

Agency leadership will designate staff to:

1. Develop written procedures and a plan of action that addresses child behaviors using positive behavior interventions and supports. In **HS/EHS** settings, the mental health consultant or other professional will be contacted to help develop the plans.

2. Ensure that repeated acts of challenging behavior are monitored and that teachers are provided appropriate and meaningful supports and strategies.
3. Ensure follow up to determine the fidelity of implementation of planned strategies.
4. An inter-disciplinary staffing for the child and family will be held before final decisions are made about a child's continued participation in the program. The plan developed can include attendance modification as a strategy and should include a plan for the child to return to full time participation or notes on the feasibility of this. The plan may also include a recommendation for short term exclusion (no longer than a week) while other strategies or evaluations are being implemented.
5. **HS/EHS:** Engage the mental health consultant, families, and appropriate staff to develop action plans and safety plans.
6. Make referrals for IFSP/IEP other services, as warranted and appropriate.
7. Before another placement is found, the CBO must send a documentation of all actions taken and support given to its DFSS liaison on the assigned monitoring team for review. The documentation should clearly indicate supports given to the family. If the monitoring team or supervisor has concerns about the extent of the documentation, a discussion may be requested with the agency.

CBO's must document all efforts taken to address issues and assist the child and family to remain in the program. HS/EHS programs also must ensure appropriate measures were taken for evaluation, documentation and improvement for children or classrooms whose attendance fell below 85 and monitor this. As part of its consultative monitoring process, DFSS will verify attendance through regular review of monthly attendance reports.

## **Curricula**

All DFSS agencies center-based preschool and infant, toddler and two year old classrooms are to use the Creative Curriculum and implement it with fidelity. DFSS will have a waiver process for programs that wish to use other curricula such as Montessori. A waiver will not be needed for supplemental curricula. If exceptions are granted on curricula, DFSS will have appropriate monitoring systems to ensure the alternative curriculum is also monitored with fidelity.

The Creative Curriculum is research-based, developmentally, culturally, and linguistically appropriate, and it supports individualized growth in all areas of development. Creative Curriculum is aligned with the HS ELOF, IL Early Learning Guidelines and the IL Early Learning and Development Standards. It is sufficiently content-rich to promote measurable progress toward development and learning.

Creative Curriculum has standardized training procedures, curriculum materials to support implementation, and an organized scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.

It is important to note that for infants and toddlers, routines and experiences are the heart of their care and a major part of the curriculum. The way in which these routines and experiences are carried out daily has a major impact on young children. The content of the routine and experience, the teacher's emotional tone, nonverbal messages, and pace and style of verbal communication all have an impact on young children. Diapering, washing, dressing, feeding, and transitions should be intentional opportunities to promote growth and learning related to not only the routine itself, but to other areas of development, such as security and self-esteem, independence and competence, and cognitive and language skills.

### **PI/HS/EHS:** *Curricula for PI and Home Visiting Models and HS/EHS Home-Based*

Central to the home visiting model is the idea that parents should gain knowledge and skills in parenting through implementation of the research-based curriculum that guides the provision of services. The curricula for these options must promote the parent's role as the child's teacher through experiences focused on the parent child relationship and, as appropriate, the family's traditions, culture, values, and beliefs.

**PI:** All DFSS agencies providing PI or home visiting/home-based and socializations must select a research-based curriculum and implement it to fidelity. DFSS offers the following acceptable options for this: Parents as Teachers, Baby Talk, and Healthy Families Illinois and Nurse Family Partnership.

**HS/EHS Home-Based:** DFSS' required curriculum for this model is Parents as Teachers, with Partners for Healthy Babies as an acceptable supplemental, if desired.

DFSS agencies must also provide parents with an opportunity to review and provide feedback into the selected curricula and instructional materials used in the program.

#### *Curricula Adaptation*

Curricular enhancements used in all program options must meet all requirements described above for curricula. If an agency chooses to make significant adaptations to a curriculum or a curriculum enhancement to better meet the needs of one or more specific populations, it must use an external early childhood education curriculum or content area expert to develop such significant adaptations.

The agency must then assess whether the adaptation adequately facilitates progress toward meeting school readiness goals. In order to make that determination, data must be collected and analyzed on an ongoing basis to identify strengths, needs, and progress toward program goal. DFSS agencies are encouraged to partner with outside evaluators in assessing such adaptations. Agencies must submit written notice to DFSS about adaptations to mandatory or suggested curricula.

#### *Staff Support to Implement Curricula*

DFSS and its agencies support staff in effective curricula implementation using various strategies and contexts, including:

- Training during orientation and ongoing opportunities throughout the year for all staff that are responsible for implementing the curriculum.
- Observations of the classroom or home at least three times a year to determine fidelity of implementation, using any available tools designed for determining fidelity. DFSS agencies use Creative Curriculum Coaching to Fidelity. Staff persons are afforded opportunities to receive timely feedback from these classroom observations.
- A system of ongoing supervision and professional development for all education staff that includes opportunities for reflection, development of skills over time, and support for continuous improvement.
- Online professional development via Teaching Strategies on the curricula and assessment.

### **HS Center Based:** *Education Milestones*

- September/October – Conduct Classroom Fidelity Observation “Daily Resources – Part 1 and Families”
- November/December – Conduct Classroom Fidelity Observation – “Teacher Child Interactions – Part 2”
- May - Complete classroom observation and provide feedback; use Fidelity Tool & Coaching Guide



- August - Conduct Classroom Fidelity Observation Center-Based 3-5: Daily Structure - Part II, Physical Environment-Part II and GOLD Assessment-Part III

## **Child Screening and Assessment**

### *Screening*

**HS/EHS:** In collaboration with each child's parent and with parental consent, DFSS agencies must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills. HS/EHS defines enrollment to mean a child has been accepted and attended at least one class for center-based and family child care option or at least one home visit for the home-based option.

**HS:** Newly enrolled children are screened within 45 calendar days of the child's enrollment. Returning Head Start children can be screened for the next program year starting July 1<sup>st</sup>.

**EHS:** Newly enrolled EHS children are screened within 45 days of the child's enrollment and according to the screening tool schedule thereafter.

**PFA/PI:** In collaboration with each child's parent and with parental consent, PFA programs, using the Ages and Stages Questionnaire (ASQ), and PI programs, using the Early Screening Inventory-Revised (ESI-R), must conduct developmental screenings on all children within 45 calendar days of enrollment and annually after that within 45 days of the start of each program year. Both PFA and PI must screen children with the ASQ-Social Emotional within 60 days of enrollment and annually after that within 60 days of the start of the program year.

Screenings are done with the family. In all program options, families are provided with information on the purpose of the screening and on how the results of the screening will be used.

The date the screening was completed is the date entered into COPA.

For details about the instruments used for children's developmental screening, referral, and evaluation processes, and service provision for special needs children, refer to the Disabilities Section of this manual.

### *Observations*

Ongoing observation is critical to the assessment process, as well as to effective planning and individualization for children. Observations are brief factual descriptions of what staff hear and see and can include direct quotes of language, as well as descriptions of actions, gestures, facial expressions, and creations. Photographs and samples of children's work can also be used for observation, but may require a brief narrative to explain to which objective the photo or work sample is connected. Observations are especially critical for infants and toddlers because of the remarkably rapid rates of change and development that take place in the first three years of life.

DFSS agency staff practice ongoing observation of children in all center-based classrooms, family child care homes, and in home-based/home visiting models. Observations are documented in Teaching Strategies GOLD®.

### *Education Milestones*

- Each month all DFSS agencies should review the Teaching Strategies GOLD® Documentation Report and provide feedback to staff regarding the quantity of observations for each objective.
- In addition, the Teaching Strategies GOLD® documentation should be reviewed each month and



feedback should be provided to staff regarding the quality of the observations related to whether or not they are objective and factual, related to the correct objectives, accurate preliminary markings, etc.

### *Child Assessment*

DFSS agencies use the Teaching Strategies GOLD®, which is an ongoing, observation-based, authentic assessment system. Appropriate designated staff persons conduct child assessments at regular checkpoints according to DFSS deadlines. Checkpoints must be supported by documentation.

Data on child outcomes is analyzed at least three times per year. This information is used to inform and adjust strategies to better support individualized learning and to improve teaching practices in center-based and family child care home settings, as well as to improve home visit strategies in home-based models.

### *Education Milestones*

- *October, January and May* - monitor & track progress in finalizing child assessment data using the Teaching Strategies GOLD® Assessment Status Report
- *November, February and May* - ensure the Teaching Strategies GOLD® Assessment Status Report reflects finalized data for all children/all program options
  - November - finalize fall child assessment data by Nov 2<sup>nd</sup>
  - February – finalize winter child assessment data by Feb 15<sup>th</sup>
  - May – finalize spring child assessment by May 24<sup>th</sup>
  - August – finalize summer child assessment by August 15<sup>th</sup>; summer assessment and outcomes analysis are only required for children transitioning to kindergarten
- Complete and submit Outcome Analysis Report (include Readiness Report and analysis of Fidelity scores)
  - December for fall outcome analysis
  - March for winter outcome analysis
  - June for spring outcome analysis
  - August for summer outcome analysis; summer assessment and outcomes analysis are only required for children transitioning to kindergarten
- *November, February and May* - collect and analyze aggregate class, site, and program outcome data; incorporate COPA attendance analysis for each program option
- *November, February and May* - Education coordinator/program director review assessment data and identify improvements based upon analysis of school readiness outcomes to inform program planning
- *January* – Inventory/order developmental screening materials for upcoming program year

### *Characteristics of Screenings and Assessments and Training*

DFSS' screening and assessment instruments are valid and reliable for the population and purpose for which they are used. The processes are conducted by qualified and trained staff. DFSS in collaboration with its agencies will provide periodic training on screening and assessment tools.

### *Prohibitions on Use of Screening and Assessment Data*

DFSS and its agencies never use screening and assessment items and data for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance. DFSS and its agencies also do not use screening and assessment items or data for

the purposes of providing rewards or sanctions for individual children or staff, nor to exclude children from enrollment or participation.

### **Family Engagement in Education Services**

DFSS' parent and family engagement is centered on building relationships with families that support family well-being, strong relationships between parents and their children, and ongoing learning and development for parents and children.

DFSS and its agencies structure education and child development services to recognize parents' roles as children's lifelong educators and to encourage parents to engage in their child's education.

Communication with parents takes place throughout the program year through a variety of means, including informal meetings at drop-off and pick-up, home visits, newsletters, parent teacher conferences and written notices.

DFSS' and its agencies' policies ensure that:

- The program's settings are open to parents during all program hours and parents have access to their child's classroom at all times.
- Teachers regularly communicate with parents to ensure they are well informed about their child's routines, activities and behavior.
- All communications are respectful of the family's beliefs, values and culture and strengths-based.
- Parents have the opportunity to learn about and provide feedback on selected curricula and instructional materials used in the program.
- Parents and family members have opportunities to volunteer in the class and during group activities and outings.
- Teachers inform parents about the purposes of and the results from screenings and assessments, and discuss their child's progress during parent conferences and home visits.

### **Parent Conferences**

Parent conferences are a valuable opportunity for personal contact and relationship building with families. The goal of the conference is to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program.

DFSS agencies follow these guidelines for parent conferences:

- **HS/EHS:** Conferences must be held as needed, but no less than two times per year.
- Conferences must be offered at times that are convenient for parents.
- Sufficient time must be allotted for parent input, questions, and planning for their children's developmental goals.
- Any information or data that is shared must be explained and shared in a format that is understandable and user-friendly.
- Parents are provided with information on how they can help their children meet their goals and staff asks families about their observations of their children at home, in order to gain a richer developmental picture of each child.

### **Home Visits and Documentation**

DFSS and its agencies value home visits as another key component in developing trusting, respectful relationships with families, addressing their needs and their children's development. DFSS home visit

requirements are as follow, but other components of home visits should be individualized by agencies, depending on the family needs, culture, and preferences:

- **HS/EHS:** Teachers must conduct at least two home visits per program year for each family, including one before the program year begins, if feasible.
- **PFA-only:** For the 2017-18 school year, PFA-only agencies will pilot the practice of home visits.
- Agencies are strongly encouraged to have family support workers accompany teachers, in order to strengthen the depth of the home school connection.
- If a visit to a child's home is not an option because of factors such as homelessness or extreme safety concerns, parents and teachers may mutually agree to meet at an alternative location.
- The goals of education home visits include:
  - Engaging the parents in the child's learning and development.
  - Gaining insight into parent-child interactions.
  - Identifying learning opportunities within the home environment.
  - Gaining a deeper understanding of a family's cultural beliefs and practices.
  - Better understanding children's development and behavior in the context of their family, culture, and daily life.
- Documentation of home visits for all programs should be recorded in COPA.
- For sites with layered funding, e.g., HS and PFA for example, HS standards about teacher home visits apply.

### **Home-Based/Home Visiting Program Model/Option**

All DFSS home-based/home visiting models provide comprehensive services within the family's own home and within the context of the parent-child relationship. Meeting in a family's home provides the opportunity to know families intimately, which enhances close, trusting relationships, which is the critical element in programs designed to support children and their families. Strong, secure relationships between parents and children are supported, which creates the foundation for healthy brain development, strong physical and emotional development, and success in school and later in life.

#### *Components of the Home Visiting/Home-Based Program*

DFSS home-based/home visiting programs provide home visits and group socialization activities that promote secure parent-child relationships and help parents provide high quality early learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. A research-based curriculum is implemented that delivers developmentally, linguistically, and culturally appropriate home visits and group socialization activities that support children's cognitive, social, and emotional growth for later success in school.

#### *Home-Based Design*

DFSS home-based/home visiting programs ensure home visits are planned jointly by the home visitor and parents and reflect the critical role of parents in the early learning and development of their children. Home visits must be conducted only with parents, rather than babysitters or other temporary caregivers.

**HS/EHS:** Home visits must be conducted once per week per family, for 90 minutes, and for a minimum of 46 visits per year.

**PI:** Home visits must take place a minimum of once every two weeks.

DFSS agencies must allow for sufficient time to serve all enrolled children in the home and deliver all service components when scheduling home visits. This includes time to follow up with the families on outstanding issues, discuss learning experiences provided in the home between each visit, address any parent concerns, and inform strategies to promote progress toward school readiness goals. It is imperative that the home visitor be able to effectively communicate with the parent, either directly or through an interpreter.

### *Home Visit Experiences*

DFSS agencies must ensure all home visits in the home-based/home visiting option focus on promoting high quality early learning experiences and growth toward the goals in all domains of learning. Home visitors must use those goals and the curriculum to plan activities for home visits that:

- Are age and developmentally appropriate for the children in the family being visited.
- Are structured, child-focused and planned, using information from ongoing assessments, IFSPs and IEPs, if applicable, to individualize learning experiences.
- Promote parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development.
- Promote the home as a learning environment that is safe, nurturing, responsive, and rich in language and communication.

For children who are dual language learners, home visit experiences must recognize bilingualism and bi-literacy as strengths. The focus for infants and toddlers should be on the development of the home language, while providing experiences that expose parents and children to English. The focus for preschool children should be on both English language acquisition and the continued development of the home language. For both ages, the strategies must be research-based. Detailed, research-based practices and training materials can be found in the Planned Language Approach resource available on the Office of Head Start Early Childhood Learning and Knowledge Center website at <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/planned-language-approachDualLanguageApproachmodel>.

### *Group Socialization*

All DFSS home visiting/home-based programs must provide monthly group socialization experiences.

**HS/EHS:** A total of 24 socialization groups must be completed over the course of the year.

These socialization groups must:

- Be planned jointly with families and occur in a classroom, community facility, home, or field trip settings, as appropriate.
- Be conducted with both child and parent participation.
- Include lesson plans that are structured to provide age appropriate activities for participating children that are intentionally aligned to school readiness goals, applicable early learning standards, and the home-based curriculum.
- Encourage parents to share experiences related to their children's development with other parents in order to strengthen parent-child relationships and to help promote parents' understanding of child development.

For parents with preschoolers, group socializations also must provide opportunities for parents to participate in activities that support parenting skill development or family partnership goals, as identified in the **HS/EHS** Family Partnership Agreement or the **PI** Individual Family Partnership Service

Plan. Groups must also emphasize peer group interactions designed to promote children's social, emotional, and language development, their progress toward school readiness goals, while encouraging parents to observe and actively participate in activities, as appropriate.

### *Screening and Assessments*

All DFSS screening requirements outlined in the screening and assessment part of this section of the manual apply to home visiting/home-based models. Screenings must be completed within the first 45 days, with family consent, and families should receive information about the results of the screening and assessment, as well as how that information will be used. Screenings should be completed with the family.

**PI-only** programs must use an ongoing assessment tool is strongly, which can be the tools included in their parent education curriculum (Baby Talk or PAT). In the absence of an ongoing assessment tool, children's developmental progress should be monitored by completing the Ages and Stages screening tool every four months, and the ASQ-SE every six months.

### **Training and Resources**

DFSS offers training throughout the year on many of the topics found in this section, including curriculum implementation, observation, and assessment. Complete information on training and on monthly job targets and time frames for education can be found on the DFSS Children Services Division website at <http://www.childrengserviceschicago.com>.

Additional resources include the following:

- Office of Head Start Early Learning Outcomes Framework at <https://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/approach/pdf/ohs-framework.pdf>
- Illinois State Board of Education (ISBE) Early Learning and Development Standards for Preschool at [https://www.isbe.net/Documents/early\\_learning\\_standards.pdf](https://www.isbe.net/Documents/early_learning_standards.pdf)
- ISBE Early Learning Guidelines for Children Birth to Age Three at <https://www.isbe.net/Documents/el-guidelines-0-3.pdf>
- Teachstone, <http://teachstone.com> (website for the CLASS™ tool)
- Planned Language Approach at <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/planned-language-approach>
- OpenDoors—Interactive Tools Designed for the Home-Based Option at <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/poi/home-based/open-doors.html>
- Teaching Strategies Online Assessment, Planning and Professional Development Courses at <https://teachingstrategies.com/>
- IL Early Learning Project at <http://illinoisearlylearning.org/resources/pip.htm>

### **PFA/PI:**

- ISBE Preschool for All Implementation Manual at <https://www.isbe.net/Documents/pfa-imp-manual-0216.pdf>.
- ISBE Prevention Initiative Implementation Manual at <https://www.isbe.net/Documents/manual-complete.pdf>.

### **Approach to School Readiness and Establishing Goals**

DFSS' approach to and definition of school readiness means that children are ready for school, families are ready to support their children's learning, and schools are ready for children. More specifically,

school readiness means that children possess the skills, knowledge, and attitudes necessary for success in school, later learning, and life.

**HS/EHS:** The Head Start Act requires that HS and EHS programs establish school readiness goals that are appropriate for the ages and development of enrolled children in the program. At a minimum, goals must be established in each of the following domains and must align with the HSELOF, the IL Early and Development Standards, the IL Early Learning Guidelines, the program's curriculum and assessment tools, and the requirements and expectations of the schools, as is developmentally appropriate.

- Language and literacy development
- Cognition and general knowledge
- Approaches toward learning
- Physical well-being and motor development
- Social and emotional development

DFSS programs respect parents as their children's primary nurturers, teachers, and advocates.

**HS/EHS:** Programs are required to consult with parents in establishing school readiness goals.

#### *Measuring Progress toward Achieving School Readiness Goals*

Implementing and measuring progress toward school readiness goals helps programs individualize for each child and ensures that children know and can do what is needed to be ready for kindergarten. Programs must aggregate and analyze aggregated child level assessment data at least three times per year. That data, combined with other program data, must be used in a number of ways.

Specifically, data analysis must:

- Determine the program's progress toward meeting its goals.
- Be shared with parents, community, and other stakeholders.
- Be used to direct continuous improvement related to curriculum, instruction, professional development, program design and other program decisions.

To further support progress toward achieving school readiness goals and continued healthy growth and development, all DFSS programs must analyze individual ongoing, child level assessment data for all children birth to age five participating in the program. That data, combined with input from parents and families, must be used to determine each child's status and progress across the required domains of language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development.

Teaching Strategies GOLD® is the required assessment tool that is used by all DFSS programs and is aligned with these learning domains. Completing the assessments or checkpoints, as they are also called, consists of observations/documentation with evidence.

All DFSS programs require documentation for all children in all areas in Teaching Strategies GOLD® that pertain to their age. More than one piece of evidence is needed to properly assess children. The guidance provided in trainings is that for each checkpoint season, at least one piece of quality evidence is needed to assess a child's development. For those harder to observe for objectives, for example those under social emotional and cognitive, several pieces of evidence may be needed to ensure a professional assessment of the child's level of development and skill.

## The Classroom Assessment Scoring System (CLASS®)

### *General Information*

The CLASS® is an observation instrument that assesses the quality of teacher-child interactions in center-based preschool classrooms. CLASS® includes three domains of teacher-child interactions that support children's learning and development: emotional support, classroom organization, and instructional support.

Dimension within each domain capture more specific details about teachers' interactions with children. The CLASS® dimensions are based on developmental theory and research suggesting that interactions between children and adults are the primary way of supporting children's development and learning and that effective, engaging interactions and environments form the foundation for all learning in early childhood classrooms.

### *Use of CLASS®*

**HS:** The federal Office of Head Start uses CLASS®: Pre-K to monitor HS programs. DFSS uses the CLASS® tool as an important part of staff development and training. CLASS training and coaching are offered on an ongoing basis. See the DFSS training calendar for specific information.

The Office of Head Start includes CLASS® scores as one of the conditions that can cause a grantee to have to re-compete for its Head Start grant. There are two circumstances under which a grantee is required to compete as the result of low CLASS® scores, as specified in the Head Start Act of 2007.

As part of its continuous quality-improvement efforts, DFSS has and will continue to provide an array of CLASS® support services to its CBOs and partners.

HS agencies will analyze their own CLASS® data to assess the quality of their classroom interactions and compare their scores in relation to national scores. Agencies should identify trends across dimensions and identify teaching staff for intensive coaching, as the foundation for professional development. Each agency should have at least one reliable CLASS® observer who updates his/her reliability annually. HS agencies will conduct a minimum of three CLASS® observations on their classrooms annually.

**PFA-only:** The CLASS® tool will be used as mandated by current CPS requirements.

DFSS uses the age appropriate CLASS® tool for all of its programs. This includes the CLASS® for infants, CLASS® for toddlers, and the CLASS® for Pre-K. DFSS also provides CLASS® assessors for its CBOs and ensures they understand the relationship between the curriculum used and CLASS® scores, such as the variances when Montessori curriculum is used.

DFSS agencies are encouraged to share CLASS® data collaboratively with management teams and teaching staffs as a source of learning and professional development. New teachers may benefit from more intensive coaching around specific CLASS® dimensions.

DFSS tiers targeted coaching at the site level based on CLASS® data. Sites are encouraged to look at their own teachers and internal resources to continuously improve through coaching, professional development, and support.

Education forms.

- #1 Parental consent for screening
- #2 Home Language Survey (PFA)
- #3 Pre-IPT Oral Test (PFA)

## Section 5: HEALTH PROGRAM SERVICES

Health Services Programming Chart	Page #	Ages 3-5			Birth to Age 3					Birth- 5
		Center-Based		Home- Based	Center-Based			Home-Based/ Home Visiting		FCCH
		HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/ EHS
Health Services Advisory Committee (HSAC)	57	X		X	X	X		X		X
Collaboration/ Communication with Parents	57	X	X	X	X	X	X	X	X	X
Medical Home, Dental Home, Insurance Coverage	57	X		X	X	X		X		X
Ensuring Up-to-Date Child Health Status	57	X	X	X	X	X	X	X		X
Health Screening Requirements Well Child Exam	58	X	X	X	X	X	X	X		X
Oral Health Requirements	59	X		X	X	X		X		X
Immunization Requirements	59	X	X	X	X	X	X	X	X	X
Documentation	60	X	X	X	X	X	X	X		X
Vision/Hearing Screenings	60	X	X	X	X	X	X	X		X
Ongoing Care	61	X		X	X	X		X		X
Extended Follow-Up Care	61	X		X	X	X		X		X
Use of Funds	62	X		X	X	X		X		X
Oral Health Practices	62	X		X	X	X		X		X
Family Support Services for Health	62	X		X	X	X		X		X
Short Term Exclusion	63	X	X		X	X	X		X	X
Health Milestones (as apply)	64	X	X	X	X	X	X	X	X	X



## **HS/EHS: Health Services Advisory Committee (HSAC)**

Agency leadership or their designees establish and maintain an HSAC. HS/EHS parents, community partners and professionals are recruited to participate on the HSAC to provide support, advice and related information to the HS/EHS program per the DFSS memo about the delegate agency HSAC.

### **Collaboration and Communication with Parents**

Collaboration and communication with parents on health issues begins during the enrollment process.

Designated/appropriate agency staff will:

- Communicate the procedures for providing first aid and obtaining emergency care with parents and obtain written authorization from parents/guardians.
- Discuss the purpose of and the procedures for administering health and developmental screenings, including vision, hearing, and growth screenings, and obtain written authorization from parents/guardians, as applicable. Authorizations for screenings must be obtained before the screenings are conducted.
- Inform parents/guardians that results of all screenings will be given to them, along with options or recommendations for further care.
- **HS/EHS:** If any parent/guardian refuses to sign the authorization form for vision or hearing screening, he or she must sign a refusal for health services form; staff will inform these parents/guardians that they will be asked again in six months to see if they will give authorization at that time.
- If the parent/guardian gives authorization, staff documents the consent in COPA and places the paper authorization in the child's file.
- If the parent/guardian refuses authorization, agency staff will document the refusal in COPA and inform the appropriate other staff.

## **HS/EHS: Child Medical Home, Dental Home and Insurance Coverage**

Every child will have a medical home, dental home and health insurance that will allow the family to access appropriate medical and dental care for the child.

During the enrollment process and within the first month of enrollment, designated/appropriate agency staff will:

- Conduct an intake interview within 30 days of enrollment that includes the collection of information about the child's medical home and dental home, including provider names, and the type of medical insurance the family has. This information must be documented in COPA within 30 days of enrollment. See procedures below for referrals if the child does not have a medical home, dental home, or medical insurance. A dental exam by a dentist is required at age one year, therefore a dental home is required at age one year.
- Conduct an interview with the parent/guardian using the COPA Health History and Nutrition Assessment. See the Nutrition section of this manual for conducting the DFSS Infant/Toddler Nutrition Assessment. The Health History section of the IDHS/IDCFS Certificate of Child Health Examination must also be completed and reviewed by the examining medical provider.
- Ask the parent/guardian to indicate any safety or special needs, including medical, dental, mental health, disabilities, or medication requirements.
- Inform other appropriate agency staff of these safety or special needs.
- Document the results in COPA within 30 days of receipt.

If the family does not have a usual source of medical care, dental care, or health insurance, agency staff will:

- Refer the parent/guardian to Medicaid, All Kids, or other insurance carriers, as appropriate.
- Assist the family to access lists of medical and dental providers that are in their insurance coverage plans. This may include helping the family to access help through Get Covered Illinois.
- Check with the family on progress for obtaining medical insurance, medical home, and dental home monthly until obtained.
- Develop goals with families related to health, as appropriate.
- Document goals and/or referrals/services in COPA, as part of the Family Partnership Agreement process.
- Document the information in COPA when the family does obtain a medical home, dental home, or medical insurance after enrollment.
- Provide resources for medical homes and dental homes if the child/family is not eligible for medical insurance, including using program funds to pay for needed medical or dental services.

### **Ensuring the Child's Health Status is Up to Date**

**HS/EHS:** Children will be up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care and immunizations. Agencies should review the health screening information in COPA monthly to ensure it is accurate and up-to-date and to make plans for follow up care steps.

During the enrollment process, staff will obtain a current physical exam and health screenings from the parent/guardian, according to the current DFSS health requirements memo.

**HS/EHS** children must have annual physicals, according to the EPSDT schedule, and **PFA/PI** children must have physicals every two years, according to DCFS licensing standards.

- For centers licensed by IDCFS, the IDHS/IDCFS Certificate of Child Health Examination must be no older than six months, unless the child is transferring from another DCFS-licensed center-based program, in which case an original physical exam from the previous center can be used if it is less than one year old.
- For IDCFS-licensed family child care homes, the physical exam must be no older than six 6 months.
- For home-based programs, the physical exam must be obtained within 90 calendar days of enrollment.
- Staff should obtain guidance from agency leadership or designees if the parent/guardian in a center-based program has a religious objection to any of the physical exam, immunizations, or health screening requirements.

CPS school based health centers, CDPH clinics, and other resources are available and should be used to secure children's screenings and keep them up-to-date on their health status schedules. COPA report #406 should be used to monitor.

DFSS will post current health requirements guidance and changes, with detailed information about complete and up-to-date physical exams, health screenings, and immunizations, on its website and distribute notification to agencies so they can review their own procedures and revise, as needed.

### **All DFSS funded programs: Health Screening Requirements at the Well Child Exam**

A complete, up-to-date well child exam requires various screenings according to the child's age. These include:

- Growth measurements for all ages, including height and weight; head circumference for children

under age 24 months.

- Tuberculosis screening at age 12 months, then annually. All children funded by HS/EHS/PFA/PI must have a TB screening before they enter the program, according to CDPH. If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial physical/health examination for all children who have attained one year of age or at the age of one year, for children who are enrolled before their first birthday.
- Lead screening at age 9-12 months. According to CDPH, this must be done two months after a child enters the program and annually thereafter.
- Hemoglobin or hematocrit at age 6-12 months, then annually.
- Blood pressure at age 36 months, then annually.
- Diabetes screening at age 36 months, then annually.
- Oral health screening at all well-child exams under age 12 months.

Follow-up for abnormal results is required.

Numeric results of lead screening and hemoglobin/hematocrit are required. Pending results must be obtained within 45 days.

### **HS/EHS: Oral Health Requirements**

A dental examination by a dentist is required annually for all children ages 12 months and older. The dental exam may be up to 6 months old at enrollment.

- Center-Based HS/EHS programs are strongly encouraged to obtain the dental exam at enrollment, however, it must be obtained no later than 45 days after enrollment
- Home-Based HS/EHS programs are strongly encouraged to obtain the dental exam at enrollment, however, it must be obtained no later than 90 days after enrollment.
- EHS programs must obtain dental exams for children at age 12 months and older.

Dental prophylaxis (cleaning) and fluoride are required for children ages two years and older. Under age two, the dental professional may determine appropriate care.

### **All DFSS funded programs: Immunization Requirements**

Children must have the minimum requirements of immunizations for their age at the first day of attendance. If they are behind on their schedule of immunizations for their ages, children must be brought and kept up-to-date for their ages during enrollment.

Agencies should use the current immunization schedule posted at the Centers for Disease Control and Prevention website ([www.cdc.gov](http://www.cdc.gov)).

- Minimum requirement at age 1 week - Hepatitis B
- Additional minimum requirement at 2 months – Hib, PCV, Polio, and DTaP
- Additional minimum requirement at age 12 months or older – MMR and Varicella
- Recommended, but not required - Rotavirus and Hepatitis A

During the enrollment process, it is best practice to request hand-held immunization records from the parent/guardian. When the physical exam is received, agency staff should review the immunization record.

Obtain guidance from appropriate staff if the parent/guardian in a licensed center-based program has a religious exemption to the immunization requirements. Agency staff should ensure that the

parent/guardian submits the Illinois Certificate of Religious Exemption to Required Immunizations and/or Examinations form completed by the physician. Appropriate agency staff should meet with the parent/guardian about any exemption at least every six months.

### **All DFSS funded programs: Documentation**

Designated/appropriate agency staff will:

- Review the health information received from parents/guardians.
- Make a determination regarding the completeness and the accuracy of the information.
- Develop a follow up plan for any missing information, missing health screenings or pending results, missing immunizations, or results that require additional follow up, according to the current DFSS annual health requirements guidance.
- **HS/EHS**: Review the child's health history to identify health concerns that need to be accommodated, including health conditions and chronic health issues, and develop a specialized health care plan.
- Date stamp all medical documentation copies, when received.
- Document all results in COPA within 30 days of receipt.

### **All DFSS funded programs: Vision and Hearing Screenings**

Vision and hearing screening will be planned and implemented to ensure that all children receive screenings.

Designated/appropriate agency staff will:

- Follow the DFSS procedures for conducting vision and hearing screening for each newly enrolled **HS** child within 45 days of enrollment into the program.
  - Screenings must be conducted annually for all returning children.
  - Children who transition from EHS to HS must obtain the Illinois Department of Public Health (IDPH) required hearing and vision screening within 45 days of their transition into HS.
- Returning **HS** and **PFA** children will be screened after the 45 day deadlines have been met.
- Follow the DFSS procedures for obtaining evidence-based vision and hearing screening for each **EHS** child within 45 days of enrollment into the program. Screenings must be conducted annually for all returning **EHS** children.
- **PI** children's physical exam forms will be monitored for documentation of hearing and vision screening.
- Ensure parent/guardian consent is obtained before screening.
- Provide parent/guardians and classroom staff with activities before the screening to help prepare HS children for screening.
- Give parents/guardians advance notice and reminders for attendance on the dates of screenings.
- Provide written results of screening to parents/guardians.
- Explain next steps for results of "unable" or "fail/refer" to parents/guardians.
- Refer the family to the medical home for additional follow up, as needed, based on results.
- Check with the family on progress for obtaining additional follow up monthly until obtained.
- Communicate "unable" and "fail/refer" vision or hearing screening results to the appropriate agency managers within one week of screening.
- If the child has a hearing or vision disability, obtain information from the child's medical home and document in COPA. Share information with the appropriate agency managers within one

week.

- If the child wears glasses or has hearing aids, the IDPH screening technician will follow appropriate procedures to check the glasses or hearing aids. Agency staff will request annual documentation from the child's medical home and/or vision/hearing provider. Document the results in COPA. Share information with appropriate agency managers within one week.
- Date-stamp all medical documentation when received.
- Document all results in COPA within 30 days of receipt.

### **HS/EHS: Ongoing Care**

Children will remain up-to-date on a schedule of age appropriate preventive and primary medical and oral health care. Any new or recurring concern will be documented and follow up provided.

Designated/appropriate agency staff will:

- Develop a reminder schedule for all medical exams, health screenings, dental exams, and immunizations, according to the child's age and the current DFSS annual health requirements guidance.
- Give parents/guardians written advance notice of renewals needed. Additional verbal notice may also be given.
- Inform parents/guardians of infants and toddlers of the well-child exam and immunization schedule during the enrollment process.
- Provide resources and referrals when families encounter challenges in meeting the renewal requirements.
- Place copies of reminder notices in the child's file.
- Document efforts to obtain renewals in COPA.
- Date-stamp all medical documentation when received.
- When renewals are received, document in COPA within 30 days of receipt.
- Invite parents/guardians to share observations of the child's strengths, interests, and needs during home visits and parent conferences.
- Provide information about medical, dental, hearing, or vision results that may indicate a need for further evaluation.
- Obtain guidance from the agency leadership or designees when parents/guardians or staff have concerns about a child's health, growth, or development.

### **All DFSS funded programs: Extended Follow Up Care**

Children who have health conditions will receive appropriate follow-up care.

**HS/EHS:** Designated/appropriate agency staff will:

- Follow up on children with "unable" or "fail/refer" vision or hearing screenings or any "abnormal" results on health screenings according to the current DFSS annual health requirements guidance.
- Document efforts in COPA.
- Date-stamp all medical documentation copies when received.
- Document new results in COPA within 30 days.

**HS/EHS:** Programs will have a special care plan for children with health conditions requiring special management or accommodation during program hours.

**PFA/PI:** According to DCFS licensing standards, when a child's medical needs require special care or accommodation, the care shall be administered as required by a physician, subject to receipt of appropriate releases from the parent/guardian. Medical consultation shall be available to the staff, as needed for the health and medical needs of the children served.

**HS/EHS:** Designated/appropriate agency staff will:

- Involve parent/guardian and child's health care provider in the development of the plan.
- Ensure all appropriate staff review the plan and receive appropriate information and training in the implementation of the plan.
- Support appropriate staff to assist parents/guardians in obtaining resources to carry out plan.

### **HS/EHS: Use of Funds**

Agencies will use program funds to provide diapers for enrolled **EHS** children during the program day. The CACFP program funds will be used for formula. After all other resources have been exhausted, **HS/EHS** funds may be used to provide needed medical or dental services for enrolled children. Agencies should budget these funds, looking at the last three years of expenditures for these uses as trends.

Designated/appropriate agency staff will:

- Ensure adequate supplies of diapers are available for use with children during the program day.
- Ensure adequate supplies of formula are available for children during the program day.
- Communicate with all staff that parents/guardians will not be required to pay for or bring/purchase diapers or formula for their children's use during the program day.
- Assist the family in finding access to other available resources within the community for professional, medical, and oral health services, including referring families to local community resources.
- Place a copy of all referral forms in the child's file.
- Document referrals and all efforts to obtain care in COPA before using program funds.
- Obtain guidance from the agency leadership on using program funds for necessary medical or dental services after all other sources have been exhausted.

### **HS/EHS: Oral Health Practices**

DFSS promotes effective oral hygiene because tooth decay is preventable and is the most common disease in children. DFSS CBOs will use a comprehensive system of health education and care that includes tooth brushing at least once per day and meaningful teacher-child interactions following CLASS guidance for interactions, transitions, and classroom organization.

DFSS CBOs will execute an intentional family health education program that includes a strong home to school connection to establish a dental home for the family, good oral hygiene at home, and oral hygiene education, including the connection between oral and general health.

### **HS/EHS: Family Support Services for Health**

DFSS agencies provide health education and support services to families in order to develop parental health literacy, which has been linked to the health and positive long term outcomes of young children.

Designated/appropriate agency staff will:

- Orient parents to health services by using the parent handbook and other written materials during the enrollment process.

- Provide preventive health information, including oral, medical, and safety, at Parent Committee meetings and during individual encounters, as appropriate.
- Provide timely information and support to families as health insurance and resources change in Illinois.
- Develop goals with families related to health, as appropriate.
- Document goals, referrals, and services in COPA as part of the HS/EHS Family Partnership Agreement process.
- Assist families with health resources, making appointments, completing registration forms, arranging or providing transportation, reminders, consents, follow up, and other strategies as needed to ensure children remain up-to-date with their health care.

### **All DFSS funded programs: Short Term Exclusion of Children**

DFSS CBOs will follow IDCFS licensing and IDPH/Chicago Department of Public Health (CDPH) rules and guidance for excluding children short term due to symptoms of illness. Every agency must have policies and procedures in place for addressing such events. CBO procedures must include reporting such events to DFSS upon their occurrence and to CDPH as guided by that agency.

Per IDCFS licensing standards, center-based children shall be screened daily upon arrival daily for any obvious signs of illness. If symptoms of illness are present, staff shall determine whether they are able to care for the child safely, based on the apparent degree of illness, other children present and facilities available to care for the ill child.

Children with diarrhea and those with a rash combined with fever (oral temperature of 101° F or higher or under the arm temperature of 100° F or higher) shall not be admitted to the center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.

Children need not be excluded for a minor illness unless any of the following exists, in which case exclusion from the center is required:

1. Illness that prevents the child from participating comfortably in program activities
2. Illness that calls for greater care than the staff can provide without compromising the health and safety of other children
3. Fever with behavior change or symptoms of illness
4. Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness
5. Diarrhea
6. Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration
7. Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious
8. Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable
9. Purulent conjunctivitis, until 24 hours after treatment has been initiated
10. Impetigo, until 24 hours after treatment has been initiated
11. Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours
12. Head lice, until the morning after the first treatment

13. Scabies, until the morning after the first treatment
14. Chicken pox (varicella), until at least 6 days after onset of rash
15. Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;
16. Mumps, until nine days after onset of parotid gland swelling
17. Measles, until four days after disappearance of the rash or
18. Symptoms that may be indicative of one of the serious, communicable diseases identified in the IDPH Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

## Health Milestones

*Documentation:* within 30 days of receipt of health information, enter in COPA; best practice is to enter documentation in COPA by the last working day of each month.

### *Obtaining information*

**All programs:** At enrollment, obtain physical exams for center-based children and children in family child care homes

### **HS/EHS:**

- Within 30 days of enrollment, determine whether family has medical home, dental home, medical insurance
- Within 45 calendar days of enrollment of new children, obtain vision and hearing screenings; obtain vision and hearing screenings annually for all children (including PFA/PI)
- Within 45 calendar days of enrollment, obtain dental exams
- Within 45 days, obtain pending results from medical screenings
- Within 90 days of enrollment, obtain physical exams for home-based children

### *Monthly*

- Check and replenish first aid kit supplies
- Provide health requirements overview to enrolling parents
- Monitor for missing or expired items, pending results, and abnormal results
- Monitor for immunizations and screenings

### *Quarterly*

- Analyze PIR and submit improvement plan for any item below 90% compliance
- Inventory and replace/replenish health services supplies, including toothbrushes

*March* – Prepare health services transition packets for children in HS/EHS

*May* – Prepare for DFSS PIR round table

### *June*

- Compile, review, and update health services resource information, i.e., cooperative agreements, and community resource list
- Submit HSAC certification
- Submit updated management and training plans for program year to CSD, governing body, and CBO management

### *July*

- Complete review/revision of emergency and other health posting policies and procedures and submit to governing body and CBO management
- Complete review and COPA documentation of agency staff health certifications, i.e., CPR, physicals, first aid, etc.; report to governing body and CBO management



- Complete cooperative agreements for medical/dental services and submit as required to CSD, governing body, and CBO management

#### *August*

- Revise and update forms, schedules, and procedures for upcoming program year and submit to governing body and CBO management; include parental consent/refusal forms
- Complete schedule of health screenings, including vision/hearing, for returning and wait listed children
- Complete HSAC revisions and updates of membership, policies, and procedures, and meeting schedules for upcoming program year and submit to governing body and CBO management
- Complete on-site health and safety checklist, including posting and availability of all health policies/procedures at all CBO sites

*September* - Complete new COPA health data and enter into COPA

#### Health services forms.

- #1 Parent letter for dental caries – English/Spanish
- #2 Dental Follow Up Treatment form for dentist
- #3 Child Asthma Plan
- #4 State Certificate of Child Health Examination form
- #5 HS/EHS Medical & Dental Referral form
- #6 TB Skin Test: Pediatric Risk Assessment Questionnaire
- #7 Specialized Health Care Plan
- #8 Parent letter high blood pressure – English/Spanish
- #9 High blood pressure letter for doctor
- #10 High lead letter for doctor (over 20 mcg/dl)
- #11 High lead letter to parent (over 20 mcg/dl)
- #12 Medication Consent, including checklist for physician instructions, parent consent, and medication checklist
- #13 Medication Monitoring Tool
- #14 Medication Log
- #15 Sample letter to families about exposure to communicable disease
- #16 Enrollment/Attendance/Symptom Record form
- #17 Case Management form for dental treatment
- #18 IL Certificate of Religious Exemption to Required Immunizations or Examinations form

#### Health services resources posted on CSD website, among others.

- #1 Healthy Habits and Tips to Keep Your Child's Teeth Healthy and Decay Free
- #2 Growth assessment procedures template
- #3 CDC Immunization Schedule 2016
- #4 2016 Recommended immunizations for children birth to age 6 parent poster – English/Spanish
- #5 CDC Immunization Catch up
- #6 Elevated lead – staff guidelines
- #7 Medication procedures template
- #8 Procedures for referral for Hep B vaccine program

- #9 Universal Precautions for Infection Control
- #10 Monitoring Children for Illness
- #11 Infectious Disease Control – bloodborne pathogens plan
- #12 STOP Reportable Infectious Diseases and conditions in IL
- #13 STOP poster – Is Your Child Well Enough to be in School Today?
- #14 A Daily Health Check poster
- #15 Performing daily health checks – procedure guidance
- #16 Most current HSAC operational guidance
- #17 Cooperative agreement for medical services template
- #18 Cooperative agreement for dental services template
- #19 IL Poisonous Plants poster
- #20 EHS pregnancy policy packet (guidance)

## SECTION 5.A: NUTRITION

Nutrition Programming Chart	Ages 3-5				Birth to Age 3					Birth-5
	Center-Based			Home-Based	Center-Based			Home-Based/ Home Visiting		FCCH
	Page #	HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/ EHS
Overall Nutritional Practices	67	X	X	X	X	X	X	X	X	X
Identification of Nutritional Needs	68	X	X	X	X	X	X	X	X	X
Daily Nutritional Needs	69	X	X	X some	X	X	X	X some	X some	X
Meal Service	70	X	X		X	X	X			X
Meal Service for Celebrations and Other Activities	71	X	X		X	X	X			X
Food Service to Pregnant Women	71				X	X		X		X EHS
Food Safety and Sanitation	72	X	X		X	X	X			X
Information and Training	73	X	X	X	X	X	X	X	X	X
Community Nutritional Issues	73	X		X	X	X		X		X
CACFP Reporting	73	X	X	X	X	X	X	X	X	X
Milestones (as apply)	74	X	X	X	X	X	X	X	X	X
Ongoing Monitoring	74	X	X	X	X	X	X	X	X	X

### Child Nutrition

DFSS agencies enhance children's wellness by providing nutrition services that supplement and complement those of the home and community. Consuming nutritious foods helps children and teens grow, develop, do well academically, and feel good about themselves. Good nutrition also helps prevent child and teen issues such as eating disorders, obesity, dental cavities, and iron-deficiency anemia. DFSS and its agencies assist families in meeting each child's nutrition needs and establishing good eating habits that nurture healthy development and promote lifelong well-being.

### Overall Nutrition Practices

1. For full day center-based settings, meals and snacks provide at least one-half to two-thirds of the child's daily nutritional needs and feeding requirements.

2. Infants and toddlers are fed according to their individual developmental readiness and feeding skills. Infants and toddlers are fed on demand. Bottle fed infants are never placed in a crib or resting position with a bottle.
3. All children are offered breakfast or a snack upon arrival, including those children deemed late.
4. For home-based programs, healthy snacks and meals are provided to children during socialization sessions.
5. DFSS infant/toddler programs promote breastfeeding by making cold storage available in every classroom. DFSS infant/toddler programs must make lactation rooms or private places available to breastfeeding parents and provide counseling from the agency's nutrition consultant to support parents making this option.
6. Clean drinking water must be made available to children at all times during service hours. DFSS centers follow all meal service requirements of the Child and Adult Care Food Program (CACFP).

### **Identification of Nutritional Needs**

1. Designated staff persons meet with parents/guardians at intake before the child attends the program to have them complete the required nutrition assessment information on the nutrition assessment or other agency form to help identify nutritional concerns. Discussions include data that takes into account the family's cultural, religious, ethical, or personal food preferences, such as vegetarianism, and medically prescribed diets.
2. The nutrition assessment must list any relevant nutrition related assessment data about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition related health problems, and feeding requirements for infants and toddlers and children with disabilities. Refer to the agency nutrition consultant for information on special dietary requirements.
3. **HS/EHS:** Designated agency staff review each child's completed health information update form, physical exam, etc.
4. **HS/EHS:** Nutrition assessments are documented in COPA and "follow ups needed" are completed within 90 days of the start of the program year. Assessments on returning children can be conducted in August. Prenatal assessments are conducted at intake and postpartum assessments are conducted at the two week visit.
5. **HS/EHS:** Assigned staff record current height and weight for each child twice a year in or about October and February and document height and weight in COPA.
6. **HS/EHS:** After a review of the information, completed by November, designated staff help parents obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known, or suspected nutritional problem and develop and implement a follow up plan for any condition identified so that any needed treatment is begun. Nutrition problems can include obesity, iron deficiency, failure to thrive, or food allergies, among other.
7. **HS/EHS:** The nutrition consultant will design an individual nutrition plan with the parent, if deemed necessary.
8. **HS/EHS:** Designated/appropriate staff and the nutrition consultant contact families whose children present with Body Mass Index (BMI) values below the 5<sup>th</sup> and above the 85<sup>th</sup> percentiles. This information will be documented on children's nutrition assessments and placed in COPA. Children under the 5<sup>th</sup> percentile are to be referred to a physician.
9. **HS/EHS:** Agency directors will designate staff that will generate COPA reports to track, monitor, and follow up on children with identified nutrition concerns to ensure that necessary treatment is

arranged.

10. Designated staff will work with all infant/toddler programs to assess infants' and toddlers' current feeding schedules, amounts and types of food provided, meal patterns, new foods introduced, food tolerances and preferences, voiding patterns, and observations related to developmental changes in feeding and nutrition.

## **Daily Nutritional Needs of Children**

### *Program Planning*

1. **HS/EHS:** The nutritionist and designated staff and/or food vendors develop menus using the US Department of Agriculture (USDA) CACFP meal patterns to determine the types and amounts of food groups to be served each day.
2. Menus should include a variety of foods that consider cultural and ethnic preferences and broaden children's food experience.
3. **HS/EHS:** The nutritionist analyzes, approves, and signs off on the menus to ensure that all food components are served in the proper amount using USDA CACFP guidelines prior to the start of the menu. Documentation should include child nutrition (CN) labels, standardized recipes, and product formulation.
4. The program/site director or designee ensures menus are distributed to each site monthly.
5. **HS/EHS:** The program/site director, nutritionist, and/or designated staff will meet with the Parent Committee quarterly and request input and recommendations for future menus.

### *Center Implementation Procedures*

1. Post menu monthly in classrooms, on the parent bulletin board, and in the kitchen.
2. Distribute menus to all parents/guardians.
3. Provide meals listed on menu to all children in center-based settings.
4. Serve meals and snacks that provide 2/3 of a child's daily nutritional needs. **HS/EHS** programs will serve two meals and at least one snack per day.
5. Serve each infant and toddler food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements.
6. **PFA/PI:** Implement the no peanut policy. **HS/EHS:** Implement no outside food/no peanut/nut policy.
7. Provide children with disabilities with adaptive equipment, modified menus, and/or additional assistance at mealtime, as needed.

To avoid choking hazards, DFSS agencies in centers and group socializations will not offer the following foods to children age 4 and under.

Firm, smooth, or slippery foods that slide down the throat before chewing, such as:

- Hot dogs, chunks of meat, or sausage rounds
- Whole grapes, cherry/grape tomatoes, berries, melon balls, or cherries
- Whole nuts (also due to nut allergy policy)

Small, dry, or hard foods that are difficult to chew or swallow, such as:

- Popcorn, hard pretzels, chips
- Small pieces of raw vegetable, such as raw carrot rounds, baby carrots, string beans, celery, or other raw/partially cooked vegetables
- Whole pieces of fruit with pits or seeds, such as apples

Sticky foods, such as:

- Spoonfuls of seed butters
- Marshmallows, chewing gum, or candies
- Dried fruits, such as raisins
- Large chunks of cheese

### *Dietary Allowances*

Agencies will use the Recommended Dietary Allowances (RDAs) of the National Research of the National Academy of Sciences to establish the nutritional needs of children. Guidelines for the meal patterns of the CACFP will be used to offer a variety of options.

Agencies will:

1. **All DFSS funded programs:** Not serve sweet and sticky foods, especially those high in refined sugar. Per DCFS licensing standards, if any part of the nutritional requirements is designated as dessert, it shall be served as an integral part of the meal. Ice cream or milk-based pudding may be used occasionally. Cake, pastries, cookies or other foods with high sugar and/or fat content shall not be served to children enrolled in the program.
2. **All DFSS funded programs:** Per the 2011 joint resolution for Chicago child care standards, provide unflavored low-fat milk and cheese for all children older than 2 years of age and whole milk to all children 1-2 years old.
3. Reduce salt in cooking and limit higher sodium, processed foods.
4. **HS/EHS:** CSD continues to recommend that no juices be served to HS/EHS children.
5. Water is offered and made available to all ages of children at frequent intervals and during meals and snacks.
6. Avoid the placement of additional sugar, salt, butter, or margarine on tables.
7. **HS/EHS:** CSD encourages a variety of fresh sliced fruit, canned fruit in its own juice, and fresh vegetables are served.
8. Reduce the use of foods high in fats and increase the amount of whole grains, fruits, and vegetables served. The new USDA CACFP meal patterns recommend to serve more whole grains and a greater variety of vegetables and fruit and to reduce the amount of added sugars and solid fats in meals. Increase the use of low fat, whole grain muffins, bagels, and pancakes.

### **Meal Service**

DFSS centers will provide the following elements in their meal service:

1. Serve all meals and snacks family style according to the posted times in classrooms. If breakfast is served (**required for HS/EHS**), according to CACFP standards it should be scheduled three hours before serving lunch and snack at least two hours after lunch. Each meal services should allow sufficient time for the children to eat. Meals will provide time for socialization and will be relaxed and unhurried. Programs should allow approximately 30 minutes for lunch and 15 minutes for breakfast and snacks.
2. Family style service is defined as all children and teaching staff sitting at the table at the same time for meals. Refer to the Education section of this manual – Approaches to Rest, Meals, Routines and Physical Activity for guidance. All mobile children are encouraged to be independent and set their own places at the table, etc.
3. Complete accurate documentation of meals served to each child at point of service during mealtimes every day.

4. Review meal counts attendance and sign-in/sign-out sheet at the end of each workday for accuracy.
5. Offer children a meal or snack, whichever is feasible, if they arrive at school after the classroom mealtime has been completed.
6. Post menus and the daily routine where parents can see them and inform parents of mealtimes.
7. Review the menu to be sure all items are served.
8. Integrate food related experiences into classroom curriculum.
9. Initiate natural, meaningful conversations with children during mealtimes.
10. Never use food as a punishment or reward for any child.
11. Allow children to clean up after themselves during meal times.
12. Encourage children ages 3-5 to be independent and set their own place at the table, pour their own milk, serve their own food, and scrape their plates.
13. Review and post food substitution/allergy lists to ensure foods are served correctly to children with special dietary needs.
14. Encourage all classroom volunteers to interact with the children and provide positive role models during mealtimes.

### **Meal Service for Classroom Celebrations and Other Activities**

Due to the increasing number of children who have severe, life-threatening allergies to peanuts/nut products, known as anaphylaxis, the following policy must be enforced in all classrooms: staff will refrain from bringing or eating any peanuts/nut products in the classroom environment. Should staff discover a product in the classroom containing peanut or any type of nut as an ingredient, they will follow the standard procedures for hand washing and sanitizing surfaces.

Per DCFS Licensing Standards (407.330), all food consumed by children under the supervision of a center shall be provided by the center, except:

- a. Parents may provide food for infants not yet consuming table food or for any child requiring a special diet that cannot reasonably be provided by the center.
- b. Upon agreement of the staff, parents may bring in commercially prepared foods may be brought in occasionally as part of holiday or birthday celebrations. Food brought in for this purpose must arrive unopened as packaged by the bakery or manufacturer or it shall not be accepted.

If programs opt to exercise (b) above, they must provide nutrition education to families and children and be mindful of not excluding children whose parents may not or may not be able to bring treats for them. Programs should design alternate strategies for these children so all are included. Programs exercising this option are reminded that per DCFS licensing standards, cakes, pastries, cookies or other foods with high sugar and/or fat content will not be served to children enrolled in the program.

Agencies operating home-based options must provide appropriate snacks and meals to each child during group socialization activities. Appropriate meals and snacks served must be approved by the agency nutritionist or follow the CACFP requirements.

### **Food Services to Pregnant Women**

Every diet should include proteins, carbohydrates, vitamins, minerals, and fat. Dietary reference intakes (DRIs) are recommended amounts of certain nutrients, vitamins, and minerals an individual should consume daily. During pregnancy, the DRIs are higher for many nutrients. Diets of pregnant women should include proteins, carbohydrates, vitamins, prenatal minerals, and fat. DRIs recommend extra iron to produce more blood to support the growth of the baby and extra folic acid to reduce the risk of

neural tube defects. To get these extra nutrients, a prenatal vitamin supplement is recommended for most pregnant women. These supplements contain the recommended daily vitamins and minerals needed during pregnancy.

Pregnancy nutritional needs/calorie requirements: 1<sup>st</sup> trimester - no change; 2<sup>nd</sup> trimester - +340 extra per day; 3<sup>rd</sup> trimester - +452 extra per day

See the DFSS EHS/HS nutrition assessment handbook for additional nutrition recommendations during pregnancy.

## **Food Safety and Sanitation**

Facilities will only contract with food service vendors that are licensed in accordance with state or local laws. In accordance with best practices, designated/appropriate staff will:

1. Implement all CACFP meal service guidelines.
2. Clean and sanitize tables before and after all meals.
3. Wash hands with soap and running water for at least 10-15 seconds.
4. Turn off sink with clean paper towel.
5. Dry hands with clean paper towel.
6. Throw used paper towel into trash can.
7. Disinfect sink if used for hand washing before meals.
8. Ensure hands are clean when serving food.
9. Rinse all dishes, metal pans, and containers, and send to the caterer.
10. Sanitize milk pitchers, cutting boards, knives, and salad tongs, etc., daily using a properly made bleach water solution that consists of one tablespoon of chlorine bleach added to a gallon of water. Use chlorine bleach with 50-100 ppm (parts per million). Refer to the manufacturer's label for how to make the appropriate concentration.
11. Check the thermometer inside the refrigerator and freezer daily and document the temperature daily on the freezer/refrigerator temperature record.
12. Ensure that freezer is always at zero degrees Fahrenheit and the refrigerator at 40 degrees Fahrenheit. Have a working thermometer in both the freezer and the refrigerator.
13. Keep perishable food items in the refrigerator.
14. Sanitize the refrigerator weekly.
15. Store leftover canned fruits in a separate covered container with a label and date. Keep leftover fresh fruit and bread inside the refrigerator for later use. Per USDA, leftovers can be kept in the refrigerator up to three to four days.
16. Discard leftover milk from small pitchers; do not pour back into the milk carton or inside the refrigerator.
17. Dispose of unsafe perishables daily.
18. Place foods from caterer directly in preheated food warmers and cold refrigerators/freezers.
19. Take hot and cold food temperatures daily before serving and record the temperature on the food temperature log.
20. Ensure that the site has a calibrated thermometer to use for taking food temperatures.
21. Refer to USDA's basics of handling food safely handout for additional details on safe steps in food handling, cooking, and storage essential to prevent foodborne illnesses.



## Information and Training

1. Classroom educational activities, which can include food experiences, are conducted weekly.
2. **HS/EHS:** Nutrition workshops are held twice annually in each center with parents/guardians and appropriate staff to develop health and/or nutrition plans for identified concerns.
3. **HS/EHS:** The nutritionist will provide monthly parent nutrition education newsletter articles and other nutritional advice to parents of all children.
4. **HS/EHS:** The nutrition consultant will work with appropriate staff and parents/guardians to provide any adaptations or accommodations needed for children with disabilities who have nutrition plans.
5. Further support will be given as needed to parents/guardians on all nutrition related health problems diagnosed by a health professional, such as obesity, iron deficiency, failure to thrive, food allergies, as well as intolerances, such as milk allergies and lactose intolerance, that require special dietary considerations.
6. **HS/EHS:** The nutrition consultant will work with the appropriate staff and parents/guardians to modify menus for children with disabilities according to their IEPs or IFSPs, or signed Physician's Statement for Meal Accommodations. Modification of menus for children with disabilities or for children with special medical or dietary needs is always undertaken in consultation with the child's primary health care provider and the assistance of a qualified nutritionist or registered dietitian who has the qualifications of content area experts in nutrition.
7. Training and certifications are needed for staff that handle and serve food at sites. See Section 5C: Safety Practices of this manual for more details about food handler training and food service sanitation manager certification.

## **HS/EHS: Community Nutritional Issues**

Information about major community nutritional issues, e.g., food deserts, local food banks, and lead concentration in municipal water supply, is identified in the community assessment by the HSAC, as well as by local health departments.

1. Agencies will use information about the quality of the local food and water supply, such as the availability of fresh fruit and vegetables, as well as nutrition related prevalent health conditions in the community, such as hunger, obesity, diabetes, hypertension, baby bottle tooth decay/infant dental caries, and lead poisoning to develop a quality nutrition program.
2. Agencies will use the HSAC, state and local health department nutritionists, and community health organizations to obtain local community nutrition information.
3. Agencies will designate staff to attend meetings with outside agencies, such as the Women, Infants, and Children (WIC) program, to stay abreast of what is happening in the local community.

Funds from the USDA Food and Nutrition Services Child Nutrition Programs, ISBE, and CACFP are the primary source of payment for meal services. Other program funds will be used to cover those allowable costs not covered by these funding sources. Internal CACFP audits will be conducted three times a year, in compliance with the CACFP meal service requirements.

## **CACFP Reporting**

Agency leaders will ensure that designated staff at all sites:

1. Enter meal counts in meals-count worksheets weekly.
2. Reconcile meal counts with attendance and sign-in/sign-out sheets, as necessary.
3. Verify the accuracy of the claim by comparing sign-in sheets, attendance, and meal counts.
4. Review data entry to ensure information is complete for the monthly food program claim.

5. Prepare the monthly food program claim.

## **Nutrition Milestones**

*Weekly* – Document nutrition education

*Monthly*

- Document physical activities or IMIL implementation
- Document food experiences two times per month
- Monitor nutrition services reports in COPA
- Complete referral and follow up for children with identified nutritional needs and document in COPA
- Follow up on nutrition assessments
- Post and distribute approved and signed menus
- Ensure all new applicable employees have completed the food handler certification within 30 days of hire; monitor to ensure all current applicable employees' food handler certifications are not expired (good for three years)

*Quarterly*

- **HS/EHS:** Complete assessment of nutrition services and submit to governing body and CBO management
- **HS/EHS:** Complete quarterly cycle menus and provide to nutrition consultant for review and signed approval

*Bi-Annually* – Plan for parent nutrition workshops

*July*

- Complete menus and nutrition program assessment, with parent input, and submit to governing body and CBO management
- Complete nutrition services cooperative agreements and submit as required to CSD, governing body, and CBO management

*August*

- Complete updated nutrition assessments for returning children
- Cycle menus are approved, distributed, and posted
- CACFP contract is completed, approved, and submitted to (**HS/EHS**) governing body and CBO management
- Plan physical/IMIL activities for the upcoming program year

*September*

- **HS/EHS:** Complete a list of consultants assigned to sites and submit to CSD
- Document growth assessments from physicals in COPA

*November* – Complete annual nutrition food experience plan with teaching staff for children; identify supplies and budget needed and submit to governing body and CBO management

*December* – Complete nutrition community assessment

## **Ongoing Monitoring**

DFSS agency/site staff and/or the nutrition consultant (**HS/EHS**), will monitor the following to ensure completion of nutrition activities:

1. The proper documentation of nutrition services in the COPA system.

2. Completes three CACFP monitoring reviews per year per center (breakfast, lunch, and snack) to assure food handling, sanitation, food substitutes, meal service procedures, portion sizes, nutritional value, etc., are in compliance.
3. **HS/EHS:** If meal services are not properly implemented, the nutrition consultant provides additional training to support staff and/or develops a written corrective action plan.
4. **HS/EHS:** All special dietary accommodations daily. If a child's special dietary restrictions are not followed, the nutrition consultant will contact designated staff to work with the vendor to ensure proper delivery of food.
5. Weekly nutrition education experiences, including the implementation of classroom food experiences.
6. **HS/EHS:** Bi-yearly parent nutrition workshops.
7. **HS/EHS:** Nutrition follow up and referrals.
8. **HS/EHS:** All governing body reports, approvals and signatures for the CACFP (due in August), nutrition needs assessment, and cooperative agreements (due in July), along with the nutrition budget (due in November), and the nutrition community assessment (due in December).
9. Food handler certification (must be obtained 30 days after newly hired and renewed every three years).
10. **HS/EHS:** Submission of nutrition consultants to DFSS (due in September).
11. The DFSS nutrition guidelines – monthly.

#### Nutrition forms.

- #1 Child/Family Nutrition Needs Assessment (EHS only)

#### Nutrition resource documents found on the CSD web site, among others.

- #1 HS Nutrition Assessment Handbook for Head Start Ages 3-5
- #2 EHS Nutrition Assessment Handbook for Ages 0-3 and Prenatal
- #3 Cooperative agreement for nutrition services
- #4 Sample letters (parent and physician) for below 5% height and weight
- #5 Sample letters (parent) for 95% height and weight and nutrition consultant action plan
- #6 Sample letter (parent) for 85-95% height and weight and nutrition consultant action plan
- #7 Individualized health plan/emergency medical procedure – child with a food allergy (2015)
- #8 Anemia/iron deficiency - laboratory assessment for anemia, iron deficiency anemia staff follow up guidelines, parent and health care provider letters, anemia follow up plan
- #9 Lead toxicity – elevated lead staff guidelines and lead letter to parents
- #10 Scope of services – nutrition consultant
- #11 Nutrition requirements memo

## **SECTION 5.B. MENTAL HEALTH AND SOCIAL WELL BEING**

### **HS/EHS/EHS-CCP – all – and PFA/PI, except references to the Mental Health Consultant**

#### **Child Mental Health and Social Emotional Well Being**

DFSS supports a program-wide culture that promotes children's mental health, social, and emotional well-being and overall health.

DFSS provides technical assistance and monitoring with and for each of its agencies to ensure that the following areas are included in their systems, in order to implement and improve their mental health services.

**HS/EHS:** DFSS HS/EHS CBOs will develop contracts with qualified mental health providers and submit completed contracts to DFSS. CBOs will ensure all required documentation is entered into COPA. Mental health services will be monitored by CBOs and DFSS in part by reviewing observation reports, parent and staff training/orientation logs, referrals, etc.

**PI:** The continuity of relationships (COR) model is implemented in PI classrooms serving children aged birth to three to support children's mental health and social well-being by ensuring consistent teacher/caregiver-child relationships. See description in the education section.

**All:** All DFSS CBOs will implement an environment of attitudes and behaviors of well-being throughout the program; i.e., in the classroom, handbooks, meetings, discussion groups, family assessments, and home visits. All CBOs will also implement policies to limit suspension and prohibit expulsion – see the Enrollment, Recruitment, Selection and Eligibility section of this manual for specific guidance – and identify children for referral for mental health services through the social/emotional (behavioral) screening tool.

#### **HS/EHS: Roles and Responsibilities of the Mental Health Consultant**

The mental health consultant, in collaboration with designated staff, performs at least the following functions for agency operations.

1. Design appropriate activities for:
  - a. Classroom management.
  - b. Methods for supporting children's strengths.
  - c. Strategies for supporting children with challenging behaviors, both internalizing and externalizing problems, and other social, emotional, and mental health concerns.
  - d. Strategies to foster appropriate interactions between children and adults.
  - e. Overall assessments and observations.
2. Provide general classroom observations for infants and toddlers and preschoolers as needed, as well as other individual observations or consultation required by the program staff or parents. An initial observation is recommended, if warranted or requested, within 60 days after the child enters the program and a second as deemed appropriate.
3. Provide feedback on the classroom culture and atmosphere, i.e., dynamics and interactions between the teacher and children, children with each other, and adults with each other.
4. Share findings, concerns, and recommendations from observations with teaching and other designated staff.
5. Conduct individual child observations at the request of the designated staff, parents/guardians, or based on general classroom observations, review of records, and discussion with center staff and

parent/guardian.

6. Assist in developing interventions and modifications for children with behavior issues who may not have an IEP or IFSP in the classroom and the home.
7. Assist in making referrals for further mental health assessment/evaluation.
8. Meet with staff and leadership frequently to discuss center, classroom, home visiting, family child care home, child, family, team, or individual needs.

The mental health consultant provides education and information to staff and parents on the following topics and others, as determined by the agency and community need. This education and information may be delivered in a variety of methods, i.e., discussion groups, meetings, workshops, informational materials/newsletters, trainings and others, based on the resources and needs of the organization and target audiences.

- The purpose of the screening process and results
- Understanding changes in developmental stages, typical and atypical development
- Child observation
- Appropriate developmental guidance
- Aggression/other externalizing behaviors and withdrawal/other internalizing behaviors
- The meaning of mental wellness
- Coping with stress
- Limit setting, discipline, and family dynamics
- Language and literacy development
- Dealing with violence in the home and in the community
- Early detection, identification, and follow-up of special needs in young children
- Recognizing disabilities in young children
- Child abuse and neglect
- Problem solving, friendship skills, and emotional management

The mental health consultant works with staff and parents to encourage the development of nurturing relationships and environments by:

- Promoting secure attachment relationships between parent and child.
- Promoting constructive family relationships by helping the agency provide an environment where all family members are welcome to learn about the child.
- Linking families to community resources, acting as a liaison between the agencies and parents, and serving as advocate for the child.
- Designing activities for parents to use at home.
- Providing short term crisis intervention, but referring families to community services for further long term assistance.
- Encouraging parents to partner with teachers regarding how to deal with the child, while teachers observe the child in preparation for a smoother transition.

Parents will be assisted by agencies and informed by mental health consultants with:

- Support through the process of their child's evaluation; the mental health consultant and staff attend the IEP/IFSP conference with the parents, when appropriate.
- Implementation of the special education goals for children with IEPs.
- Activities that promote mental wellness, e.g., exercise programs, educational opportunities, regular breaks, family fun activities, etc.
- Decisions about the type of interventions that would be provided to their child.
- Understanding and accessing needed services and community resources.

## Agency Responsibilities

**HS/EHS:** DFSS HS/EHS CBOs will allocate sufficient resources to mental health services in order to provide for the services outlined in the standards and procedures and based on classroom, site, community, and agency needs. CBOs that significantly reduce their mental health budgets from the prior year must provide justification to DFSS about the change.

The menu of mental health services will include individual child and classroom observations, planning with parents about the mental health education program, crisis intervention and referrals, preparing both behavioral plans for individual children and classroom management plans for teachers, as requested after observations, and anything else listed in the mental health scope of services.

Other items may include: encouraging staff and parents to consult with mental health providers; staff and parents having individual access to the mental health provider when necessary; maintaining a list of mental health agencies in a community resources directory; and ensuring staff and parents participate in the development and implementation of mental health activities that promote well-being in children.

Mental health activities may include and address observing children through play, helping children adjust to changes in family circumstances, child rearing practices, domestic violence, stress reduction, support groups, family activities, music, and others.

- Make the schedule of mental health consultant services available to staff and parents.
- Meet with staff and parents on a regular basis to discuss children's changing needs.
- Develop well-being activities for staff and parents.
- Review referrals for children that result from behavioral screenings.
- Foster the development of a warm and welcoming classroom, center, and home environment, where children feel safe to express their feelings and develop a strong sense of self.
- Ensure parents are included as a part of the child's team in discussions about challenges before it is determined that interventions are needed.
- Discuss child's strengths as well as concerns with parents, e.g., typical development, how child responds to stressful situations.
- Develop appropriate responses to address challenging behaviors, and strategies to strengthen results.
- Recognize and address the difficulties with separation and attachment for child and parent.
- Solicit information, including from parents, about all aspects of children's development in order to plan individual programs. This information can be gained from the following sources and events, among others.
  - Child's orientation visits
  - Daily contacts during drop-off and pick-ups
  - Conversations and discussions about the child's strength, needs, special interests, typical and atypical development, health issues, and any concerns about the child's mental health
  - Home visits
  - Screening and assessment results
  - Health and nutrition interviews

## Family Support in Mental Health

In collaboration with designated staff, the mental health consultant will discuss mental health family concerns, diagnostic and treatment procedures, and plans for ongoing care, as needed, affordable, and as cannot be covered by other community resources. The mental health consultant will familiarize

families with mental health issues, upon request, at trainings and parent orientations.

## **Mental Health Milestones**

### *Monthly*

- Monitor mental health services in COPA
- Review ASQ-SE 2 results in COPA for children needing follow up
- Follow up on referred children and update in COPA
- Complete required child screenings on newly enrolled children and submit COPA documentation within 45 days
- Schedule staffings for children referred for further evaluation
- Ensure that for children identified as needing an individual observation parental consent is obtained and the observation is scheduled within two weeks of identification
- Review classrooms and work with teaching staff to schedule classroom observations as needed

*Quarterly* - Complete mental health services reports and submit to governing body and CBO management

*February* - Submit action plan on mental health services to CSD, governing body, and CBO management

*April* – Analyze and submit report of CBO’s mental health services contract to governing body and CBO management

*May* – Review activity record to ensure all services are completed

*July* – Complete cooperative agreements for mental health services and submit as required to CSD, governing body, and CBO management

### *August*

- Complete mental health schedule for the next program year and submit to governing body and CBO management
- Conduct mental health planning meeting
- Complete mental health activity record

### *September*

- Complete list of consultants assigned to sites and submit to CSD
- Conduct parent orientation/workshops
- Ensure mental health activity plans are completed and posted

*October* – Complete and submit plan for parent and staff services to CSD, governing body, and CBO management

Mental health forms.

- #1 Support Services Verification
- #2 Report on Mental Health Services
- #3 Mental Health Activity Record
- #4 Parent Mental Health Record
- #5 Mental Health Individual Observation

Mental health resource documents found on the CSD web site, among others.

- #1 Template for Cooperative Agreement for Mental Health Services
- DFSS Mental Health Scope of Services

## SECTION 5.C: SAFETY PRACTICES

Safety Practices Programming Chart	Ages 3-5				Birth to Age 3					Birth-5
	Center-Based			Home-Based	Center-Based			Home-Based/ Home Visiting		FCCH
	Page #	HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/EHS
System of Health and Safety Practices	80	X	X		X	X	X			X
Licensing Standards	81	X	X	X SOCS.	X	X	X	X SOCS	X SOCS	X
Facilities (first aid kits & firearms ban)	81	X	X	X SOCS.	X	X	X	X SOCS	X SOCS	X
Equipment and Materials	83	X	X	X SOCS	X	X	X	X SOCS	X SOCS	X
Safety Training	84	X		X	X	X		X		X
IDHS Health and Safety Requirements for CCAP	86	X	X		X	X	X			X
Food Handler Training	86	X	X		X	X	X			X
Food Service Sanitation Manager	86	X	X		X	X	X			X
Safety Practices	86	X	X	X SOCS	X	X	X	X SOCS	X SOCS	X
Hygiene Practices	86	X	X	X SOCS	X	X	X	X SOCS	X SOCS	X
Administrative Safety Procedures	87	X	X		X	X	X			X
IDCFS Risk Management Plan	87	X	X		X	X	X			X
Disaster Preparedness Plan	87	X	X		X	X	X			X
Reporting Safety Incidents	87	X	X	X	X	X	X	X	X	X
Milestones (as apply)	87	X	X	X	X	X	X	X	X	X

*socs = socialization activities*

### System of Health and Safety Practices

DFSS agencies must establish, train staff and volunteers on, implement, and monitor a system of health and safety practices to ensure that children are kept safe at all times. Effective health and safety practices must be included in program goals and the continuous improvement process.



When developing policies or procedures to ensure children's health and safety, agencies must consult *Caring for Our Children Basics* (CFOCB). Additional resources that may be helpful in developing policies or procedures may be found in *Caring for Our Children* (CFOC).

- [http://www.acf.hhs.gov/sites/default/files/ecd/caring\\_for\\_our\\_chil-dren\\_basics.pdf](http://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_chil-dren_basics.pdf)
- <http://cfoc.nrckids.org/>

Policies or procedures must indicate appropriate HSPPS, IDCFS licensing standards, and if applicable, *Caring for Our Children Basics* or *Caring for Our Children* standards. The date of the policy or procedure and the dates of approvals must also be listed.

## Licensing Standards

All facilities used for child services must be currently licensed by IDCFS and the City of Chicago and provide such licenses to DFSS in the manner and by the deadline designated by DFSS, preferably via COPA eDocs. If license-exempt, **HS/EHS** facilities must still meet the IDCFS Licensing Standards for Day Care Centers. **PFA** CBOs that are license exempt must hold a current DCFS exemption letter and an ISBE recognition certificate of Non Public School and provide copies of such letters/certificates to DFSS in the manner and by the deadline designated by DFSS, preferably via COPA eDocs.

## Facilities

Standards and procedures in this section refer to both indoor and outdoor areas of early learning facilities. Agencies must ensure that all facilities used for child services:

- Are clean and free from pests.
- Employ pest control practices that meet DCFS licensing standards.
- Are free from pollutant hazards and toxins that are accessible to children and could endanger children's safety.
- Have hazardous material stored in original containers with legible labels in a locked area out of children's reach.
- Are tested for radon every three years.
- Do not have or use toxic or lead paints or finishes on walls, window sills, beds, toys, or any other equipment, materials, or furnishings that may be used by children or within their reach.
- Additional hazardous items include sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs, sharp instruments, power tools, cleaning supplies, and any other such items that might be harmful to children. Hazardous items for infants and toddlers also include coins, balloons, safety pins, marbles, plastic foam and similar products, and sponge, rubber, or soft plastic toys.
- Are designed to prevent child injury and free from hazards, including choking, strangulation, electrical and drowning hazards, hazards posed by appliances, and all other safety hazards.
- Have window covering and cords that are designed to prevent strangulation.
- Are well lit, including emergency lighting.
- Are equipped with safety supplies that are readily accessible to staff, including appropriate fire safety supplies.
- Are designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities.

Agency directors or their designees must ensure the facilities checklist for health and safety is conducted and documented at least annually, but are encouraged to conduct this check more often. Other issues

must be reported to DFSS within 48 hours. Agency directors or their designees must monitor completion of repairs at least weekly until issues are resolved.

Site directors or their designees must implement an effective, ongoing system of preventive maintenance for the facility. The system should include:

- Preventive maintenance tasks, time lines, and responsibilities.
- Regular inspections by licensed professionals, as appropriate, for heating, cooling, plumbing, electrical, fire safety, etc.
- Financial resources for maintenance, repair, and replacement.
- Documentation of the system.
- Evidence that any issues have been corrected.

The site director or his or her designee must have access to records of preventive maintenance system for the facility. Records may be kept by facility staff or other management staff. The site director or her or his designee must review preventive maintenance tasks every other month to ensure they are completed. The site director or his or her designee must monitor completion of repairs at least weekly until any issues are resolved.

All classrooms should have the following resources/posters and/or procedures posted: emergency phone numbers; medical/dental emergency procedures; CPR/first aid; emergency evacuation; procedures for what to do if someone is choking; food allergy; hand washing; diapering/toileting; gloving; storage of hazardous materials; and mandated reporter. In addition, all facilities caring for children shall have posters related to no drugs, no smoking, and no firearms posted in a place visible to parents, staff, and visitors.

Per the *IL Firearm Concealed Carry Act* (430 ILCS 66/65.Sction 65), all firearms are banned in schools and child care facilities at all times. DFSS agencies must post a safety sign (No Gun sticker) at each site. To obtain a sticker, agencies should go to <http://tinyurl.com/mjl58c5> and complete the online form.

#### *First Aid Kits*

Sites must be equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully equipped and up-to-date first aid kits.

Centers with capacity of fewer than 100 children shall maintain at least two first aid kits, including a kit for on-site use and a travel kit for use on outings. Centers with capacity of 100 or more children shall maintain at least three first aid kits. When a [program operates in various parts of a building or on more than one floor, a separate first aid kit shall be maintained in each area or floor.

The supplies for each first aid kit shall be stored in a closed container that is clearly labeled as first aid supplies. First aid kits are stored in a place that is accessible to staff at all times but out of the reach of children.

On-site first aid kits shall contain at a minimum the following supplies.

- Disposable latex gloves
- Scissors
- Tweezers
- Thermometer
- Bandage tape
- Sterile gauze pads

- Flexible roller gauze
- Triangular bandage
- Safety pins
- Eye dressing
- Pen/pencil and note pad
- Cold pack
- Adhesive bandages
- Current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide

Travel first aid kits must be used when off site, including neighborhood walks or trips to offsite locations. Travel first aid kits shall contain the above supplies (first aid chart may replace the required text), plus the following additional items.

- Water
- Soap
- Telephone number of the center, preferably on a laminated card, and emergency contact information

In addition to the full first aid kits, each individual classroom shall stock a supply of latex gloves and adhesive bandages.

Site directors or their designees must conduct and document first aid kit and classroom supply inventory checks monthly and after any use of any kit.

### **Equipment and Materials**

Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers and/or other equipment used in the care of enrolled children and, as applicable, other equipment and materials, must meet standards set by the Consumer Product Safety Commission or the American Society for Testing and Materials, International. Materials and equipment must be age-appropriate. No known unsafe children's products may be on the premises. The program must display information about unsafe children's products in areas accessible to parents.

Site directors or their designees must be responsible for monitoring unsafe children's products. One or more of the following methods may be used:

- Subscribe to a service that reports unsafe products  
<https://cpsc.gov/Newsroom/Subscribe/>  
<http://www.kidsindanger.org/>.
- Regularly search websites for new unsafe product listings  
<http://srs.dph.illinois.gov/webapp/SRSApp/pages/>  
<https://www.saferproducts.gov/Search/default.aspx>.
- Complete product-registration cards if they are available.
- Do not purchase used materials or equipment. Ensure that all purchases are through known vendors that can monitor the safety or recalls of their products.
- Inspect the premises at least annually, and immediately dispose of any unsafe children's products discovered. The program must keep a record for review by the DCFS licensing representative.

Equipment and materials must be appropriately cleaned, sanitized, and disinfected:

- Toys and equipment that are placed in children's mouths, or are otherwise contaminated by body

secretions or excretions, shall be set aside to be cleaned with water and detergent, rinsed, sanitized, and air dried before handling by another child. Machine-washable cloth toys may be used and shall be machine washed at least weekly and when contaminated.

- Water tables, and toys used in water tables, shall be emptied daily and cleaned with a mild germicidal solution before being air dried. Children and staff shall wash their hands before using the water table.
- All cooking and feeding utensils shall be washed and sanitized after each use.
- Programs must develop, implement, and monitor a schedule for cleaning, sanitizing, and disinfecting for classrooms, materials, the facility and food service.

Equipment and materials must be designed to ensure appropriate supervision of children at all times. This includes room arrangement to ensure visual supervision. Staff must allow for the separation of infants and toddlers from preschoolers during play in center-based programs

Site directors or their designees must implement an effective, ongoing system of preventive maintenance for equipment and materials.

The system should include:

- Preventive maintenance tasks, timelines, and responsibilities
- Regular inspections
- Financial resources for maintenance, repair and replacement
- Documentation of the system
- Evidence that any issues have been corrected

The site director or his or her designee must have access to records of preventive maintenance system for equipment and materials. The site director or her or his designee must review preventive maintenance tasks every other month ensure they are completed, and monitor completion of issues at least weekly, until any issues are resolved.

### **HS/EHS: Safety Training**

All staff with regular child contact must have initial safety orientation training within three months of hire and ongoing training in all state, local, tribal, federal, and program health, safety, and child care requirements to ensure the safety of children in their care. Find more information at:

<http://www.dhs.state.il.us/OneNetLibrary/27894/documents/HCD/ChildCare/HealthSafetyCDNoticeforenters01252017Final.pdf>.

The definition of all staff “with regular child contact” includes at a minimum:

- All classroom staff, including master teachers, lead teachers, co-teachers, teachers, assistant teachers, teacher aides, regular substitutes, and regular floaters.
- All bus monitors.
- All home visitors/parent educators.
- All family support staff.
- All education supervisors, e.g., education coordinators or managers, curriculum specialists and coaches.
- Site directors/managers.

Agency directors or their designees, in collaboration with agency human resources staff, must monitor training for staff.

Note: All center-based staff must be registered with the Illinois Gateways to Opportunity professional development registry system.

At a minimum, the following topics must be included in training for all staff with regular child contact within three months of hire.

- Prevention and control of infectious diseases
- Prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices; Gateways SIDS/SUID/Safe Sleep; SIDS training is required within 30 days of hire and must be repeated every three years for IDCFS.
- Administration of medication, including parental consent
- Prevention and response to emergencies due to food and allergic reactions; CPR/first aid with content for EpiPen and allergic reactions
- Building and premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; Gateways A Preventable Tragedy: Shaken Baby Syndrome (SBS/Traumatic Brain Injury)
- Emergency preparedness and response planning for emergencies; Gateways Emergency Preparedness
- Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
- Appropriate precautions in transporting children, if applicable
- First aid and cardiopulmonary resuscitation
- Recognition and reporting of child abuse and neglect; all staff must complete the online IDCFS mandated reporter training annually. Programs may plan for additional professional development related to child abuse and neglect as needed for their particular program.

<https://mr.DCFstraining.org/>

All staff with no regular responsibility for or contact with children must have initial orientation training within three months of hire, as well as ongoing training in all state, local, federal and DFSS and agency health and safety requirements applicable to their work.

The definition of all staff with “no regular child contact” includes at a minimum:

- Any staff or supervisors not included in the list of staff with regular child contact above
- All staff who are in a facility that has a HS/EHS program
- Enrollment staff
- Administrative assistants, receptionists and other support staff
- Cooks and food aides
- Bus drivers (see the Transportation section for other training required for bus drivers)

At a minimum, the following topics must be included in training for all staff with no regular child contact within three months of hire:

- DFSS and agency health and safety requirements applicable to their work
- Training in the DFSS and agency emergency and disaster preparedness procedures
- Recognition and reporting of child abuse and neglect; all staff must complete the online IDCFS mandated reporter training annually. Programs may plan for additional professional development related to child abuse and neglect as needed for their particular program.

<https://mr.DCFstraining.org/>

## **All Center-Based/FCCH: Health and Safety Requirements IDHS CCAP**

Programs that receive IDHS CCAP funds must meet the health and safety requirements outlined by IDHS: <http://www.dhs.state.il.us/page.aspx?item=92746&newssidebar=29720>.

### **Food Handler Training**

Staff who work with unpackaged food, equipment or utensils, or food-contact surfaces, must have food handler training that is approved by IDPH. Staff that have a current food service sanitation manager certificate and unpaid volunteers are not required to have food handler training. The food handler training must be completed every three years. Proof of training must be documented and kept on site at the licensed facility.

### **Food Service Sanitation Manager Certification**

Each site that serves meals must have at least one person on site at all times who meets the IDPH and CDPH food service sanitation manager certification.

### **Safety Practices**

All staff and consultants must follow appropriate practices to keep children safe during all activities, including, at a minimum:

- Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, and local laws.
- Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and that soft bedding materials or toys are not used for children under 12 months.
- Appropriate indoor and outdoor supervision of children at all times.
- Only releasing children to an authorized adult.
- All standards of conduct described in DFSS' and the agency's standards of conduct.

Staff who care for infants must have safe sleep training within 30 days of hire, according to IDCFS licensing. The training must be repeated every three years as required by IDCFS. Safe sleep practices must be included in classroom observations by all supervisors. Feedback and corrective training must occur as necessary. All training, observations, and feedback must be documented.

Training on policies and procedures for child supervision indoors, outdoors, and off site must be included in orientation within three months of hire and repeated at least annually. Child supervision practices must be included in observations by all supervisors. Feedback, updates to policies and procedures, and corrective training must occur as necessary. All training, observations, and feedback must be documented.

Training on policies and procedures for child release must be included in orientation within three months of hire and repeated at least annually. Release procedures must include steps to meet DCFS rules for late or no-show at pick-up time.

### **Hygiene Practices**

All staff must systematically and routinely implement hygiene practices that at a minimum ensure:

- Appropriate toileting, hand washing, and diapering procedures are followed, according to IDCFS Day Care Licensing Standards - 407.340 for centers and 406.14 for family child care homes.
- Safe food preparation.

- Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety and Health Administration.

Training on policies and procedures for hygiene practices must be included in orientation within three months of hire and repeated at least annually. Hygiene practices must be included in observations by all supervisors. All training, observations, and feedback must be documented.

Below are the required policies all agencies must have in place.

- Handwashing procedures
- Handwashing poster
- Diapering procedures (if serve children birth to age 3)
- Universal precautions
- DFSS Procedure for cleaning and disinfecting bodily fluid spills

Diapering (if serve children birth to age 3) and gloving posters or steps should be posted in the classrooms.

### **Administrative Safety Procedures**

Agencies must establish, follow, and practice, as appropriate, procedures including, but not limited to, the following:

- Emergencies
- Fire prevention and response
- Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness
- The handling, storage, administration, and recording of administration of medication
- Maintaining procedures and systems to ensure children are only released to an authorized adult
- Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

### **Disaster Preparedness Plan**

DFSS agencies must develop and execute all hazards/emergency management/disaster preparedness and response plans for more and less likely events, including natural and manmade disasters and emergencies, and violence in or near programs.

### **Reporting of Safety Incidents**

DFSS agencies must report any significant incidents affecting the health and safety of program participants to the FCP/health liaison on their assigned monitoring team within 24 hours of occurrence.

### **Milestones**

*Daily, Weekly, Monthly* – Complete daily, weekly, and monthly checklist; report issues to CSD immediately

#### *Monthly*

- Conduct monthly fire drills
- Complete playground equipment safety check
- Replenish first aid kit supplies

- Submit facility improvement plans, as needed

#### *Quarterly*

- Submit to CSD a sample of three monthly safe environments checklists (multi-sites)
- Submit to CSD a monthly safe environments checklist (single sites)
- Submit to CSD five consecutive samples of daily health checks

#### *Bi-Annually*

- Conduct tornado drills
- Replace carbon monoxide and smoke alarm batteries (April and October)
- Submit the biannual health and safety checklist to CSD

#### *Annually* – emergency preparedness drill

*April* – Review and revise emergency preparedness plan and certify with CSD

*August* – Submit electronic copy of completed fire drill certification log for program year to CSD

*December* – Complete comprehensive safe environment review using the OHS monitoring protocol for current program year

#### Safety practices forms.

- #1 First Aid Kit Monitoring Log
- #2 Classroom Cleaning and Disinfecting Log
- #3 Facility Assessment
- #4 Child Health and Safety: Classroom Observation
- #5 Child Care Health and Safety Daily Checklist
- #6 Infant Daily Report
- #7 Certification of Inspection for Unsafe Children's Products

#### Safety practices resource documents found on the CSD web site, among others.

- #1 NAEYC: Cleaning, Sanitizing, and Disinfecting Frequency Table (2016) (sample guide)
- #2 Caring for Our Children: Sample Food Service Cleaning Schedule (sample guide)
- #3 Diapering procedure – English/Spanish posters and steps
- #4 Emergency phone numbers poster
- #5 Stop Disease gloving poster – English/Spanish
- #6 Hand washing procedures sample steps
- #7 Fight Germs! Wash Your Hands! – parent handouts in English/Spanish/Polish
- #8 Stop Disease/other hand washing posters – English/Spanish
- #9 Warming infant bottles – sample procedure
- #10 Sample procedures for cleaning and disinfecting bodily fluid spills
- #11 Storage of Hazardous Materials poster
- #12 IDCFS mandated reporter poster
- #13 No smoking posters (English/Spanish)
- #14 Child care weather watch poster/instructions (wind chill and heat index)



## Section 6: FAMILY AND COMMUNITY ENGAGEMENT

FCE Programming Chart	Page #	Ages 3-5			Birth to Age 3					Birth- 5
		Center-Based		Home- Based	Center-Based			Home-Based/ Home Visiting		FCCH
		HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/ EHS
Family and Community Framework	89	X		X	X	X		X		X
Parent Education Curricula	90	X	X	X	X	X	X	X	X	X
Family Engagement Outcomes	90	X		X	X	X		X		X
Family Service Caseloads	91	X		X	X	X	X	X	X	X
PI Home Visits/Contacts	91					X	X		X	
Partnership Building	91	X		X	X	X	X	X	X	X
Family Assessment/ FPA/IFSP	92	X		X	X	X	X	X	X	X
Goal Setting with Families	92	X		X	X	X	X	X	X	X
Pre-Existing Plans	93	X		X	X	X	X	X	X	X
Documentation of Family Services	93	X		X	X	X		X		X
Parent Activities to Promote Learning and Development	93	X	X	X	X	X	X	X	X	X
Community Partnerships	94	X		X	X	X		X		X
Male Engagement	94	X		X	X	X		X		X
Services to Pregnant Women	95				X	X		X		
Transition of Children	95	X	X	X	X	X	X	X	X	X
Families Experiencing Homelessness	96	X	X	X	X	X	X	X	X	X
Milestones (as apply)	97	X	X	X	X	X	X	X	X	X

### HS/EHS: Family and Community Engagement Framework

DFSS and its agencies integrate parent and family engagement strategies into all systems and program services in order to support family well-being and promote children's learning and development. This approach aids in ensuring families work toward family engagement outcomes and children work toward school readiness. In addition, all staff persons take the opportunity in every conversation with parents to

create a teachable moment, one that supports the understanding of how their family life affects their children.

The Office of Head Start Parent, Family and Community Engagement (PFCE) Framework: Promoting Family Engagement and School Readiness illustrates how, when parent and family engagement activities are systemic and integrated across program foundations and program impact areas, family engagement outcomes are achieved, the result is children who are healthy and ready for school. Parent and family engagement activities are grounded in positive, ongoing, and goal oriented relationships with families.

Refer to <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family> for the PFCE Framework.

PFCE involves an ongoing collaboration between agency staff and parents. Agencies are expected to plan and implement PFCE strategies across the four framework levels, which are:

- Program foundations, including program leadership, continuous program improvement, and professional development.
- Program impact areas, including program environment, family partnerships, teaching and learning, and community partnerships.
- Family engagement outcomes, including family well-being, positive parent-child relationships, family as learners, family engagement in transitions, family connections to peers and community, and family as advocates and leaders.
- Child outcomes, including children are ready for school, and sustain development and learning gains through 3rd grade.

### **All programs: Parent Engagement and Education Curricula**

The recommended parent education curricula are aligned with the PFCE Framework. DFSS recommends the Parents as Teachers (PAT) or Baby Talk curricula for parent education in both center- and home-based programming. Other curricula may be considered for approval by DFSS.

### **HS/EHS: Family Engagement Outcomes**

The family engagement outcomes around which agencies/programs should plan strategies to achieve and measure progress include the following. The PFCE Framework provides strategies for program progress for all the identified family outcomes.

- Family well-being: parents and families develop trusting relationships that nurture their child's learning and development.
- Family as lifelong educators: parents and families participate in the everyday learning of their children at home, school, and communities.
- Families as learners: parents and families address their own learning interest through education, training, and other experiences.
- Family engagement in transitions: parents and families support children's learning as they transition to EHS to HS, HS to kindergarten, and through elementary school.
- Family connections to peers and community: connections are made with peers and mentors through both formal and informal networks that enhance social well-being and community life.
- Families as advocates and learners: participation in leadership, decision-making, program policy development, and community and state organizing activities to improve children's learning experience.

### **PI/EHS/HS: Family Services Caseloads**

**PI:** The family service worker's caseload in center-based programs must have a maximum ratio of 1 to 36. The following is a framework for reference:

- At least one part-time family service worker for a program serving less than 18 families
- At least one full-time family service worker for a program serving 18–36 families
- At least one full-time and one part-time family service worker for a program serving 37–54 families
- At least two full-time family service workers for a program serving 55–72 families
- At least two full-time and one part-time family service worker for a program serving 73–90 families
- At least three full-time family service workers for a program serving 91–108 families

PI program family service workers can work between sites in order to meet these ratios, but across sites may only have the total number of families in their caseloads as listed above.

Home visiting programs' case manager caseload maximum is 48 families per case manager.

**EHS-CCP:** This program has a required caseload of 1 family service worker to 40 families.

**HS/EHS:** Programs need to work towards creating a caseload ratio of 1:40. Programs need to demonstrate how they have sufficient staffing of family service workers to engage families in a meaningful way.

All programs must plan their family service caseloads to promote collaborative relationships and partnerships with families.

### **PI: Home Visits and Contacts**

- Home visits are to be completed for families at minimum twice a year per family, and as needed thereafter
- Family service workers must meet individually with each family at minimum once a month, using the selected parent education model as the curriculum
- Family service workers must provide at minimum once a month, a group session/meeting for the parents of children ages birth to three. The content of the groups must have a focus on child development, parenting and parent education curriculum topics.

### **PI/HS/EHS: Family Partnership Building Process**

The family partnership building process begins at intake and includes many activities, such as the enrollment process, family assessment, home visits, and the family partnership agreement process. Building partnerships with enrolled families entails learning their wishes and goals for their children, families, and themselves, through the establishment of a collaborative relationship. Family partnership building continues throughout the family's enrollment in the program.

Family Assessment and Family Partnership Agreements (FPAs; **HS/EHS**), and/or an Individual Family Service Plan (IFSP; **PI**), are part of a mutual planning process with parents and staff to determine which services should be offered.

## Family Assessment and **HS/EHS** FPAs and **PI** IFSPs

**HS/EHS:** DFSS requires agencies to complete one family assessment per enrolled family. This assessment is built upon throughout the family's enrollment. After the initial meeting with families, there must be at least monthly contact to determine the course of established goals or any new concerns for the family. Document all follow-up information from the family assessment in the case notes section in COPA.

All HS/EHS agencies must offer all parents opportunities to develop and implement individual FPAs that describe their family's goals, including responsibilities, strategies, and timetables for achieving them. The process depends on the family's readiness to engage in establishing a partnership agreement. The FPA is a document that must be updated with the family throughout the family's enrollment in the program.

For parents who may not be ready to enter into an agreement, there must be documented contact with the parents to encourage their participation in the process. Returning families can build upon their existing agreements from the previous year, however, they must have a current/updated FPA on file.

**PI:** IFSPs are required for all families in PI and identify the family's goals, responsibilities, timelines, and strategies for achieving the goals, including the services provided to the child and family. The IFSP is to be completed initially within the first 60 days of enrollment for center-based PI programs and within the first 30 days of enrollment for home visiting programs. IFSPs are reviewed periodically and updated at least every six months.

**HS/EHS:** CBOs should follow the following procedures when completing the family partnership process.

1. Complete the COPA family assessment. All areas in the assessment should be addressed with the parents during the interview process and the family assessment completed upon enrollment. When determining a priority status for each themed header, i.e., education, budget, etc., ask the parent to rate his/her status, e.g., thriving, safe, etc. Print a copy of the assessment and store it in the family file.
2. When a family completes the family assessment, the agency documents the information in COPA. Appropriate/designated agency staff then offers the family the opportunity to enter into an FPA and set goal(s). This opportunity must be offered to families within the first 60 days of their enrollment and is documented in COPA. Staff must conduct monthly follow up and document this in COPA.
3. FPA goals must include description of goal, steps, support needed, responsibilities, strategies, and realistic timeframes that support families in achieving their goals.
4. Designated agency staff should follow up monthly with families on the status or progress in achieving their stated goals, referrals, and services, and document the contact in the case notes on a monthly basis.
5. When presented with a family not ready to engage in an FPA, designated agency staff should document every effort made to engage and build a trusting relationship with the parent. These efforts should be documented as a case note in COPA.
6. All FPAs must be current and reflect the program year. FPAs must have the original signatures of the parents and staff. Designated agency staff should provide parents with a copy of the FPA.

### **HS/EHS/PI: Goal Setting**

DFSS **PI** and **HS/EHS** agencies will set goals collaboratively with families as part of the partnership building and FPA/IFSP processes. As part of this, agencies will:

1. Provide opportunities provided to families for goal identification and implementation on an ongoing

basis throughout the program year.

2. Include dates on family goals when the action steps are expected to be completed.
3. Include strategies, steps, and resources for achieving goals.
4. Document progress of goal achievement.
5. **PI home visiting** programs are required to set at least one goal each for children, for parents, and for the parent-child relationship.

DFSS recommends that agencies hold family child reviews or implement another similar process for all children or at least for those that need more case management.

### **PI/HS/EHS: Pre-Existing Plans**

To the extent feasible, **HS/EHS** and **PI** CBOs completing FPAs and IFSPs with families should coordinate with families and other agencies to support the accomplishment of goals in any preexisting plans families may have in place with other agencies, e.g., TANF, IDCFS, IEPs/early intervention, etc.

1. The accuracy of the information documented in the pre-existing plan, including name, address, and contact information of the organization and, if available, the specific person with whom the family is assigned to work, and type of services received.
2. Documentation of the release of information for the purposes of collaboration, coordination, and provision of services.
3. Ensuring the permission of the parent and confidentiality of their documentation.
4. Tracking pre-existing plans in COPA, as is feasible.

### **PI/PFA/HS/EHS: Documentation of Family Services**

**HS/EHS:** Family service staff must offer a variety of opportunities to meet and interact with the parents throughout the year. During these meetings, workers must continually assist the family in identifying and accessing services.

Depending on the family's needs, services may be identified under one or more of the following themes: education, family relationship, communication, employment, housing, budget, health, transportation, domestic violence, legal assistance, and substance abuse.

Designated agency staff should make appropriate referrals for families in a timely manner. Staff should follow up with families first to determine if the referral was received and if it met the family's expectations. Additional details should be made in the family's case notes in COPA. Family services information must be documented monthly in COPA.

Agencies providing HS/EHS services will adhere to the following timelines and document services in COPA

- Document evidence of at least 50% of families receiving services by November 15 each year.
- Document evidence of at least 75% of families receiving services by February 15 each year.
- Document evidence of at least 90% of families receiving services by May 15 each year.

**PI/PFA:** CBOs will implement a system for tracking the level of parent engagement/family involvement in their program.

### **Parent Activities to Promote Child Learning and Development**

DFSS' agencies conduct activities that promote the parents' role as the first and primary teachers of their children. To support this role, DFSS supports its agencies in:

1. Implementing an approved, research-based, parent education curriculum. PAT and Baby Talk will be used by DFSS agencies, with the option to request approval to use an alternate from CSD.
2. The process for encouraging families to participate in parent engagement workshops and trainings.
3. Following up with families to provide support and strategies when consistent absences occur.
4. Intentional male engagement initiatives.
5. Family socializations that focus on family needs.
6. Using the family assessment data to engage families in PFCE outcomes and goal setting.
7. Implementing meaningful FPAs and IFSPs.
8. Implementing parent activities and or groups, including those with the mental health consultant, focusing on supporting the parent-child relationship.
9. Conducting teacher and family engagement meetings with parents.

### **HS/EHS: Community Partnerships**

The purpose of community partnerships is to guarantee that early childhood programs collaborate with other community service providers to meet the needs of children and families and create a system of providers that has accountability to vulnerable children and families.

DFSS supports CBOs by implementing written community partnership agreements with other agencies centrally as much as possible and supporting CBOs where they have local community collaborative agreements for services that families need and/or that enhance program services.

Agreements can include sharing of information, shared delivery of services, as appropriate, access and referrals to services, collaboration in development of new services, etc.

DFSS and its agencies:

- Develop formal and informal networks with an extensive variety of community service providers.
- Protect families' confidentiality.
- Participate in community-wide councils or service efforts to make sure the program's objectives and interests are represented in community planning. As part of this, DFSS and its CBOs identify ways to be a part of community support systems.
- Partner with agencies that provide services to children with disabilities.
- Partner with family preservation and support systems, as well as child protective services.
- Collaborate with cultural institutions, including libraries and museums.
- Encourage parents and community representatives to volunteer in their programs.
- Provide transition services to support successful transitions from PI/EHS to HS/PFA and HS/PFA to kindergarten.

### **HS/EHS: Male Engagement**

DFSS and its agencies focus on family well-being by supporting the males in children's lives to successfully fulfill their vital roles in their children's emotional development and learning capabilities. All DFSS CBOs maintain male friendly environments within each setting.

**HS/EHS:** DFSS agencies will ensure:

- Male engagement events are executed throughout the year at various centers and venues and at various times of day and on weekends, as appropriate to accommodate potential participants.
- Events are both male directed and appropriate for the entire family.
- Various advertising strategies are used for recruitment of participants.
- Strategies are executed to gauge areas of need and interest for the male engagement events.
- Appropriate staff is involved in planning and facilitating male engagement events.

- Methods are used to evaluate the events for future planning.
- Staff training occurs on the importance of male engagement in children's lives and development.
- Emphasis on male involvement is sensitive to families who may not have a male role model in the home.

### **EHS: Services to Enrolled Pregnant Women**

DFSS' **EHS** agencies offer families with pregnant women education services that address, as appropriate:

- Fetal development.
- The importance of nutrition.
- The risks of drugs, alcohol, and smoking.
- Labor and delivery.
- Postpartum recovery.
- Depression as a parent.
- Safe sleep and care for infants.
- Benefits of breast-feeding.
- Reproductive health.

Designated agency staff will ensure within 30 days of enrollment that pregnant women have an ongoing source of continuous, accessible health care and health insurance. If a pregnant woman doesn't have either, staff facilitate and assist the woman in finding and accessing consistent, ongoing care that meets her needs, as soon as possible.

EHS agency staff also facilitate enrolled pregnant women's access to comprehensive services through referrals that include, but are not limited to, nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and, in cases of domestic violence, emergency shelter or transitional housing.

### **Transition of Children**

DFSS and its agencies support successful transitions for enrolled children and families from previous child development programs or homes into EHS/PI, from EHS/PI into HS/PFA or other quality licensed settings.

The transition process for each child and family enrolled in the program includes:

- Coordinating the transfer of records with the child's next setting and parents.
- Encouraging communication among current staff, staff from the child's next setting, and parents to facilitate continuity of programming.
- Initiating meetings involving parents, teaching staff, and other designated staff.
- Initiating joint transition training for all appropriate staff and parents.
- Implementing the continuity of relationships model.
- Beginning July 1, 2017, all DFSS center-based programs must demonstrate how they limit the numbers of adults that infants and toddlers are exposed to as caregivers over the course of the year.

**EHS/PI:** DFSS and its agencies conduct transition planning beginning six months prior to the child's third birthday. Teachers include transition activities in their lesson planning. Transition planning begins even earlier, as needed, and is an ongoing process that is integrated into the family partnership plans.

Children's transition plans include the steps being taken to transition them from infant/toddler/two year



old programs to preschool settings. When children with diagnosed disabilities ages birth to three have an IFSP, transition services are provided as stated in that plan.

**HS/PFA:** Programs serving children who will enter kindergarten in the following year must implement strategies to support a successful transition to kindergarten.

Transitions are easier when children have time to get used to new things. CBO staff and parents take an active role in helping make transitions smooth for children by:

- Arranging a visit to the new school ahead of time to meet the teacher and to see the classroom.
- Role-playing daily routines so children know what to expect and are prepared to handle their new surroundings.

DFSS' agencies provide transition materials to support families as they enter their new setting. Agencies can use the following resources to accomplish successful transition planning and programming.

- *Kindergarten Requirements* summarizes important information parents need to know about registering their child for kindergarten, including the phone number they need to call to find out what CPS school their child should be attending.
- *Strategies for Helping Children Transition into the CPS* are resources for teachers that contain ideas to help children and parents prepare for their new school.

### **Serving Families with Young Children Experiencing Homelessness**

DFSS and its agencies provide the following supports for families with young children experiencing homelessness and the staff who serve them.

- Staff training on the nature and problems of homelessness for children and parents, the pressures of being a homeless parent, and housing, including shelters, welfare hotels, and transitional.
- Recruitment strategies, including giving families experiencing homelessness priority in enrollment, recruiting from homeless shelters and other homeless living areas, ongoing recruitment, and helping parents complete forms and work through other barriers that prevent them from enrolling children, e.g., depression, exhaustion, grief, and a chaotic life.
- Health strategies, including conducting early health assessment on children, setting different timelines for homeless children due to potential mobility, providing extra help to families in using and accessing health care systems, bringing health services to shelters and other places where families are.
- Transportation, as necessary, especially to services such as health and others.
- Paperwork/documentation, including enrolling children with immunization records and establishing a grace period to get additional paperwork, providing services to families immediately through home visits and referrals, among others, and facilitating expedited health services.
- Flexible programming, such as: considering reduced class sizes; looking at classrooms in shelters; providing full day/year services, if possible, so parents can look for housing, training, and work; arranging supervision for children at shelters; looking at combination home-based/center-based model to provide more intense parent time and activities and still have socialization for children; and providing infant/toddler services.
- Classrooms/educational program: making sure classrooms are stable and predictable; minimizing children's adjustments; providing quiet space, private space, and opportunities for emotional expression; minimizing materials and environmental clutter; using the primary caregiver model;



- and ensuring good nutrition by serving fresh fruits/veggies, dairy products, etc.
- Attendance and transitions: understanding the effects of homelessness on attendance pattern and providing supports for families to improve attendance, as needed; having transition/special goodbye routines readily available to implement quickly if children leave suddenly without much advance notice, such as songs, books, classroom discussions about moving, and photo books of children, teachers, and classmates to give to children when they leave; extending transition activities so families can stay involved to help ensure family stability.
- Parent education/involvement: providing transportation, child care, and meals at events; addressing barriers to involvement; finding alternate ways to share information, e.g., brochures, calendars, and videos.
- Family support: ensuring more frequent contacts and a sound referral process; helping families navigate other agencies; setting up buddy programs with other families, as appropriate; establishing mentoring programs; providing family support groups with mental health and other consultants; reducing caseloads; building families' support and relationship systems.
- Interagency coordination: meeting and working with partners to coordinate and provide services and to recruit families; using interagency case management and case staffing; identifying primary contacts at other agencies to help expedite referrals; establishing a partners group for planning and communication; co-locating case managers; collaborating to set up children's areas and parent resource centers at shelters; training shelter and other staff on child development and family support.
- Housing support: working with realtors, apartment managers, and housing administrators to find affordable housing for the families; providing transportation for parents to visit possible locations and meet with realtors; helping families complete forms; providing reference letters; enlisting legal help.

## **Milestones**

### *Monthly*

- Enter, update, and/or follow up on documentation in COPA, including goals, referrals, services, and case notes; all documentation must support families' priorities and goals
- Review and update COPA reports of family progress toward goals, referrals, services, and case notes
- Complete documentation of parent/community volunteerism and enter in COPA; completed list of parent and community volunteers and distribute to CBO staff
- Develop and/or follow the transition plans of children transitioning to HS and/or kindergarten

*Quarterly* – Complete analysis of quarterly PIR data and submit improvement plan for areas below targets

*November* - Ensure 50% of families have received at least one referral/service and this is documented in COPA

*February* – Ensure 75% of families have received at least one referral/service and this is documented in COPA

*March-April* – Complete the 2<sup>nd</sup> home visit; home visits are to be conducted by classroom teachers; family service worker conduct home visits, as needed

### *April-May*

- Complete and distribute package of information to parents of transitioning children
- Conduct the 2<sup>nd</sup> parent conference; parent conferences are conducted by classroom teachers

*May* - Ensure 90% of families have received at least one referral/service and this is documented in COPA

*June-August* – Complete and distribute ages of information to parents of children transitioning out of the program

*August*

- Complete all new/ongoing/in progress goals and referrals
- Begin the family partnership process as early as possible after enrollment; document efforts in COPA
- Renew/develop linkage/community partnership agreements
- Publish revised Parent Handbook and Community Resource Directory; distribute to parents
- Identify children that will be age appropriate to transition out of the program to HS or kindergarten
- Complete plans for parent involvement activities and submit to governing body and CBO management

*August-September*

- Conduct the first home visit; home visits are conducted by classroom teachers; family service workers conduct home visits as needed
- At enrollment, and enter strengths, needs, goal, referrals, services, and case notes on all families in COPA; documentation must support families' priorities and goals

*September* - Initiate an ongoing Family Partnership Agreement (FPA) process with parents; assist parents in identifying at least one goal; document in COPA

*September-October* – Conduct parent orientation

*September-November* – Inform parents of monthly Parent Committee meetings and election of officers for Parent Committee and Policy Committee; conduct elections of officers

*October*

- Conduct transition meetings for children transitioning out of HS to kindergarten; introduce/explain the Options for Knowledge Application and kindergarten requirements
- Complete family assessments and FPAs by October 31<sup>st</sup> and enter in COPA

*November*

- Ensure 50% of families have received at least one referral/service and this is documented in COPA
- Follow up with parents to ensure all children transitioning to kindergarten have completed and submitted kindergarten applications in the Options for Knowledge booklet before the deadline

*November-December* – Conduct the first parent conferences between November and December; parent conferences are conducted by classroom teachers

*December* – Submit parent, family, and community engagement framework summary to CSD

Family and community engagement resource documents found on the CSD web site, among others.

- #1 Sample child and family review procedures
- #2 Family Partnership Agreements – COPA Manual
- #3 Transition policies for birth to age five
- #4 Community partnership
- #5 Child abuse
- #6 Home visits

- #7 Parent teacher conference
- #8 OHS HS PFCE framework  
[https://eclkc.ohs.acf.hhs.gov/pdguide/media/resource\\_files/PFCEFramework.pdf](https://eclkc.ohs.acf.hhs.gov/pdguide/media/resource_files/PFCEFramework.pdf)
- #9 Family partnership building
- #10 MOU with LEA
- #11 MOU with DCFS

Disabilities Programming Chart	Ages 3-5				Birth to Age 3					Birth-5
	Center-Based			Home Based	Center-Based			Home-Based/ Home Visiting		FCCH
	Page #	HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/EHS
IDEA	100	X	X	X	X	X	X	X	X	X
Recruitment	101	X		X	X	X		X		X
Enrollment	101	X		X	X	X		X		X
Developmental Screening/Rescreen	101	X	X	X	X	X	X	X	X	X
Referral Process B-3	102				X	X	X	X	X	X
Eligibility/IFSP	103				X	X	X	X	X	X
Referral Process 3-5	104	X	X	X						X
Eligibility/IEP	106	X	X	X						X
IFSP/IEP Implementation & Individualization	107	X	X	X	X	X	X	X	X	X
Transition Services	107	X	X	X	X	X	X	X	X	X
Confidentiality	108									
Interagency Agreements	109	X		X	X	X		X		X
Families as Advocates	109	X		X	X	X		X		X
Training and TA	110	X	X	X	X	X	X	X	X	X
Paraprofessional Support	110	X								X
Data Entry and Use	111	X	X	X	X	X	X	X	X	X
Milestones (as apply)	111	X	X	X	X	X	X	X	X	X

## Section 7: SERVICES TO CHILDREN WITH DISABILITIES

### Individuals with Disabilities Education Act (IDEA)

In compliance with federal IDEA, the law governing services to children with disabilities, all DFSS agencies must be accepting and inclusive of all children, regardless of their abilities. Agencies must ensure that enrolled children with suspected and identified disabilities and their families receive all applicable services delivered in the least restrictive environment possible.

All children must have access to and fully participate in the full range of activities and services. Under Part C of IDEA, the early intervention (EI) program, administered by IDHS, is responsible for the evaluation and provisions of services to children birth to age 3. The point of entry into the EI program is the local Child and Family Connections (CFC) office. Under Part B of IDEA, the local education agency

(LEA), which in Chicago is CPS, is responsible for the evaluation, eligibility determination and provision of services for children ages 3 to 5.

### **HS/EHS: Recruitment**

In order to reach those children most in need of services, all DFSS agencies should be actively locating and informing families with eligible children in the recruitment area about the availability of program services, as well as encouraging and assisting them to apply and enroll.

On an annual basis, DFSS **HS/EHS** agencies must develop a coordinated approach for the full and effective participation of all children with disabilities, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The coordinated approach must include provisions for recruitment, enrollment, screening, transition and accommodation through facilities, materials, instruction, staffing and partnerships. All recruitment materials must indicate that children with disabilities are welcome.

### **HS/EHS: Enrollment**

DFSS **HS/EHS** agencies must enroll children with suspected or identified disabilities under IDEA, as documented on an IFSP for children from birth to age 3 and on an IEP for children ages 3 to 5. Agencies must not deny enrollment to a child based on his or her disability or its severity.

DFSS **HS/EHS** agencies are responsible for ensuring that at least 10% of their total funded enrollment slots are filled by children eligible for services under IDEA. Prior approval from DFSS for enrollment is only required if the child's disability status is necessary to qualify him or her for the program, such as in the case of over income families with children with disabilities.

### **Developmental Screening**

**HS/EHS:** In collaboration with each child's parent and with parental consent, **HS/EHS** programs must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills. **HS** children are within 45 calendar days of enrollment. Returning **HS** children can be screened for the next program year starting July 1<sup>st</sup>. Newly enrolled **EHS** children are screened within 45 days of enrollment and according to the screening tool schedule thereafter.

**PFA/PI:** In collaboration with each child's parent and with parental consent, **PFA** and **PI** programs must conduct developmental screenings on all children within 45 calendar days of enrollment and annually after that within 45 days of the start of each program year. Both **PFA** and **PI** programs must screen children for social emotional within 60 days of enrollment and annually after that within 60 days of the start of the program year.

All agencies and programs must use the following research-based developmental standardized screening tools.

- **EHS/PI** for children ages birth to three: Ages & Stages Questionnaire®, Third Edition (ASQ-3™) and Ages & Stages Questionnaire®: Social-Emotional, Second Edition (ASQ:SE-2™)
- **HS/PFA** for children ages 3 to 5: Early Screening Inventory-Revised (ESI-R) and Ages & Stages Questionnaire®: Social-Emotional, Second Edition (ASQ:SE-2™)

Developmental screenings should be administered in the child's home language. If an agency serves a child who speaks a language other than English and can demonstrate that there is not a qualified

bilingual staff person or interpreter, then screenings may be conducted in English and information must be gathered in child's home language from the family. Children who already have been found eligible for services under IDEA, i.e., they already have an IFSP or IEP, should also be screened on an annual basis.

All children with ESI-R screening results that fall in the 'rescreen' range must be screened again within six to eight weeks of their initial screening date.

All children with screening results that fall in any of the referral ranges listed below must have an internal screening review team meeting with the parents/guardians to review and discuss the results, as well as to review other relevant information before referral to EI/CFC or the LEA/CPS for formal evaluation to assess the child's eligibility for services under IDEA:

- ESI-R: Refer or 2 rescreens
- ASQ-3: black area/below cutoff in one or more areas or two or more gray areas
- ASQ:SE-2: black area/above cutoff; refer to the Mental Health Provider

### **Referral Process for Children Birth to Age Three**

Agencies must, with parent's consent, promptly and appropriately refer the child for a formal evaluation to assess child eligibility for services under IDEA as soon as the need for referral is evident based on any or all of these factors: ASQ-3/ASQ:SE-2 results, informal or formal observations, medical reports or parent request.

If the child is more than 45 days away from his/her third birthday, refer the child to EI. If the child is less than 45 days away from his/her third birthday or they are already three, refer to CPS. The EI referral procedures are as follow.

1. Start the 'Procedures for Referral to Early Intervention-Birth to Three Programs' form. This form should be used as guide throughout the referral process and should be kept in the child's disability folder.
2. Enter referral information into COPA on the child's referral page. In addition, the child should be entered as having a suspected disability on the child's disability page.
3. Within five days of the identified need for a referral, designated staff must be informed.
4. Prior to meeting with parents, designated staff meet for an internal staffing to review screening results, share other relevant information, discuss referral options, and plan for meeting with parents. Designated staff should also determine which CFC serves the family, based on the child's home zip code. The City of Chicago is served by CFCs 8, 9, 10, and 11.
5. Within 10 days of the identified need for a referral, designated staff must convene a screening review team (SRT) meeting with the parents/guardians to discuss screening results, classroom observations, child's strengths, parent's rights under IDEA, and the EI evaluation and eligibility process, including the provision of services in the natural environment, which can be the home or a community-based setting.
  - a. If the parent agrees to the referral, designated staff must support parents/guardians in calling the appropriate CFC during the meeting, if possible, to start the referral to EI.
  - b. The following is faxed or scanned and emailed to the CFC:
    - i. Signed 'Early Intervention Referral & Authorization to Release Information' form.
    - ii. Screenings, medical reports, and observation notes are not required for an EI referral, but may be included in the referral, if appropriate.
  - c. If parent chooses not to have the child evaluated by EI, they must sign and date the decline section on page 2 of the 'Procedures for Early Intervention-Birth to Three Programs.' Agency staff

should continue to support the family and child and inform the parents/guardians that they may request an EI evaluation up to 45 days prior to the child's third birthday. Designated staff should continue to support EHS/PI teachers and home visitors in meeting the child's needs and can seek support from the Erikson/DFSS disabilities subject matter experts (SME) team, mental health consultants for EHS or assigned social workers.

### **Eligibility and IFSP Development Processes**

All DFSS agencies should partner with parents throughout the formal EI evaluation process. Once the CFC receives the referral, it will assign a service coordinator who contacts the family to schedule initial intake, initial evaluation and IFSP meeting conferences. Often these conferences are all held on the same day.

The CFC must complete all evaluations and IFSP eligibility determination within 45 calendar days of the initial referral date. EI initial evaluations are all play based, using standardized assessment tools, and are conducted in the child's natural environment, which includes the child's home, community setting or early childhood program. With parent's consent, agency staff persons, including the child's classroom teacher or home visitor, are strongly encouraged to attend and actively participate in the EI conferences, including the IFSP meeting, to provide the IFSP team with relevant information from screenings, assessments and observations.

If classroom teacher or home visitor is unable to attend an IFSP conference, it is recommended that there be a process in place for the results to be documented and shared with the classroom teacher or home visitor.

In order to be determined eligible for IFSP services, a child must meet one or more of the following eligibility categories; refer to "Eligibility Criteria in Illinois,"

<http://www.dhs.state.il.us/page.aspx?item=75501>.

- Demonstrates that a level of delay of 30% or greater exists in one or more of the following areas of childhood development, also known as domains: cognitive, physical (including vision and hearing), communication, social or emotional or adaptive, as confirmed by a multidisciplinary team.
- Is diagnosed with an eligible medical or mental condition.
- Family meets specified risk factors criteria as outlined by IDHS, which may put child at risk of developmental delay, based on informed clinical opinion.

If the child is found eligible for IFSP services, agency staff must request a hard copy of the IFSP to retain in the child's program files and to share with teachers. Copies of a child's IFSP should remain confidential and shall not be disclosed to any other person, in compliance with federal and state laws and regulations, including IDEA and the Family Education Rights and Privacy Act (FERPA). Agencies may disclose personally identifiable information in a student's education records, including the student's IFSP, to agency and DFSS staff and service providers with legitimate education interests.

Per the IFSP, the EI service coordinator will assign the appropriate service provider within 30 days of the IFSP meeting. IFSP services will be provided in the child's natural environment, which includes the child's home, community setting or early childhood classroom. If services are provided within the early childhood setting, all efforts should be made to work with child inside the classroom. Best practice supports having children remain in the classroom where teacher, peers and familiar classroom materials can be used in the therapeutic process.

Designated staff should monitor IFSP service provision and document in COPA child case notes. If IFSP services are being provided on site at the agency, DFSS strongly recommends that agency staff develop a process around welcoming providers into their centers, including providing a therapy sign-in log and discussing appropriate therapy times. Agencies are expected to partner with EI providers to integrate therapy strategies into classroom routines and encourage parent participation, whenever possible. If IFSP services are being provided off site, DFSS strongly recommends that agency staff develop a process to ensure IFSP strategies and outcomes are shared with teaching staff to be incorporated into lesson plans.

If the child is found eligible for IFSP services and the parent declines IFSP services, agency staff must document parent refusal date and reason for refusal in COPA. Staff should continue to support the family and child and inform the parent that he or she may request another EI evaluation up to 45 days prior to child's third birthday. Appropriate staff should continue to support teachers and home visitors in meeting the child's needs and can seek support from Erikson SME team, the mental health consultants for EHS, or the assigned social worker.

If the child is found ineligible for IFSP services, the agency must continue to support the child's needs and determine if another referral is warranted at the time of the next screening.

**EHS:** Agencies must also seek guidance from a mental health or child development professional to determine if the EI formal evaluation demonstrates that the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness. If so, the program must partner with parents to help the family access services and supports through the child's health insurance or through section 504 of the Rehabilitation Act. When no other sources of funding are available, agencies may use EHS program funds for such services and supports.

During the evaluation and eligibility process, programs must provide individualized services and supports to the maximum extent possible to meet the child's needs.

**EHS:** Such additional supports may be available through a child's health insurance or through section 504 of the Rehabilitation Act. Agencies may use EHS program funds for these services and supports.

#### *Early Intervention Resources*

- CFC list by zip code <http://www.wiu.edu/ProviderConnections/links/CFCList.html>
- IDHS EI Program <http://www.dhs.state.il.us/page.aspx?item=75490>
- EI Clearinghouse <http://eiclearinghouse.org/>
- [EITP Working with Early Intervention as a Child Care Provider](https://illinois.edu/blog/files/6039/230963/72904.pdf)  
[https://illinois.edu/blog/files/6039/230963/72904.pdf](https://illinois.edu/blog/files/6039/230963/72908.pdf)  
<https://illinois.edu/blog/files/6039/230963/72908.pdf>

### **Referral Process for Children Ages Three to Five**

As soon as the need for referral is evident, the agency must hold an internal staffing and subsequent SRT meeting with the parents/guardians to review the results. The indication there is a need for referral must be based on any or all of the following factors: ESI-R, ASQ:SE-2 results, informal or formal observation(s), medical reports or parent request.

With parent's consent, the agency must promptly and appropriately refer the child to CPS for a formal evaluation to assess child eligibility for services under IDEA when deemed appropriate.



The referral procedures are as follows:

1. Enter referral information into COPA on the child's referral page. The child should be entered as having a suspected disability on the child's disability page.
2. Within five days of the identified need for a referral, designated staff must be informed and convene an internal staffing to occur before the parent meeting.
3. Within ten days of screening or notice of concern, the designated staff must convene an SRT meeting to review the child's performance and explain the referral process to the parent. The SRT team should consist of the parent, appropriate staff, and mental health consultant, when appropriate. The following are guidelines for this meeting:
  - a. Start the 'Procedures for CPS Referral and Services Ages Three to Five' form. This form should be used as guide throughout the referral process and should be kept in the child's disability folder.
  - b. Review and explain the child's screening results and the developmental concerns that the child is exhibiting.
  - c. Review teacher/staff observations, assessments, and work samples from the classroom, FCCH, or home visits.
  - d. Explain the CPS referral, evaluation, and eligibility process.
  - e. Review the IDEA parents' rights and responsibilities, obtain a parent signature on the 'Summary of Parent Rights,' and provide them with a copy.
  - f. Assure parents that agency staff will support them throughout the evaluation process.
  - g. Inform parents that if invited, agency staff will attend the IEP conferences to provide support, if they complete, date, and sign the 'Parent Invitation Letter.'
4. If parent chooses not to have the child evaluated by CPS, they must sign and date the decline section on page two of the 'Procedures for CPS Referral and Services Ages Three to Five.' Staff should continue to support the family and child and inform the parent that he or she may request a CPS evaluation at any time in the future. Designated staff should continue to support teachers and home visitors in meeting the child's needs and can seek support from the CPS/DFSS disabilities team, agency disabilities coordinator or other designated staff, or assigned social worker.
5. If parents agree to the referral:
  - a. The 'Joint Screening/Referral/Consent Form' (JSRCF) is completed by the designated staff then reviewed with the parent. The parent must sign the JSRCF in order to proceed with the referral.
  - b. Designated staff compiles all documents for the referral packet according to the 'DFSS-CPS Referral Packet Checklist' and emails to their SMEs. If the child meets the criteria for homelessness, the agency address can be used on the JSRCF.
  - c. Designated staff scans all of the referral packet documents and submits them via email to their SME. The SME will review all documents within 72 hours of receipt. Referral packets missing documentation will be returned to the appropriate agency staff via email identifying corrections needed.
  - d. Agency staff are strongly encouraged to attend the IEP meeting conferences, at the parent's discretion. It is recommended that the teacher most familiar with the child also attend the IEP meeting. The agency representative present at the IEP meeting should request a copy of the IEP from the parent and file it in the child's disability folder.

## Eligibility and IEP Development Processes

All DFSS agencies should partner with parents/guardians throughout the formal LEA evaluation process. An assessment planning meeting is conducted first to determine which multidisciplinary IEP team members will participate and conduct formal evaluations, based on the reason for referral.

Once assessment planning is completed and agreed upon, the parents/guardians must sign the 'CPS Consent for Evaluation.' CPS must then complete all evaluations and eligibility determination within 60 school days from the date of the signed consent form.

The evaluations are completed using standardized assessment tools, parent reports, and reviews of records. If the assessment team determines that the child has a disability, the child will be determined eligible for special education services and an IEP meeting will be held.

At parent's request, agency staff familiar with the child, including teachers, are strongly encouraged to attend the IEP conferences, including the IEP meeting, and actively participate to provide the IEP team with relevant information from its screenings, assessments and observations. If the classroom teacher or home visitor is unable to attend IEP conferences, it is recommended that there be a process in place to document and share the results with them.

If the child is found eligible for IEP services, program staff who attended the IEP meeting should request a hard copy of the IEP from the parent and retain it in the child's disability folder. Parents have 10 days to accept or refuse services per the IEP. Copies of a child's IEP should remain confidential and shall not be disclosed to any other person, in compliance with federal and state laws and regulations, including IDEA and FERPA. Agencies may disclose personally identifiable information in a student's education records, including the student's IEP, to agency and DFSS staff and service providers with legitimate education interests.

If the IEP requires a CPS school assignment, the CPS school assignment team will identify the school that is closest to the child's home address that can implement the IEP. A school assignment letter will be mailed to the parent within 14 calendar days informing them of the child's school assignment. Parents must follow the instructions on the school assignment letter to enroll their child at the assigned school within 10 days to not lose the assignment.

If a child's IEP includes transportation as a related service, the child must be enrolled at the assigned school to access CPS transportation services. CPS will provide two-way transportation to and from the community-based setting for children who require IEP services in an inclusive or instructional model.

If the child is found eligible for IEP services and the parent declines IEP services, agency staff must document parent refusal date and reason for refusal in COPA. Staff should continue to support the family and child, and inform the parent that they may request services in the future. Designated staff should continue to support agency teachers in meeting the child's needs and can seek support from the CPS/DFSS SMEs and mental health consultant for HS or assigned social worker.

If the child is found ineligible for IEP services, the agency must continue to support the child.

**HS:** The agency must seek guidance from a mental health or child development professional to determine if the LEA formal evaluation demonstrates that the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness. If so, the agency must partner with parents to help the family access services and supports through the

child's health insurance or through section 504 of the Rehabilitation Act. When no other sources of funding are available, the program may use HS program funds for such services and supports.

During the evaluation and eligibility process, programs must provide individualized services and supports, to the maximum extent possible, to meet the child's needs.

**HS:** Such additional supports may be available through a child's health insurance or through section 504 of the Rehabilitation Act. Agencies may use HS program funds for these services and supports.

### **IFSP/IEP Implementation Support and Individualization**

DFSS agencies must provide any necessary modifications and/or accommodations to the environment, classroom materials, and instruction to ensure the individual needs of children eligible for services under IDEA are met and all children have access to and can fully participate in the full range of activities and services. Agencies should implement the following strategies to support inclusive practices throughout their program:

For children birth to age three with IFSPs:

- Work closely with EI providers to ensure: services are delivered, per their IFSP; children are working toward their IFSP outcomes; IFSPs are reviewed and revised on the appropriate schedule; services are provided in children's regular community-based classrooms, if center-based or FCCH, to the greatest extent possible to reduce the number of daily transitions and to ensure children are in least restrictive environment (parents may also choose for services to be provided in the home); and transitions are planned and implemented.
- Document all modifications, accommodations and individualization strategies on lesson plans.
- A copy of the child's IFSP should be reviewed with teachers and placed in their folder for reference.
- Ensure classroom environments and materials are organized and arranged so all children have full access and are able to participate alongside their typically developing peers.
- Ensure classrooms are equipped with any special adaptive equipment, furniture and materials.

For children ages three to five with IEPs:

- Collaborate with CPS special education team and related service providers to ensure: services are delivered per their IEP; children are working toward their IEP goals; IEPs are reviewed annually; services are provided in children's regular community-based classrooms, if center-based or FCCH, to the greatest extent possible to reduce the number of daily transitions and to ensure children are in the least restrictive environment; and transitions are planned and implemented.
- Document all modifications, accommodations and individualization strategies on lesson plans.
- A copy of the child's IEP should be reviewed with teachers and placed in their folder for reference.
- Ensure classroom environments, activities and materials are organized and planned so all children have full access and are able to participate alongside their typically developing peers.
- Ensure classrooms are equipped with any special adaptive equipment, furniture and materials.

### **Transition**

All DFSS agencies must plan and implement transition services for children with IFSPs and IEPs and their families to ensure smooth transitions from EHS/PI to HS/PFA and from HS/PFA to kindergarten.

### *Transitions from EI to CPS*

EI services end on a child's third birthday. In collaboration with the CFCs, DFSS agencies must start the transition process from EI to CPS when the child is 2 years 6 months of age to ensure the proper steps are implemented in a timely and appropriate manner to determine the child's eligibility under Part B of IDEA.

CFC EI service coordinators and CPS ODLSS school entry support specialists are responsible for convening a transition meeting with the parent/guardian to explain the CPS evaluation, eligibility, and IEP development process, and discuss any questions or concerns they may have. This transition meeting is typically held via phone. Designated DFSS CBO staff persons are strongly encouraged to participate in this transition meeting and maintain close communication with the EI service coordinator and parent throughout the process to ensure a smooth transition.

Refer to the 'Evaluation, Eligibility, and IEP Development Processes for Children Three to Five' in this section for the remaining procedures. The SRT meetings for EI transitions are convened with designated staff, teaching staff, and parents/guardians to review the child's IFSP progress and ensure that the parents/guardians understand the transition process. The JSRCF and teacher documentation is emailed to the program's Erikson SME, who will then send it on to CPS ODLSS. Agencies may also request an observation by the Erikson SME to include in the documentation. With parent's consent, agencies may also include any additional reports, such as a medical diagnostic report, that may not be part of the packet sent by the CFC. The Erikson SME team will track and monitor the progress of children transitioning from EI to CPS by communicating with designated agency staff and providing assistance as needed.

### *Transitions from HS/PFA to Kindergarten*

To support a successful transition to kindergarten, transition strategies must be implemented throughout the year prior to kindergarten. Agencies must partner with parents/guardians to ensure that they are supported in the following areas: understanding kindergarten options and information regarding enrollment procedures at CPS; appropriate transfer of school records, including a current copy of the IEP and any other documentation that will assist the kindergarten transition; participation in transition IEP meeting conferences; and ensuring IEP services are established for the child in their assigned school.

## **Confidentiality**

Any copy of a child's IFSP/IEP shall remain confidential, maintained in the child's disability file, and shall not be disclosed to any other person, in compliance with federal and state confidentiality laws, including IDEA and the Family Education Rights and Privacy Act (FERPA). However, DFSS agencies may disclose personally identifiable information (PII) in a child's education record, including the IFSP/IEP, to agency and DFSS staff and service providers with "legitimate education interests," for example monitoring.

In addition to ensuring that parents have access to their children's records and access is limited for others without parental consent and, consistent with FERPA, agencies will:

- Protect the confidentiality of the IFSPs/IEPs provided to teachers and others at collection, storage, disclosure, and destruction stages.
- Ensure all persons collecting or using the IFSPs/IEPs receive training or instruction regarding FERPA requirements.

- Ensure that teachers, related service providers, and others who the agency determines to have a legitimate educational interest and who receive a copy of the IFSP/IEP are informed about their respective obligations to maintain confidentiality of the child's records, do not disclose PII from a child's IFSP/IEP without parental consent, and return copies of the IFSP/IEP at the end of each program year to the agency.
- Upon request, provide the parents with a list of the types and locations of education records, including the IFSPs/IEPs collected and maintained by the agency.

Confidentiality tips: keep all IFSPs/IEPs in locked file cabinets; maintain in the child's disability folder, not in the family or education folder; limit access to the disability specialist/manager, classroom teacher, and paraprofessional, unless parental consent is given; it is NOT the responsibility of the HS/EHS teacher to implement the goals of the IFSP/IEP (accommodations and modifications are helpful for HS/EHS staff); and staff must not share any child's disability or the services the child receives.

### **Interagency Agreements**

**HS/EHS:** Citywide interagency collaborative agreements, or memoranda of agreement (MOA), with EI CFCs and CPS ODLSS are reviewed annually and revised as needed to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, provision of services in the least restrictive environment, and transition services. DFSS strongly encourages its agencies to work collaboratively under citywide agreements with other community agencies that serve and support children with suspected and identified disabilities for recruitment, staff training and parent education purposes.

### **Families as Advocates**

All DFSS agencies must continually partner with parents of children with suspected and identified disabilities to ensure the needs of their children are being met, to provide them with the information and skills to help them better understand their child's disability, and ultimately to support them in becoming advocates for their children's educational needs. Agencies must support parents of children with suspected and identified disabilities in the following areas:

- Accessing resources.
- Understanding the referral, evaluation, and service timelines.
- Participating in eligibility and IFSP/IEP development processes.
- Understanding the purposes and results of evaluations and services provided under an IFSP/IEP.
- Ensuring their children's strengths and needs are identified in and addressed through an IFSP/IEP.

**HS/EHS:** Agencies must assist parents in accessing services and supports available through their child's health insurance or other entities.

Resources for families.

- ISBE Parent Rights <https://www.isbe.net/Pages/Special-Education-Parent-Rights.aspx>
- Family Resource Center on Disabilities <https://frcd.org/>
- Resource Center for Autism and Developmental Delays <https://cfl.uic.edu/programs/resource-center-for-autism-and-developmental-delays/rcadd-services/>

## Training and Technical Assistance

It is required that all DFSS agencies, in collaboration with DFSS, provide ongoing training and technical assistance for classroom teachers, home visitors, other designated staff, and parents on how to support children with suspected and identified disabilities and their families in the following areas:

- The roles of the agency staff in the disabilities services area.
- Developmental screening administration, scoring, and interpretation of the results.
- EI and CPS referral, evaluation, and eligibility procedures for children birth to age five.
- IFSP/IEP inclusion and individualized support.
- Supporting families as advocates and parent rights under IDEA.
- Transition from IDEA Parts C to B (EI to the LEA) and from HS/PFA to kindergarten.

Many of these topics may be covered in free trainings provided by STARNet Region V. Funded by ISBE, STARNet provides regional training and technical assistance to early childhood special education preschool staff and families of young children. ([www.starnetchicago.org](http://www.starnetchicago.org)).

## HS: Paraprofessional Support

In HS, paraprofessionals are employed full time to serve as additional supports in classrooms with enrolled children with disabilities. They can be assigned to one or more sites based on agency needs. The paraprofessional's main goal is to support children with disabilities who are fully included in DFSS HS programs.

In collaboration with the classroom teacher, paraprofessionals implement accommodations and modifications to the environment, materials, activities and curriculum, based on children's IEPs. DFSS' expectations for all paraprofessionals include:

- Must attend mandatory monthly professional development trainings.
- Must keep their paraprofessional binder current.
- The paraprofessional binder checklist includes:
  - Credentials
  - Role of the DFSS paraprofessional
  - Schedule
  - IEP-at-a-Glance for each child with IEP
  - IFSP/IEP confidentiality statement
  - Training calendars (DFSS, RCADD, and STARNet)
  - Workshop certificates of attendance
  - Documentation of monthly supervision
  - Resources, i.e., websites, fliers, etc.
  - Recruitment activities
  - Disabilities Subject Matter Experts contact information

The following duties should not be the sole responsibility of the paraprofessional: activities of daily living, such as eating, dressing and toileting; loading and receiving students on and off CPS buses at the site location; escorting children to the nearest CPS services with parental consent.

In cases where there are services for more than one child, an additional staff person must be present. Paraprofessionals cannot ride with students to CPS services in any type of transportation. Licensing regulations prohibit counting paraprofessionals in the teacher-child classroom ratios and paraprofessionals should never be left alone with children at any time.

## Data Entry and Use

DFSS agencies are responsible for entering and updating COPA reports and COPA child case notes. The following COPA reports are used by DFSS for internal analysis and monitoring purposes. DFSS recommends these reports be generated bi-monthly to ensure adequate internal monitoring: #411 Disabilities Status; #451 Disabilities Referral Tracking; #456 Developmental Screening; #456S Developmental Screening Statistics; #459 Overall Referral Tracking (filtered for disabilities); #701: Transportation; #999: PIR

## Milestones

### *Monthly*

- Collaborate with education staff to ensure all children with IFSPs/IEPs are reflected in Teaching Strategies GOLD (TSG)
- Support early intervention to CPS transitions
- Individualize using the curriculum for all children with IFSPs/IEPs
- Monitor current IFSPs/IEPs in COPA
- Monitor CPS transportation services
- Monitor disabilities referrals and that children with certified IFSPs/IEPs are receiving services
- Monitor training of staff on disabilities topics, per CSD policy
- Recruit children with identified or suspected disabilities

### *August*

- Review/update delegate agency disabilities services plan
- Complete parent orientation on disabilities services and the EI/CPS referral process
- **HS/EHS:** Meet 10% disabilities enrollment, as submitted the PIR
- Prepare disabilities waiver documents, if required

### *April-May*

- Complete end of the year staffing on children with IFSPs/IEPs; ensure transition planning
- Compile list of anticipated returning children with IFSPs/IEPs and use for planning recruitment

### *May-June*

- Monitor eligibility for CPS extended school year (ESY – summer school)

### Disabilities forms.

- #1 Procedures for Referral to Early Intervention
- #2 Early Intervention Referral and Authorization to Release Information
- #3 Procedures for CPS Referral and Services Ages Three to Five
- #4 Parent Invitation Letter (IEP meeting) – English/Spanish
- #5 CPS Joint Screening/Referral/Consent Form
- #6 DFSS-CPS Referral Packet Checklist
- #7 Paraprofessional Project Application

### Disabilities resource documents found on the CSD web site, among others.

- #1 Chicago EI/Child and Family Connections (CFC) Agencies list/contact information
- #2 Summary of Educational Rights and Responsibilities: Understanding Special Education in IL
- #3 Memorandum of Agreement between Head Start (DFSS, Ounce) and CPS ODLSS
- #4 Early Childhood Developmental Screening - guidance

#### Inclusion Resources

- Head Start Center for Inclusion <http://headstartinclusion.org/>
- NAEYC Position Statement on Inclusion <http://www.naeyc.org>
- The Center on Social Emotional Foundations for Early Learning <http://csefel.vanderbilt.edu/>
- TA Center on Social Emotional Intervention <http://challengingbehavior.fmhi.usf.edu/>
- Division for Early Childhood of the Council for Exceptional Children <http://www.dec-sped.org/>
- The Early Childhood Technical Assistance Center <http://ectacenter.org/>
- Resource Center for Autism and Developmental Delays <https://cfl.uic.edu/programs/resource-center-for-autism-and-developmental-delays/>



Program Management-Continuous Improvement Chart	Page #	Ages 3-5			Birth to Age 3					Birth-5
		Center-Based		Home Based	Center-Based			Home-Based/ Home Visiting		FCCH
		HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/EHS
Management System	113	X	X	X	X	X	X	X	X	X
Planning (community/self-assessment, round tables, goals, risk management/ plans)	114	X	X	X	X	X	X	X	X	X
Communication	118	X	X	X	X	X	X	X	X	X
Record Keeping	119	X	X	X	X	X	X	X	X	X
Reporting	119	X	X	X	X	X	X	X	X	X
Consultative Monitoring	121	X	X	X	X	X	X	X	X	X
Using Data	122	X	X	X	X	X	X	X	X	X
Human Resource Management	125	X	X	X	X	X	X	X	X	X
Professional Development (coaching)	129	X	X	X	X	X	X	X	X	X
Milestones (as apply)	131	X	X	X	X	X	X	X	X	X

## Section 8: PROGRAM MANAGEMENT AND QUALITY IMPROVEMENT

### Management System

DFSS supports its agencies in providing quality program management. DFSS ensures the execution of consultative monitoring and continuous improvement systems that support the achievement of

program goals and high quality program service delivery. The management systems that support quality programming are: program planning, communication, reporting, record keeping, monitoring, and human resources. In support of continuous quality improvement, all DFSS funded agencies and sites are expected to participate in ExceleRate, the IL early childhood quality rating and improvement system.

DFSS and its agencies must implement management systems that:

- Ensure a program, fiscal, and human resource structure that provides effective management and oversight of all program and fiduciary responsibilities, including policies and procedures, personnel policies, and a risk management plan. The risk management plan is required by DFS licensing standards 407.70(k)(1-8).
- Provide regular and ongoing supervision to support individual staff performance, professional development, and continuous program quality improvement.
- Ensure that budget and staffing patterns promote sound outcomes for enrolled children and families and allow sufficient time for staff to participate in appropriate training and professional development.
- Maintain accounting and record keeping systems that are adequate for effective documentation, data management and analysis, and oversight.

## Planning

### *Planning Cycle*

The DFSS planning cycle involves integrated activities on the part of the DFSS and its CBOs and is closely aligned with the DFSS annual monitoring cycle. The major parts of this cycle include the community assessment, self-assessment and action plan, updated goals and objectives, and ongoing monitoring.

A brief snapshot of the planning process is in the chart below. Further detail can be found in the 'Using Data for Continuous Improvement' portion of this section of the manual.

DFSS	CBOs
<b>Community assessment</b>	Community assessment
<b>Self-assessment</b>	Self-assessment
<b>Annual Performance Memo/ Improvement Priority Document</b>	
<b>Round tables</b>	
<b>Collect &amp; collate agency self-assessments &amp; action plans</b>	Action plans
<b>CSD action plan</b>	Revised goals and objectives
<b>Revised goals and objectives; T/TA plan</b>	

### **HS/EHS:** *Community Assessment*

Guidance for community assessment is also found in the Eligibility, Recruitment, Selection, and Enrollment section of this manual. DFSS agencies will use the community assessment in the creation of goals and practices to deliver quality services to the children and families of the community.

Each DFSS agency will collect and analyze available quantitative and qualitative data to assess the needs and strengths of each community in its service area. Community assessment data is essential for the planning process, including informing slot allocation and distribution, self-assessment, goals and objectives, and grant applications.

**HS/EHS:** Agencies must conduct a full community assessment at least once every five years and an annual review and update of the community assessment data to reflect significant changes. Data must be used to describe community strengths, needs, and resources, and to document the needs of special populations. Minimum requirements for agency community assessment reports and annual updates include the following:

*Community demographics, indicating the general demand for services in the community*

- Number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak.
- Number of eligible children experiencing homelessness, children in foster care, and children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies.

*Community early childhood supply, to be compared with the demographics or demand to identify the gaps between supply of and demand for quality early learning*

- Number of eligible children served by the agency by age and program type.
- Other child development, child care centers, and family child care programs that serve eligible children in the community and the approximate number of eligible children served.

*Community needs and strengths*

- Education, health, nutrition, and social service needs of eligible children and their families and typical work, school, and training schedules of parents with eligible children.
- Resources available in the community to address the needs of eligible children and their families.
- Results from parent and teacher surveys or focus groups, if applicable.
- Additional information and data points useful to the agency or its stakeholders.

Possible resources posted on the CSD web site for agencies to use in conducting and analyzing community assessment data include:

- Young Children in Chicago website: <http://www.chapinhall.org/research/ongoing/young-children-chicago-website> Early Childhood Supply and Demand Community Needs Assessment Tool (DFSS Annual Community Assessment in Brief): <http://dfss-ecsd.chapinhall.org/>
- DFSS Quinquennial Community Assessment Report
- CNAT

After writing the community assessment, the CBO director or designee will review the program's structure and locations for center-based, family child care home, home-based, and child care partnership models to reassess and determine if the agency is serving the neediest children in the manner that best supports the community.

**All:** *Program Self-Assessment*

DFSS implements its self-assessment process in the second and third quarters of the program year. All agencies conduct their own program self-assessment between February and the end of March. Agency teams determine the type of assessment that will be conducted, within DFSS parameters, and use tools that support a quality and comprehensive look at all operations and that will give them the needed information for adequate reporting. Program self-assessment tools should cover the breadth of the agency's funded programs. Final reports are submitted to DFSS by mid-April.

Examples of standard program self-assessment tools or processes include: the current federal Office of Head Start monitoring protocol; National Association for the Education of Young Children accreditation;

the Early Childhood and Infant Toddler Environmental Rating Scales; and the Program Administration Scale, used as part of ExceleRate.

**PFA/PI:** If a PFA/PI agency is using another tool or process, it must be reviewed against the ISBE standards in order to receive approval by DFSS. PFA/PI CBOs must conduct this process annually and submit a quality action plan to DFSS after initial development and again after the action steps are completed, by the DFSS designated deadline.

DFSS agencies choose their program self-assessment teams, but at least HS/EHS agencies should include Policy Committee/Parent Committee members, parents, staff, and community partners. The team will use assessment methods such as reviewing records and files, observing program operations, and interviewing staff. Assessment team members are assigned to areas of responsibility, and should be trained on their roles and responsibilities. Training should include the process, review methods, and the instrument to be used.

Agency self-assessment teams compile and analyze their findings for a final report at the end of the process. The report should identify agency strengths and areas that need improvement and it is shared with DFSS, the agency governing body, parent groups, and staff. The agency program self-assessment report informs agency planning. **HS/EHS:** HS/EHS agencies' governing bodies and Policy Committees must approve the report.

After program self-assessment reports are finalized, DFSS agencies should develop improvement plans that address program areas where changes are needed. The agency improvement plans outline steps and strategies to be taken, responsible staff, time frames, and resources needed to bring about the required changes. Draft improvement plans should be brought to agency round tables, as part of the annual planning and monitoring cycle.

#### *Agency Round Tables*

In an effort to build quality improvement priorities, DFSS has instituted a collaborative two-fold agency review process.

**DFSS Internal Staffings.** The purpose of the internal staffing is for DFSS to capture existing agency systems, determine strengths, challenges, and major program trends. This information is used to identify the top 3-5 recommended priority areas for each agency. While DFSS will drive this process, DFSS support service contractors will assist in summarizing trends and priority areas for each agency. In preparation for this process, DFSS asks each agency to complete a staffing grid.

**DFSS Round Tables.** These meetings, generally held in May, are to hear from agencies what their priorities are and to plan with CBOs around the supports needed to target the identified priorities in the coming year. It will be the responsibility of DFSS program and fiscal team leads to schedule the agency round tables, once the initial internal staffings are completed.

This collaborative process launches a cycle of monitoring and supports for agencies. It will provide opportunities for agency leaders, DFSS staff, and contractors to work as a team to provide the coaching and other supports to help agencies improve in the areas identified as needs.

#### **HS/EHS: Program Goals**

Agencies must develop strategic long term goals for ensuring that programs remain responsive to the community served. Specific, measurable, attainable, relevant, and timely (SMART) objectives must be tied to each goal.

Program goals must be set collaboratively by agency leadership, staff, governing bodies, and Policy Committees, as applicable. Agencies must create program goals that address:

- High quality and comprehensive early child development care and health services that support school readiness goals and child outcomes.
- Strong and effective family and community partnerships and engagement that supports family outcomes, including the enhancement of family literacy.
- Effective program management and continuous quality systems.
- Services to children and families with differing abilities and diverse linguistic backgrounds.
- Program options that meet the need of families from diverse economic levels, as this applies to communities served.
- Aggregation, analysis, and use of program data, including but not limited to child and family outcomes data, to improve services.

Goal setting involves the review of:

- The needs of the communities served, including annual community assessment and parent surveys.
- PIR information.
- Child outcomes and family needs.
- DFSS annual performance review.
- Agency philosophy and mission.

After SMART goals are developed, objectives must be identified for each goal and action plans must be determined for each objective. A system of goal monitoring and tracking is important to evaluate the progress. Successful goal outcomes should be recognized and failed goals must be analyzed and revisited for improvement. Goals and objectives should be included in the agencies' annual grant applications according to baseline and/or continuation guidelines.

Additional management plans are not required by DFSS or the entities that fund the Chicago early learning programs, however this does not preclude agencies from developing other plans, coordinated with their program goals and objectives, as they see fit in order to ensure quality improvement and/or as their own agency structures or boards may require.

#### *Risk Management Plan*

DCFS requires a written risk management plan. The following specific topics are required:

- Training, including universal precautions is provided to staff to identify and minimize risks, particularly as it relates to the care and supervision of children.
- The design and maintenance of the building and any vehicles used in day care.
- Maintenance and storage of food-service and maintenance equipment, chemicals, and supplies, including an integrated pest-management plan in accordance with DCFS licensing standards.
- Selection, maintenance, and supervision of education materials, toys, pets, and playground equipment.
- Food service sanitation.
- Cleanliness of the building and grounds.
- Means of receiving information to alert the center of severe weather conditions or other emergency situations that may affect the safety of the children.
- Emergency and disaster preparedness plans, including fire drills and evacuation plans.

The required DCFS risk management plan will meet many of the requirements for the HSPPS administrative safety procedures. Programs must consult *Caring for Our Children Basics* for best practices for these plans and procedures to determine plans and procedures.

## **Communication**

An essential element of quality management is the good communication among DFSS, agencies, governing bodies, as applicable, families, and staff. Communication is the effective exchange of meaning or understanding in formal and informal communication. It applies to communication up, down, and across the organization. Everyone in the organization is accountable for the effectiveness of his or her own communication.

### *DFSS/Agency Communication*

DFSS will ensure all agencies receive all regulations, policies, memorandums, instructions, and other pertinent information in a timely manner. Communication with agencies occurs through a variety of methods, including the following.

- Mail and written correspondence
- Electronically via fax, email, online website posts, and through COPA
- Telephone, in-person meetings, and webinars

Agency meetings and round tables are another avenue for sharing information. Communication also occurs during onsite visits for collaborative monitoring and technical assistance.

Training events and advisory committee meetings also serve as communication avenues between DFSS and its agencies. Calendars for these events are posted on the DFSS website.

### **HS/EHS:** *Communication with Board of Directors/Governing Bodies*

One mechanism for the two way communication between DFSS/agencies and governing bodies is leadership attending board meetings. Directors or their designees give programmatic and financial reports and updates determined by ongoing oversight data at a minimum semi-annually, including child and family outcome data. HS/EHS agencies must include credit card charges in these reports. In HS/EHS agencies, communication needs to flow between the board and the Policy Committee. One way for this to happen is to assign a board liaison to attend Policy Committee meetings. More information can be found in the Collaborative Governance section of this manual.

### **HS/EHS:** *Communication with Policy Committees*

HS/EHS agencies ensure that information is provided regularly, no less than semi-annually, to the Policy Committee including, but not limited to: reports determined by ongoing oversight data, including child and family outcome data; procedures and timetables for program planning; policies, guidelines, and other communications; program and financial reports; program plans, policies, and procedures; and federal grant applications. More information can be found in the Collaborative Governance section of this manual.

### *Communication with Enrolled Families*

- Annual parent orientations must be offered at all sites. At the orientations, parents/guardians should receive a parent handbook, meet staff, and review overall program operations and parent engagement opportunities.
- Agencies should also distribute family newsletters and other written or email communications that can include: classroom/home visiting information; field trips and other activities; curriculum;

meal planning and menus; activities for parents to do with their children; agency/center news; surveys to gain information from parents; etc.

- Teaching/home visit staff share child screening, assessment, and outcome information with parents regularly throughout the year via home visits and individual emails or notices.
- Home visits and parent/teacher conferences and other contacts by various agency staff also provide avenues for communication.
- All DFSS agencies maintain an open door policy with families to address needs as they arise at the convenience of the families. If a designated staff person cannot meet with a family member immediately, the staff person must explain the situation and set up an appointment that will be convenient and timely for that family member.
- For families that speak a primary language other than English, needed literature and material will be translated into their primary language, as much as is feasible. Interpreters/translators are provided, when needed. Bilingual family support staff persons are assigned to families who speak a primary language other than English, whenever possible.

### *Staff Communication*

Regular communication must occur among all staff to facilitate quality outcomes for children and families. All agencies, including DFSS, are expected to hold management and staff meetings monthly or on a schedule that meets the needs of the staff and program operations. Staff receive and distribute mail, memos, and emails daily, and as needed, to inform each other about program issues, meetings, trainings, etc. Urgent announcements and bulletins are sent via email.

### **Record Keeping**

DFSS and its agencies maintain accounting and record keeping systems that are adequate for effective quality program operations and oversight and comply with all record retention and confidentiality laws and regulations. DFSS and agency record keeping systems and strategies for program operation include, but are not necessarily limited to, the following elements:

- COPA and on site files for staff personnel and children/families to document and track staff, child, family, and program operations data.
- Teaching Strategies GOLD®/My Teaching Strategies website to monitor child outcome progress.
- Both CBOs and CFSS maintain sign-in sheets, agendas, and notes to record their respective meetings.
- DFSS sends pertinent information to CBOs and it is posted on the CSD website about performance standards/regulations, policies/procedures, calendar/training events, and other items.
- Internet access and a fax machine are available at DFSS and its agencies.
- Other systems CBOs may use.

Specific record keeping forms are housed in COPA. Staff uses information in the COPA and Teaching Strategies GOLD® systems to support the collaborative monitoring of assigned indicators and to track progress. In order to be accountable to funders and for the purpose of ongoing monitoring, DFSS must be able to access its agencies' information.

### **Reporting**

The following information is maintained by DFSS and its agencies in COPA and/or on site files to ensure program quality and accountability and to inform reporting:

- Staff personnel and child/family files

- **HS/EHS** - Federal PIR
- Monitoring and technical assistance
- Enrollment and attendance analysis
- Health, nutrition, mental health, and disabilities services
- Self-assessment findings and improvement plans
- Program goals and objectives

Agency leadership and designated staff must meet regularly to analyze data from COPA and Teaching Strategies GOLD®. This data is used to inform program plans and requested reports. Agencies compile and submit reports on DFSS assigned due dates, as specified in milestones.

Agencies must provide status reports based on ongoing oversight data to their governing bodies (all programs, as applicable) and Policy Committees (**HS/EHS**) at least semi-annually.

#### *Agency Reports to DFSS*

Agencies must report any and all of the following within 24 hours to their assigned monitoring team supervisor/liaison at DFSS:

- Significant incidents affecting the health and safety of program participants
- Circumstances affecting the financial viability of the program, including receipt of an audit, audit review, investigation, or inspection report from the agency's auditor, a state agency, or the cognizant federal audit agency, containing a determination that the agency is at risk of a going concern
- Breaches of personally identifiable information
- Missing and/or damaged files
- Program involvement in legal proceedings
- Cases of communicable disease or other serious health issues
- Any matter the agency is involved in that has been reported to state or local authorities
- Incidents regarding agency staff or volunteer non-compliance with federal, state, tribal, or local laws
- Occurrences involving child abuse and neglect, or laws governing sex offenders
- Incidents that require classrooms or centers to be closed for any reason
- Disqualification from the CACFP
- Revocation of a license to operate a center by a state or local licensing entity
- Debarment from receiving federal or state funds from any federal or state department

Partners of DFSS delegate agencies must report the same to their delegate agency within 24 hours, and the agency must report it to DFSS as specified above.

Within 24 hours of receipt of any of these reports, DFSS will contact the agency to request documentation, additional information, and/or clarification. DFSS will conduct additional monitoring, if warranted.

**PFA/PI:** All PFA/PI CBOs must provide DFSS with the required annual parent involvement and education report for ISBE via COPA or other format and by the deadline determined by DFSS.

**HS/EHS:** In order to keep the public informed, HS/EHS agencies must publish and disseminate an annual report. The annual report should include the activity of the agency's partner programs, if any, and must include the following elements.



- General information about the agency
- A summary of the most recent community assessment
- The total amount of public and private funds received and the amount from each source
- An explanation of budgetary expenditures and proposed budget for the fiscal year
- The total number of children and families served, the average monthly enrollment as a percentage of funded enrollment, and the percentage of eligible children served
- The results of the most recent federal monitoring review and the financial audit
- The percentage of enrolled children that received medical and dental exams
- Information about parent involvement activities
- The agency's efforts to prepare children for kindergarten

### **Consultative Monitoring**

DFSS and its agencies use an ongoing process of monitoring program performance to ensure compliance with all regulations, the achievement of goals and objectives, and for continuous program support and quality improvement. Data analyses are used to identify program strengths and needs and as an integral part of monitoring.

#### *Monitoring Focus*

The DFSS consultative monitoring system addresses program key areas to determine:

- Achievement of program goals and objectives, including child and family outcomes achievement and improvement
- The effectiveness of the use of data in program improvement
- Compliance with state and federal performance standards and regulations in all content areas
- The quality of budget management
- The quality of staff continuity and performance
- The use of effective organizational structures to execute the work with families and children
- Whether or not enrollment slots are filled and attendance is regular
- Whether or not centers/classrooms are well-supplied, organized, and safe
- The quality and consistency of family engagement activities and the services being provided or arranged to meet child and family needs
- If children with special needs are being served and how they are being served
- The quality and depth of program and individual professional development.
- **PI:** The quality of the continuity of relationships system
- The effective use of the COPA system protocols

#### *Monitoring Methods*

All agencies, including DFSS, use the following methods to monitor program performance:

- *Desk audits.* These includes reviewing written and COPA data and reports.
- *Site visits.* This involves staff visiting agencies to visually observe operations and review records.
- *Interviews.* This method involves reviewers talking with staff and families about their experiences in the program and the quality and effectiveness of program operations from their perspectives.

DFSS and its agencies use an integrated, consultative approach to monitoring that is tiered to meet agency needs, maximize monitoring resources, and support agencies in improving quality. DFSS employs integrated services monitoring teams to review and evaluate program operations on an ongoing basis, using a standard tool. The DFSS process includes reviewing both systems and services. DFSS monitors agencies for implementation of all the policies and procedures in every subject matter section contained

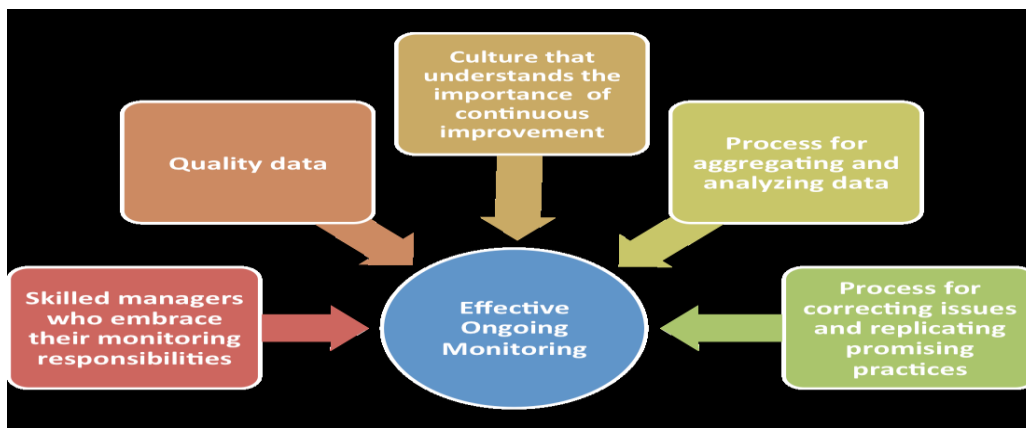
in this manual, other standards, such as fiscal, and for progress on program goals and quality outcomes. The aligned monitoring tool used by DFSS reflects the procedures. DFSS agencies establish internal ongoing monitoring procedures that are aligned with the DFSS consultative process.

Specific related milestones, unless otherwise advised by DFSS, are:

- *Monthly* - Submit current agency utilization
- *February to April* - Self-assessment and improvement plan development
- *May* - Participation in DFSS round tables
- *July to August* - Complete internal monitoring process plans

Subsequent to DFSS monitoring, agencies are informed of the monitoring results, both areas of strength and areas for improvement. The integrated services monitoring team communicates with designated agency leadership and staff to inform them of strengths, weaknesses, and trends seen in monitoring.

DFSS plans collaboratively with agencies to assist in addressing any issues. Improvement strategies are designed, collaboratively between DFSS and agency staff, to address these areas, including what support, training, technical assistance, and resources might be needed. In some cases, agency staffing meetings and enhanced technical assistance methods, including follow up, may be needed.



## Using Data for Continuous Improvement

The Office of Head Start graphic on the next page depicts the **HS/EHS** planning cycle, recognizing that thoughtful planning is critical to successful programming. The diagram contains an outer circle connected to an inner circle, which illustrates how management systems are inter-related parts of a predictable planning process.

**HS/EHS** programs develop goals, objectives and expected outcomes and monitor and evaluate progress toward the goals, both program and school readiness. New programs begin at community assessment, collecting and analyzing data to inform goal setting. Existing programs begin the process with self-assessment, taking stock of updated community assessment data, data gathered through ongoing monitoring and other relevant data to plan and revisit their five-year program goals.

Goals are supported and further defined by short term objectives linked to expected outcomes. An annual action plan is developed which is a defined set of steps that outlines what an agency will do to accomplish goals and objectives. The action plan is supported by a budget that is aligned with the goals

and objectives. As the agency implements the plan, it collects data through its record keeping and reporting system.

The agency continually evaluates progress towards its goals and objectives by reviewing data gathered through the ongoing consultative monitoring system. Effective monitoring enables agencies to track progress towards their goals and objectives and ensure quality and compliance.

Based on ongoing monitoring results, programs continue to implement their action plan as written and make course corrections - the inner circle of the cycle - that may require changes in agency activities or levels of effort. Finally, the agency comes back to the annual self-assessment – back to the outer circle - overall cycle.

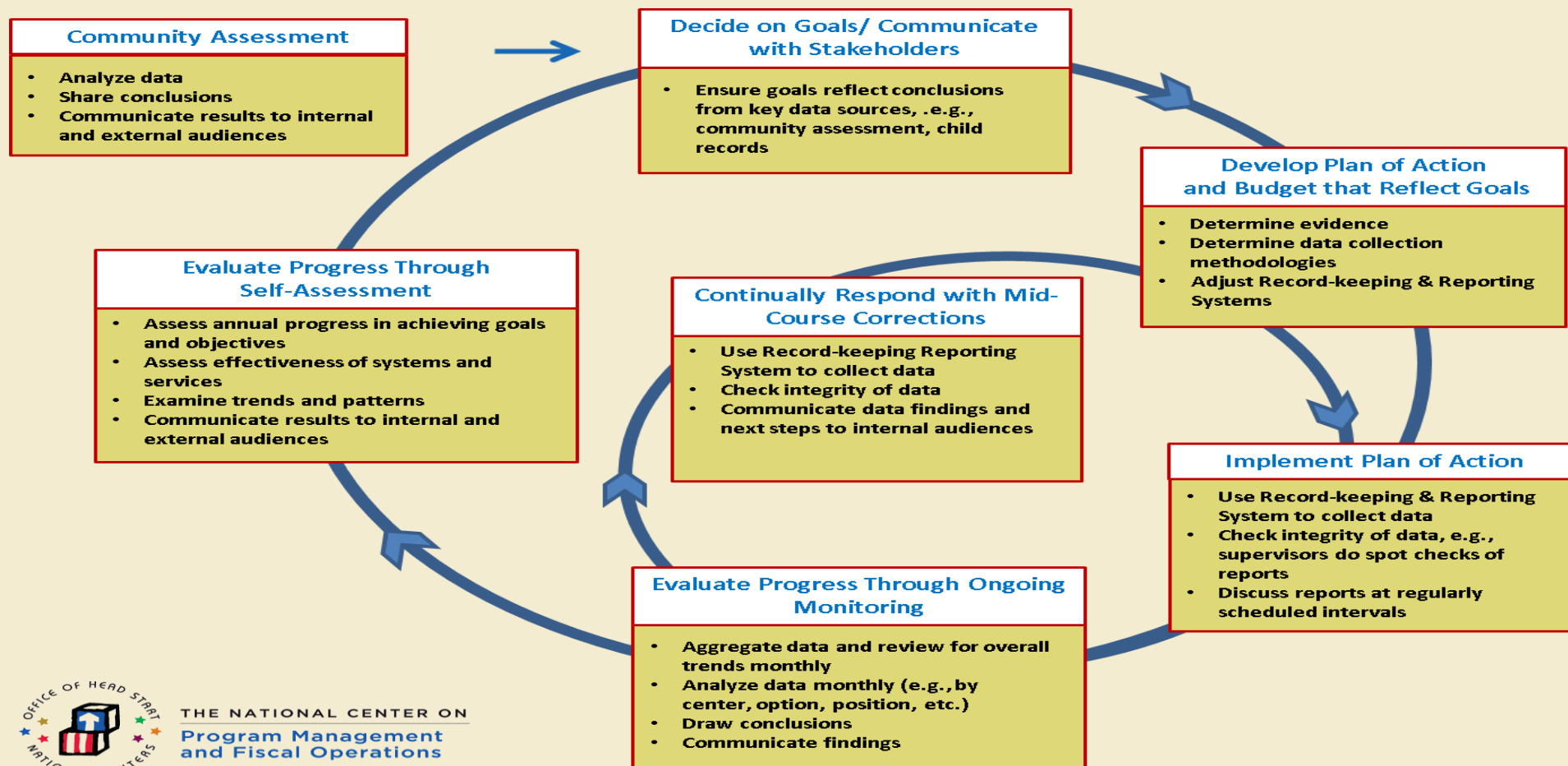
DFSS and its agencies use data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate progress toward achieving program goals and outcomes, as well as compliance. Data is aggregated, analyzed, and compared in such a way that it assists DFSS and its agencies in identifying risks and informs strategies for continuous improvement in all program service areas.

DFSS and its agencies aggregate and analyze child level data from Teaching Strategies GOLD® at least three times a year for all children. This data is used in combination with other program data, including ongoing monitoring and self-assessment, teaching practices, and family data to direct continuous improvement related to: curriculum choice and implementation; teaching practices; professional development; program design and other program decisions; and identification of program needs and develop action plans.

Other data used to inform decision making includes:

- *Community assessment.* Data on the needs and resources of eligible families, the program, and the community; data is analyzed, conclusions shared, and results communicated.
- *Self-assessment.* Progress in achieving goals and objectives, effectiveness of systems and services, trends and patterns; results communicated to internal and external audiences.
- *Monitoring.* Data aggregated and analyzed monthly for overall trends by center, option or position; conclusions and findings used to inform program quality and improvement.
- *Record keeping and reporting.* Systems used continuously to collect data and check its integrity; raw data reports inform analysis.

## The Program Planning Cycle – Bringing the Management Systems Together



### *Agency Staffing Meetings and Enhanced Technical Assistance Process*

In cases where, based on collaborative monitoring, it is necessary to focus more closely on program concerns that are difficult to solve, staffing meetings may be used by DFSS with its agencies or by agencies with their partners to address issues in improvement plans for which adequate progress is not evident. In this process, designated DFSS and/or agency leadership review and analyze pertinent information, including barriers to progress and strategies employed. Additional action steps are created with the agency/partner and the results are compiled for further tracking and follow-up. Any actions resulting from the staffing are monitored closely. In this process, DFSS and/or agency leadership review the fundamental reasons why concerns have not been addressed.

This process is separate from and an enhancement to the annual staffing process described in the section of this manual describing the formal round table process. These staffing meetings may occur any time during the program year or during the monitoring cycle and may be requested by DFSS or by the agency. HS/EHS delegate agency partners may request a staffing meeting to their delegate agency.

When agencies are unable to successfully address concerns by using their internal resources, they may request enhanced technical assistance from DFSS. In this process, the agency is assigned to a support track or program designed by DFSS that will assist the agency in regaining viability. DFSS will meet with the agency's executive staff, governing bodies, and legal entities, as applicable and if necessary, to discuss the issues and solutions. The supports will be established with specified time lines for resolution. Any further decisions about the agency will be determined by DFSS leadership.

## **Human Resource Management**

### *Organizational Structure and Personnel Management System*

DFSS agencies must have and adhere to their own personnel policies and procedures. These policies and procedures must be available to staff at all times and include, but not be limited to, job descriptions, compensation and benefits, pay dates, Social Security, worker's compensation, unemployment insurance, holidays, sick leave, vacations, probationary periods, grievance procedures, promotions, staff development, discipline, termination of employment, and performance evaluation.

### *Staff Health and Wellness*

Per DCFS and City licensing standards, newly employed staff shall submit a report of a physical examination completed no more than 6 months prior to employment that provides evidence that they are free of communicable disease, including active tuberculosis, and physical or mental conditions that could affect their ability to perform assigned duties. This examination shall include a test for tuberculosis by the Mantoux method. Staff shall have physical re-examinations every 2 years and whenever communicable disease or illness is suspected. A staff member experiencing fever, sore throat, vomiting or diarrhea shall not be responsible for food handling or the care of children.

Agencies must make reasonable accommodations for staff with differing abilities. Agencies must make mental health and wellness information available for staff regarding issues that may affect their job performance, including providing staff with regularly scheduled opportunities to learn about mental health, wellness, and health education.

### *Background Checks*

**HS/EHS:** All HS/EHS program employees must adhere to the following mandates. Agencies are required to document the processes in their personnel policies that they will use for conditional hiring, if they opt

to hire before all required background checks are cleared.

Hiring of staff and contractors, including transportation, must be a multistep process that includes the following steps. Steps a-e must be cleared prior to finalizing the hire.

- a. Interview
- b. Reference check verification
- c. Sex offender registry check
- d. State criminal check, including fingerprint checks
- e. FBI check, including fingerprint checks

An IDCFS child abuse and neglect state registry check must also be cleared prior to final hire. Until these checks are cleared, an employee or contractor cannot have unsupervised access to children.

The complete background check above must be conducted on all employees at least once every five years.

**PFA/PI:** PFA/PI programs must follow the DCFS guidelines for employee clearance.

### *Standards of Conduct*

DFSS recommends the standards of conduct mandates written by the federal Office of Head Start be used for all programs because they denote best practices.

**HS/EHS:** Standards of conduct required by the HSPPS must be included by all HS/EHS agencies. The standards of conduct must be approved by Policy Committees and governing bodies.

All DFSS agencies' staff, consultants, contractors, and volunteers must abide by the following standards of conduct. Personnel policies and procedures must include appropriate penalties for staff, consultants, contractors, and volunteers who violate the standards of conduct.

- Implement positive strategies to support children's well-being and prevent and address challenging behavior.
- No maltreatment or endangerment of the health or safety of children, including, at a minimum:
  - No use corporal punishment or isolation to discipline a child and no physical abuse of any child.
  - No binding or tying a child to restrict movement or taping a child's mouth.
  - No using or withholding food as a punishment or reward.
  - No use of toilet learning/training methods that punish, demean, or humiliate a child.
  - No use of any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.
  - No use of any form of verbal abuse, including profanity, sarcastic language, threats, or derogatory remarks about the child or child's family.
  - No use of physical activity or outdoor time as a punishment or reward.
  - Use assessment results only to determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.
- Respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.
- Comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members.
- No child is left alone or unsupervised while under the agency's care.

### *Job Descriptions, Qualifications, Salaries, and Approval of Qualifications*

DFSS agencies must maintain job descriptions and qualifications for all staff. DFSS works to assure all staff can fulfill the roles and responsibilities of their positions in order to ensure high quality services to children and families.

**PFA/PI:** Until the system for transcript/qualifications review is implemented with the Gateways to Opportunity, **PFA/PI** programs should email the transcripts for **NEW** staff ONLY to Denise Jordan at DFSS Children's Services Division ([denise.jordan@cityofchicago.org](mailto:denise.jordan@cityofchicago.org)). The CBO will receive an approval email back from one of the CSD education team.

PFA/PI programs should ensure transcripts/credentials of all designated existing staff are uploaded into COPA in the HR module. For assistance with COPA, programs should contact [earlylearninghelp@cityofchicago.org](mailto:earlylearninghelp@cityofchicago.org).

PFA/PI programs must pay the current minimum salaries detailed in the PFA and PI contracts' scopes of services.

**HS/EHS:** Teacher, home visitor, and family child care home staff qualifications are listed in the chart that follows.

**HS/EHS:** Job descriptions must be reviewed annually and updated, as needed, by management; changes, if any, must be communicated to the governing body and the Policy Committee.

#### **HS/EHS:** *Staff Qualifications*

*EHS/HS Director.* Minimum baccalaureate degree and experience in supervision of staff, early childhood background, fiscal management and administration (hired after November 7, 2016).

*Fiscal Officer.* Certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field (hired after November 7, 2016).

*Family, Health, and Disabilities Management.* Staff responsible for management and oversight has, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee (hired after November 7, 2016).

*Education Managers/Coordinators.* Baccalaureate or advanced degree in early childhood education, or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.

*EHS Center-Based Teacher.* Minimum CDA credential or Gateways to Opportunity Level 2 Infant Toddler credential or associates or AAS and minimum 2 classes in infant and toddler development.

*HS Center-Based Teacher.* Minimum baccalaureate degree in child development or early childhood education or a Gateways to Opportunity Level 5 ECE credential.

*HS Assistant Teacher.* Minimum CDA credential or Gateways to Opportunity Level 2 ECE credential or associates or AAS degree in child development or early childhood education.

*HS/EHS Home Visitor.* Minimum of a home-based CDA or comparable credential or equivalent coursework as part of an associate's or baccalaureate degree and demonstrated competency in planning and implementing home-based learning experiences that ensure effective implementation of the home visiting curriculum and promote children's progress across the standards described in the Head Start Early Outcomes Framework: Ages Birth to Five, including for children with disabilities and dual-language

learners, as appropriate, and to build respectful, culturally-responsive, and trusting relationships with families.

*HS/EHS Family Child Care Provider.* Previous early child care experience and, at a minimum, a Family Child Care CDA or Gateways to Opportunity Family Child Care Level 2 credential; or associate's or baccalaureate degree in child development or early childhood education.

*HS/EHS Child Development Specialist (required for Family Child Care option).* By August 1, 2018, minimum baccalaureate degree in child development, early childhood, or related field.

*HS/EHS Family Service Worker.* Within 18 months of hire, minimum credential or certification in social work, human services, family services, counseling, or a related field.

*Health Professional.* Health procedures are performed only by a licensed or certified health professional.

*Consultants.* All mental health consultants are licensed or certified mental health professionals; mental health consultants must have knowledge of and experience in serving young children and their families, if available in the community. Staff or consultants who support nutrition services must be registered dietitians or nutritionists with appropriate qualifications.

*Educational Coaches.* Minimum of a baccalaureate degree in early childhood or a related field.

#### **PFA/PI: Staff Qualifications**

*PFA Teacher.* Current, registered Professional Educator License (PEL) with early childhood endorsement.

*PFA Classroom Assistant Teacher.* Minimum 60 college credit hours, out of which 15 must be in early childhood.

*PFA Early Childhood Special Education (ECSE) Blended Classroom Teacher.* Current PEL with early childhood endorsement and ECSE approval, unless itinerant services are provided per the IEP.

*Transitional Bilingual Education Teachers.* Requirements in 23 Ill. Adm. Code 228.35, as applicable.

*PI Center-Based Teacher.* Either a baccalaureate or associates degree in early childhood education or child development or Gateways to Opportunity Level 5 ECE and Infant/Toddler credentials.

*PI Center-Based Teacher Assistant.* Minimum 30 college credit hours, of which 15 must be in early childhood education or child development.

*Center-Based Substitutes.* A qualified substitute replacement must be in place when a key staff person's absence exceeds three weeks. CBOs must notify DFSS of these extended absences/leaves via COPA and upload replacement credentials into COPA eDocs.

*PI Infant Toddler Specialist (required for PI full model ONLY).* Gateways to Opportunity Infant Toddler Level 5 credential. This position is a full-time, non-classroom position and engages with PI staff in a supervisory capacity.

*PI Family Support Specialist (required for PI full model ONLY).* Minimum baccalaureate degree in human services or social work or equivalent or Gateways to Opportunity Family Specialist Level 5 credential. All credentials of a candidate must be approved by DFSS prior to hiring that candidate. The caseload maximum is no more than 36 families per family support specialist.

*PI Home Visitor.* BA in early childhood education or related field or Gateways to Opportunity Family Specialist Level 5 credential. The caseload maximum is 24 families per home visitor.



*PI Supervisor (home visiting programs).* BA or MA in early childhood education or related field.

*PI Case Manager.* BA in social work or related field or Gateways to Opportunity Family Specialist Level 5 credential. The caseload maximum is 48 families per case manager.

All other positions are under the discretion of the DFSS agencies. When creating qualifications, agencies must create requirements that are based on best practices. Agency staff should be made available a benefit package, including, but not limited to, insurance, paid holidays, and vacations.

#### *HR Processes and Staffing*

Official personnel files are kept at the agency sites that employ them. All files are confidential and contain at least, but are not limited to, copies of the following: employee's application, job description, emergency information, professional development plan, documentation of required trainings and certifications, criminal background check results, and all performance appraisals.

**HS/EHS:** The Certification of Personnel Actions process described in the Collaborative Governance section of this manual should be followed to insure Policy Committee approval.

**PFA/PI:** Directors may not be classroom staff. All teachers are full time classroom staff and cannot hold an administrative role outside the classroom.

**All programs:** CSD recognizes that combining the roles of a teacher and site director into one job position is an enormous amount of responsibility and may detract from improvement along the quality continuum. DCFS day care center licensing standards require that a qualified director is employed to oversee the program and administer day-to-day operations, including planning and supervision of the program and children's activities, orientation for new staff, onsite staff supervision, in-service training, etc. Licensing also requires that centers licensed for more than 50 children employ a full time director in a non-teaching capacity.

**PFA/PI:** CBOs must notify DFSS of staff resignations/terminations no later than the final day of the employment via COPA. CBOs have six weeks to replace qualified staff.

**All programs:** Staff lists and qualifications are to be uploaded into COPA by designated deadlines and updated as staff changes occur.

#### *Volunteers*

DFSS agencies must ensure that regular volunteers have been screened for appropriate communicable diseases. Illinois mandates a physical and background check for each regular volunteer. A regular volunteer is defined as a person volunteering three hours or more a week. Agencies must ensure that children are never left alone with volunteers.

### **Professional Development**

DFSS employs a strong professional development system to support DFSS and CBO staff. The expectation for this system is that it provides professional development opportunities that have a positive impact on overall program quality, outcomes, and the experiences for the children and families served.

DFSS uses the following principles and approaches in developing its professional development system:

- All PFA/PI/HS/EHS staff must have a professional development plan that includes an outline of the resources and activities to fulfill the plan. Professional development plans will be available for review

by DFSS staff and uploaded into COPA, as directed.

- Elements include supports to transfer knowledge to practice.
- CBOs must design their own models for continuing professional development of all staff, including family support staff, to increase knowledge and skills and to foster team work; activities could include brown bag lunch workshops, learning communities, webinars, staff presentations and others, as feasible to maintain program operational integrity. Family support staff will use the Gateways Family Specialist Credential II guidance to develop their individual professional development plan.

#### *Professional Development and Education Staff*

DFSS and its agencies must provide an orientation to all new staff, consultants, and volunteers that focuses, at a minimum, on the goals and underlying philosophy of the program and on the ways they are implemented. In addition to orientation, agencies must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high quality, comprehensive services within the scope of their job responsibilities and that is attached to academic credit, as feasible and appropriate.

Each classroom in a center-based program must be assigned one teacher who has demonstrated competency to perform functions that include:

- Planning and implementing learning experiences that advance the intellectual and physical development of children and that improve the readiness of children for school by developing their literacy, their phonemic and print awareness, their understanding and use of language, their understanding and use of increasingly complex and varied vocabulary, their appreciation of books, their understanding of early math and early science, their problem-solving abilities, and their approaches to learning.
- Establishing and maintaining a safe, healthy learning environment.
- Supporting the social and emotional development of children.
- Encouraging the involvement of the families of the children in the program and supporting the development of relationships between children and their families.

Home visitors must demonstrate competency in planning and implementing home-based/home visiting learning experiences that ensure effective implementation of the home visiting curriculum and promote children's progress across the standards. Planning and implementation of home-based experiences must be inclusive of children with disabilities and dual language learners, respectful of the families' beliefs and culture, and responsive to child and family needs and in support of building trusting relationships with families.

In order to support the development of these professional competencies, DFSS and its agencies implement a research-based approach to professional development for education staff. Training is an important aspect of all professional development systems. Through training, staff can build the knowledge needed to be effective in their roles.

DFSS agencies' teaching staff will be provided with three levels of professional development/training opportunities:

- Basic. Workshops that are designed to provide information on child development and strategies that support age appropriate activities for children birth to age three and preschool. Included are basic areas such as behavior management, environment, literacy, math, and science. Basic workshops are geared to new teachers.
- Level 1. Workshops that provide a more in-depth look at how children learn and develop, and also

- how to plan for learners with diverse needs and experiences.
- Level 2. Workshops that focus on intentional teaching, differentiated instruction, working with small groups, coaching, and mentoring.

### *Systemic Professional Development*

Since research shows that training alone is not truly effective and often will not lead to deeper understanding and changes in practice, DFSS has designed its professional development system to include multiple contexts for learning. The four following aspects of effective professional development are to be included in this system:

1. *Knowledge development.* Includes trainings, conferences, and readings which develop knowledge of what a practice is, why it's important, and how to do it.
2. *Supports for transferring knowledge to practice.* Includes job aids, such as sample lesson plans and forms, but also includes the actual supports and assistance needed to bring practices into the classroom, such as coaching and mentoring, including peer mentoring, consultation, and technical assistance.
3. *Learning routines to support collaboration.* Focuses on providing opportunities for staff to learn in the context of their every day job rather than going out to trainings. Opportunities include time for peer learning groups with other staff, time for teams to collaborate in lesson or home visit planning, and time to examine and reflect on relevant data in interdisciplinary meetings. Facilitation of these routines by a knowledgeable early childhood professional is key to this aspect.
4. *Reflective supervision and feedback.* Focus moves beyond compliance and monitoring to facilitation of learning and improvement. In this aspect, supervisors provide supportive feedback that is strengths-based to their staff on an ongoing, formal and informal basis.

The creation and implementation of ongoing peer learning groups that are facilitated by knowledgeable professionals is one method of enhancing the professional development system used at DFSS and encouraged in its agencies. Peer learning groups are opportunities for teachers, home visitors, and other content area staff to come together in order to learn together, reflect on their practice, share their practice, and get and give useful feedback. Through this process, staff can build shared understandings of the fundamental components of professional requirements. Peer learning groups work best when they are structured using protocols for discussion and when the content is driven by the strengths and needs identified through program data.

### *Coaching for Education Staff*

DFSS, in partnership with its agencies, implements a research-based, coordinated coaching strategy for education staff that:

- Assesses all education staff to identify strengths and areas of needed support.
- Identifies which staff would benefit most from intensive coaching.
- At a minimum, provides opportunities for intensive coaching to education staff identified through the process, including opportunities to be observed and receive feedback and modeling of effective teacher practices directly related to program performance goals.
- At a minimum, provides opportunities for education staff that are not identified for intensive coaching to receive other forms of research-based professional development aligned with program performance goals.
- Ensures intensive coaching opportunities for staff that align with the program's school readiness goals, curricula, and other approaches to professional development; uses a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies;

provides ongoing communication between the coach and appropriate agency staff; and includes clearly articulated coaching goals informed by program goals.

DFSS uses the coaching system and assessment results to provide staff the needed support time, strategies, and resources to improve.

The DFSS recommended model is practice-based coaching. Information on the model is at the Office of Head Start website at <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/development>. CBOs may choose another model as long as: it meets the criteria set forth above; they submit the model to DFSS for approval; and they manage their own training and technical assistance on the model.

#### *Other Professional Development Requirements*

DFSS agencies will comply with the following:

- A minimum of nine hours in addition to the basic 15 hours are required for teaching staff.
- Professional development plans will be developed by the staff person with the guidance of his or her supervisor. Plans will include goals, tasks, and timelines for goal completion, created during the annual evaluation period, and monitored during supervision sessions. Professional development plans and experiences will be monitored both by agencies and DFSS.
- All new staff, consultants, and volunteers must be provided an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and the ways they are implemented.
- Training must align with the Gateways to Opportunity Registry. At the completion of all workshops, participants will receive a Gateways certificate, and the training information will be entered into their professional development record. All staff must be registered into the Gateways Registry.

### **Management Milestones**

#### *Monthly*

- Submit documentation of State license holds, renewals and USDA non-compliance, as occurs
- Certify personnel actions in COPA, including current employee/volunteer background check clearance information, current vacancies and titles, terminations, promotions, and transfers, as occur and for all new staff
- Certify that professional development plans for all new staff are completed and entered in COPA
- Review/certify accuracy and completeness of COPA HR module data and teacher classroom assignment
- Review/certify that section B of the PIR is complete and accurate in COPA (HS/EHS)
- Certify current utilization
- Present and provide written monthly reports to the Policy Committee and Board: meals/snacks, enrollment/ attendance, fiscal, and PIR summaries

#### *Quarterly*

- Monitor program operations and make improvements, as needed
- Monitor progress on improvement plans
- Review and analyze quarterly PIR numbers and certify data is current and accurate for quarterly analysis and report (HS/EHS)
- Submit analysis reports for PIR indicators to CSD, board and Policy Committee (HS/EHS)
- Submit Certification of Personnel Actions to CSD
- Certify payment of payroll tax and fringe benefits report to the board and CSD
- Identify and submit list of potential new sites and/or partners to CSD, board, and Policy Committee for review/approval, as occurs

- Submit budget revisions to CSD, if applicable
- Certify and justify spending rate if substantially over or under 95% for the point in time in the fiscal year to board, Policy Committee, and CSD

#### *Annual*

- Provide the board and Policy Committee with copies of the fiscal policies and procedures, contact information for the independent audit firm, auditor name, and audit date for approval
- Present independent audit report, including findings and corrective action plans, to board and Policy Committee for approval and to CSD
- Secure signatures and approvals for contracts and submit to DFSS (according to funding stream)

#### *January*

- Submit certification that all key staff has completed COPA, IMEDGE, CCMIS, and integrated systems training
- Convene the risk management and self-assessment planning committee
- Convene the community assessment committee

#### *February*

- Submit certification that all key staff have completed agency training on grant application, program planning, and improvement processes
- Submit supplemental funding requests to CSD, as applicable
- Submit self-assessment timeline and committee names to board, Policy Committee, and CSD

*March* – Complete risk management/self-assessment process and submit report to board and Policy Committee for approval and to CSD

*April* - Submit completed community assessment to board, Policy Committee, and CSD

#### *May-June*

- Submit grant/contract updates and approvals to board, Policy Committee, and CSD for approvals, as needed, and including narratives and budgets, goals and plans
- Certify that PIR data in COPA is current and accurate

#### *June*

- Certify proof of current liability insurance status, payment of federal and state taxes and fringe benefits and a copy of filed tax form 990 to board and CSD
- Certify PIR data is accurate, complete, and ready for submission to HHS (10 month **HS/EHS** programs)
- Update plans, policies, and procedures, including the internal monitoring system, and provide to board and Policy Committee for approval, as required (summer)

#### *July*

- Make revisions and submit final grant application to CSD (**HS/EHS**)
- Submit PIR reports

#### *August*

- Review and verify all staff salaries, qualifications, and responsibilities; certify all staff records and current physical exams
- Distribute the agency training agenda/calendar to staff and CSD
- Certify PIR data is accurate, complete, and ready for submission to HHS (12 month **HS/EHS** programs)
- Recruit qualified new board and Policy Committee members

*September* – Submit enrollment certification via COPA by September 25<sup>th</sup>

*October* – Certify all child and family data is entered into COPA by the last operating day of the month

*December* – Submit General Information Forms to CSD

Program design and management forms.

- #1 Template for Child Supervision Report to DFSS/CSD
- #2 HS Enrollment Certification Report (2013)
- #3 Staff Tracking Instrument (2013)
- #4 Application for Slot Reallocation
- #5 Attendance Analysis and Response (2009)
- #6 Application for Supplemental Funding (2010/2014)
- #7 Risk Management Process (RAP; 29 pp.; 2009)

Program design and management resources posted on the CSD web site, among others.

- #1 Setting SMART Goals
- #2 Community assessment resources
- #3 Short Paper on Reflective Supervision
- #4 COPA Monitoring User Manual
- #5 Fiscal Integrity Protocol Records and Reports (WKU; 2014)

Data Management Programming Chart	Page #	Ages 3-5			Birth to Age 3					Birth- 5
		Center-Based		Home Based	Center-Based			Home-Based/ Home Visiting		FCCH
		HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/ EHS
Data Use-Programs	135	X	X	X	X	X	X	X	X	X
Data Use-Continuous Improvement	136	X	X	X	X	X	X	X	X	X
Maintenance of Program Data	136	X	X	X	X	X	X	X	X	X
Prohibitions on Use of Data	136	X	X	X	X	X	X	X	X	X
Use of DFSS Data Management System and Website	137	X	X	X	X	X	X	X	X	X
Sharing Data Systems	137	X	X	X	X	X	X	X	X	X

## Section 9: DATA MANAGEMENT

The management of program data includes effectively supporting the availability, usability, integrity, and security of the data. A program must establish procedures on data management in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records. One of the major goals for DFSS is to aggregate child outcome data to improve services and ensure children make progress in the program and succeed in school.

### Data Use in Programs

Program data is used to design a program that meets community needs and builds on strengths and resources. Agencies must use a community assessment that describes community strengths, needs, and resources in order to create program goals and forecast program direction. DFSS agencies' governing boards and Policy Committees, as applicable (**HS/EHS**), must use ongoing monitoring results and data on school readiness goals to conduct their responsibilities.

Some of these uses include:

- Within the first 60 days of program operations and ongoing thereafter, programs must use individual child attendance data to identify children with patterns of absence that put them at risk of missing 10% of program days per year, and develop appropriate strategies to improve individual attendance among identified children, such as direct contact with parents or intensive case management, as necessary.
- If a program's monthly average daily attendance rate falls below 85%, the program must analyze the causes of absenteeism to identify any systemic issues that contribute to the program's absentee rate. The program must use this data to make necessary changes in a timely manner, as part of ongoing oversight and correction.
- A program must use self-assessment data, including aggregated child assessment, professional development and parent and family engagement data as appropriate, to evaluate the program's progress toward meeting child and family goals throughout the program year.
- Programs also must use data to assess the effectiveness of the professional development and family engagement systems in promoting school readiness.

### **Data Use for Continuous Improvement**

DFSS agencies must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with federal and state standards, as well as progress toward achieving program goals.

This process must:

- Ensure data is aggregated, analyzed, and compared in such a way as to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas.
- Ensure child level assessment data is aggregated and analyzed at least three times a year, including for subgroups such as dual language learners and children with disabilities. This practice ensures continuous improvement related to curriculum choice and implementation, teaching practices, and professional development.

### **Maintenance of Program Data**

DFSS agencies must maintain with child records, for as long as the records are maintained, information on all individuals, agencies, or organizations to whom a disclosure of personal identifiable information from the child records was made, except for program officials and parents, and why the disclosure was made. If a program uses a web based data system to maintain child records, the program must ensure such child records are adequately protected and maintained according to current industry security standards.

### **Prohibitions on Use of Screening and Assessment Data**

The use of screening and assessment items and data on any screening or assessment authorized in COPA is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. DFSS and its agencies do not use screening or assessments to exclude children from enrollment or participation.



## **Use of DFSS Data Management System and Web Site**

The DFSS data management system is managed through COPA. An example of information on the site is the Required Information Form, which provides information on data entry timelines.

The COPA system calculates the PIR. This federal self-report is used to highlight the program status on indicators in all content areas at any time during the year.

COPA is used to manage all data, including enrollment. It is useful for DFSS and its agencies to monitor, aggregate, and analyze data. DFSS uses COPA to check the status of all programmatic activities for children and families.

COPA is also the tool for agencies to notify DFSS of programmatic changes and request approvals, such as:

1. Child Over-Income Request form to obtain approval to enroll over income children.
2. General Information Request form to request new COPA users.
3. Enrollment request form, used when a child is already in COPA and changes sites; permission is needed.
4. COPA Attendance Adjustment Request, used if a child is not entered within 10 days of attendance; a request is needed to enter the child in COPA.
5. Supplementary PIR form, used when there are data conflicts.
6. ISBE certification for teacher PEL and endorsements, entered and needed to track compliance with ISBE regulations.

Procedures on the use of the COPA system is on the website at <https://cys.mycopa.com/>

## **Sharing of Data Systems**

DFSS and its agencies, to the extent practicable, will integrate and share relevant data with state education and ExceleRate data systems, if in return, they can receive similar support and benefits as other participating early childhood programs.

Transportation Programming Chart	Page #	Ages 3-5			Birth to Age 3					Birth-5
		Center-Based		Home-Based	Center-Based			Home-Based		FCCH
		HS	PFA without HS	HS	EHS	PI with EHS	PI without EHS	EHS	PI without EHS	HS/EHS
General Guidelines	138	X	X	X	X	X	X	X	X	X
Vehicles for Programs Transporting Children	139	If own buses or via vendor								
Busses for Field Trips/ Parent-Child Training/ Bus Evacuation Drills	139	X	X	X	X	X	X	X	X	X
Vehicle Operation	141	X	X	X	X	X	X	X	X	X
Bus Driver/Monitor Training	142	If own buses or via vendor								
Release of Children	143	X	X	X	X	X	X	X	X	X
Transporting Children w/Disabilities	143	X	X	X	X	X	X	X	X	X
Vehicle Maintenance	144	If own buses or via vendor								
Purchasing Vehicles	144	X	X		X	X	X			
Ongoing Monitoring	144	X	X	X	X	X	X	X	X	X
Milestones (as apply)	145	X	X	X	X	X	X	X	X	X

## Section 10: TRANSPORTATION

Agencies funded by DFSS must provide reasonable transportation assistance. All transportation services provided, including field trips, must use approved safe purchased vehicles and approved bus companies for all children, especially those children who have a diagnosed disability when their IEP specifically requires or recommends transportation services.

**HS/EHS:** Recruitment materials for these programs must address and describe transportation options for families.

### General Guidelines for Transportation Services

If an agency does not provide transportation services for all or a portion of the children, it must provide reasonable assistance, such as information about public transit availability, to the children's families to arrange transportation to and from its activities. **HS/EHS** must provide information about these transportation options in recruitment announcements.

An agency that provides transportation services must make reasonable efforts to coordinate

transportation resources with other human services agencies in its community in order to control costs and to improve the quality and the availability of transportation services.

Center-based and home visiting **PI** and **EHS** only should not purchase buses for the transport of children only.

**HS/EHS** programs must comply with HSPPS 1303.70 and other applicable transportation regulations.

### **Vehicles for Programs Transporting Children**

*Emergency equipment.* Agencies or the vehicle contractor must ensure that each vehicle used in providing transportation services is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguisher, flashlight, and first aid kit.

*Auxiliary seating.* Agencies or the vehicle contractor must ensure that any auxiliary seating, such as temporary or folding jump seats, used in vehicles of any type providing transportation services are built into the vehicle by the manufacturer as part of its standard design, are maintained in proper working order, and are inspected as part of the annual inspection.

*Child restraint systems.* Agencies or the vehicle contractor must ensure that each vehicle used to transport children receiving such services is equipped for use of age, height, and weight appropriate child safety restraint systems. All vehicles used or purchased with federal grant funds to provide transportation services to enrolled children must be school buses or allowable alternate vehicles that are equipped for use with height and weight appropriate child restraint systems and have reverse beepers.

### **Using Buses for Field Trips, Parent-Child Training, and Bus Evacuation Drills**

Most DFSS agencies do not transport children to and from the programs. Agencies do, however, use bus services for field trips.

**HS/EHS** agencies that do not own their own vehicles should use the list of approved bus services. The bus services have been vetted by DFSS and have vehicles suitable to transport children.

If **HS/EHS** agencies transport children in agency-owned vehicles, they must follow all applicable transportation regulations. DFSS will monitor transportation of **HS/EHS** children, whether in agency-owned vehicles or in vehicles provided by DFSS contracted vendors.

**PFA/PI** agencies continue to provide their own field trips, planning and arranging trips consistent with DCFS licensing standards, all applicable child transportation regulations, and sound educational principles.

#### **HS/EHS: Arranging a Field Trip for Agencies using DFSS-Certified List for Field Trips**

DFSS arranges field trips between the bus company and **HS/EHS** partner/center based sites. DFSS will send the bus company the most current list of sites and the bus company will assign dates and times and submit them back to DFSS. DFSS will send dates and times directly to agency sites.

DFSS will pay for one field trip for HS/EHS programs, but agencies **must** request the trip to be funded when scheduling.

The following steps need to be followed:

- **HS/EHS** partner center-based sites will submit requests to their delegate agencies.

- Delegate agencies will submit requests to DFSS to arrange with the bus company.
- Confirmation will be send directly to the partner/center-based sites.
- After the trip, HS/EHS delegate agencies/DFSS sites will collect and scan the following forms to COPA eDocs under the site tab.
  - Trip Verification Form
  - Field Trip Checklist
  - Evacuation, if applicable

Before taking children on field trips, agency staff must complete the DFSS Transportation Safety Checklist. The checklist outlines the items that need to be checked before a field trip.

### **HS/EHS:** *Parent and Child Training and Evacuation Drills*

Each agency must provide pedestrian safety training for parents and children and safety education for staff annually. Pedestrian safety training for parents should occur at parent orientation. Staff safety education training should occur at pre-service. And pedestrian safety training for children is to occur ongoing throughout the year.

The pedestrian safety training for children must include:

- Safe riding practices.
- Safety procedures for boarding and leaving the vehicle.
- Safety procedures in crossing the street to and from the vehicle at stops.
- Recognition of the danger zones around vehicles.
- Emergency evacuation procedures, including participating in three emergency evacuation drills conducted on the vehicle the child will be riding.

Pedestrian safety training for parents must:

- Emphasize the importance of escorting their children to the vehicle stop and the importance of reinforcing the training provided to children regarding vehicle safety.
- Complement the training provided to their children so that safety practices can be reinforced both in the program and at home by the parent.

Bus evacuation drills must be conducted three times a year, with the first one occurring in preparation for the first field trip on a bus or *at least within the first six months of program operation*. Two more should be offered in reasonable intervals after the first and before the end of the program year to account for newly enrolled families and children. DFSS will pay for the first two evacuation drills, but agencies **must** request the drill to be paid for when scheduling it. The agency pays for the third evacuation drill.

If assistance is needed, DFSS can arrange bus evacuation drill between the bus company and any agency sites. **HS/EHS** partner/center-based sites send their completed bus evacuation certification forms directly to their delegate agencies. **HS/EHS** delegate agencies collect all bus evacuation records. Delegate agency sites will send complete bus evacuation certifications to DFSS through COPA eDocs under the site tab.

Documentation of all evacuation drills must be placed in COPA eDocs under the site tab.

The training provided to children must be developmentally appropriate and an integral part of program experiences. The need for an adult to accompany a child while crossing the street must be emphasized in the training provided to parents and children.

### *Trip Routing*

**All:** An agency must consider the safety of the children it transports routinely or for field trips when it plans fixed routes. An agency must also ensure that:

1. The time a child is in transit to and from the program must not exceed one hour, unless there is no shorter route available or any alternative shorter route is either unsafe or impractical.
2. Vehicles are not loaded beyond maximum passenger capacity at any time.
3. Drivers do not back up or make U-turns, except when necessary for safety reasons or because of physical barriers.
4. Stops are located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle.
5. When possible, stops are located to eliminate the need for children to cross the street or highway to board or leave the vehicle.
6. Either a bus monitor or another adult escorts children across the street to board or leave the vehicle, if curbside pick-up or drop-off is impossible.
7. Drivers use alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line breaks, or emergency road closing.

### **HS/EHS:** *Invoicing for Field Trips*

The bus company will provide an invoice to the site during interaction on the day of the field trip, unless otherwise indicated on the initial field trip request, in which case DFSS will cover the cost of the transportation.

The bus company accountability and responsiveness (A&R) to DFSS needs to be discussed and determined. The items that need to be included to determine the agency's A&R status include, but are not limited to, the following:

- Annual Driver Certifications
- Ongoing Driver Certifications
- Fleet Maintenance Records
- HR files for Drivers

DFSS monitoring teams will perform A&R checks to determine A&R status.

### **Vehicle Operation (routine transportation and field trips)**

*Safety.* **All** Agencies must ensure that:

1. Each child is seated in a child restraint system appropriate to the child's age, height, and weight.
2. Baggage and other items transported in the passenger compartment are properly stored and secured and the aisles remain clear and the doors and emergency exits remain unobstructed at all times.
3. Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route.
4. There is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.
5. The bus aisles are kept clear at all times and emergency exits are unobstructed.
6. Staff, children, parents, and volunteers are seated and wearing appropriate restraints anytime the bus is in motion.
7. All accidents involving vehicles that transport children are reported in accordance with applicable

state requirements.

*Driver Qualifications.* Each agency providing transportation services and hiring the bus drivers must ensure that there is an applicant review process for hiring drivers, that applicants for driver positions are advised of the specific background checks required at the time application is made, and that there are criteria for the rejection of unacceptable applicants. This should be assured in the contracts with vended/contracted bus companies for agencies that do not own their own buses.

Driver applicants, at a minimum, must: have a valid commercial driver's license for vehicles in the same class as the vehicle the driver will be operating; meet any physical, mental, and other requirements as necessary, to perform job related functions, with any necessary reasonable accommodations; and be able to administer basic first aid in case of injury, handle emergency situations including vehicle evacuation procedures, operate any special equipment such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary.

*Driver Application Review.* When agencies employ bus drivers, the applicant review process must include, at minimum: a check of the applicant's driving record through the appropriate state agency, including a check of the applicant's record through the National Driver Register, and CPR/first aid certification, if available; a check that drivers qualify under the applicable driver training requirements; disclosure by the applicant of all moving traffic violations, regardless of penalty; and a medical examination performed by a licensed doctor of medicine or osteopathy and a drug screening clearance, establishing that the individual possesses the physical ability to perform any job related functions, with any necessary accommodations, after a conditional employment offer to the applicant and before the applicant begins work as a driver.

Note: please scan all certifications and clearances to COPA eDocs under the site tab.

### **Bus Driver/Monitor Training**

*Driver Training.* **HS/EHS:** During pre-service training, agencies must provide training for all bus monitors and drivers. All agencies must ensure that any person they employ as a driver receives training prior to transporting any enrolled child and receives refresher training each year. This should be assured in the contracts with vended/contracted bus companies for agencies that do not own their own buses. DFSS will also have a mandated training.

Training must include: classroom and behind the wheel instruction sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, to handle emergency situations including vehicle evacuation, to operate any special equipment such as wheelchair lifts, assistance devices, or special occupant restraints, to conduct routine maintenance and safety checks of the vehicle, and to maintain accurate necessary records; and instruction on the topics regarding special pick-up and drop-off requirements, seating requirements, and equipment needed for transportation services for children with disabilities.

A program that employs bus drivers must ensure that the annual evaluation of each driver of a vehicle used to provide such services includes an onboard observation of road performance.

DFSS will facilitate training for agencies. DFSS agencies must conduct a training for the upcoming year. Documentation of the training must be placed in COPA eDocs under the site tab.

*Bus Monitor Training.* All agencies using must train/ensure training of each bus monitor before the

monitor begins work on the following topics.

1. Child boarding and exiting procedures
2. How to use child restraint systems
3. Completing any required paperwork
4. How to respond to emergencies and emergency evacuation procedures
5. How to use special equipment
6. Child pick-up and release procedures
7. How to conduct pre- and post-trip vehicle checks
8. Cardiopulmonary resuscitation and first aid

**HS/EHS:** In August, all bus monitors must participate in a transportation safety/evacuation training. Each month, agencies should review the number of bus monitors trained.

### **All: Release of Children**

Each agency must ensure that children are only released to a parent or legal guardian or other individual identified in writing by the parent or legal guardian. This regulation applies when children are not transported and are picked up from the classroom as well as when they are dropped off by a vehicle.

Agencies must maintain lists of the persons authorized to pick up each child, including alternates in case of emergency. Daily up-to-date child rosters must be maintained at all times to ensure that no child is left behind, either at the classroom or on the vehicle at the end of the route.

DFSS requires:

1. Parents must identify persons who are authorized to pick up children and provide updated information as changes occur.
2. Parents must provide emergency contact information for children and provide updated information as changes occur.
3. Attendance must be taken in the classroom prior to boarding the bus.
4. A head count must be conducted after boarding and upon return to the site to ensure that all children have been accounted for.
5. Bus monitors and drivers must do a visual check, including under bus seats, to ensure that all passengers have exited the vehicle.
6. At the end of the day, a visual check of the classroom and a check of the sign-out sheets must be conducted.

### **Children with Disabilities**

**All** agencies must ensure that there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home-based services, unless school buses or allowable alternate vehicles are used to transport the other children served under the home-based option. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the program.

Each agency must specify any special transportation requirements for a child with a disability when preparing the child's IEP or IFSP and ensure that, in all cases, special transportation requirements in a child's IEP or IFSP are followed, including:

1. Special pick-up and drop-off requirements.
2. Special seating requirements.
3. Special equipment needs.
4. Any special assistance that may be required.
5. Any special training for bus drivers and monitors.

### **Vehicle Maintenance (if applies)**

If agencies own vehicles, they must ensure that vehicles used to provide such services are in safe operating condition at all times. Agencies must, at a minimum:

- Conduct a thorough annual safety inspection of each vehicle through an inspection program licensed or operated by the state.
- Carry out systematic preventive maintenance on vehicles.
- Ensure that each driver implements daily pre-trip vehicle inspections.
- Display signage indicating that the vehicle is equipped with a seat belt cutter and first-aid kit.

Drivers must check the fluid levels and the strength of the bus's battery each week. By state law, commercial vehicles are required to be inspected for safety and carbon dioxide emissions annually. All buses follow these procedures.

### **Purchase of New Vehicles (if applies)**

Prior approval is required before purchase of new vehicles with DFSS contract funding. Once approved, agencies must ensure that bid announcements for school buses and allowable alternate vehicles to transport children in its program include correct specifications and a clear statement of the vehicle's intended use. Vehicles must be examined at delivery to ensure they are equipped in accordance with the bid specifications and that the manufacturer's certification of compliance with the applicable federal motor vehicle safety standards is included with the vehicle.

For those purchasing buses, each agency receiving permission from DFSS to purchase a vehicle with grant funds for use in providing transportation services to children in its program must ensure that the funds are used to purchase a vehicle that is either a school bus or an allowable alternate vehicle and is equipped for use of height and weight appropriate child restraint systems and with a reverse beeper.

### **Ongoing Monitoring**

Each agency providing transportation services must ensure that vehicles used are maintained in safe operating condition at all times. Agencies must establish and implement procedures for:

1. A thorough safety inspection of each vehicle on at least an annual basis through an inspection program licensed or operated by the state.
2. Systematic preventive maintenance on such vehicles.
3. Daily pre-trip inspection of the vehicles by the driver.

Agency directors or their designees will:

1. Ensure that credentialing of transportation staff is current.
2. Provide annual evaluation of transportation personnel.
3. Ensure that annual inspections are completed on all vehicles.



4. Ensure current vehicle registration and insurance information.
5. Ensure that all safety equipment and supplies are provided and maintained on all vehicles.
6. Conduct routine inspections of vehicles and restraint systems.
7. Observe driver practice for on-boarding, child drop-off and pick-up, and behind-the-wheel practices.
8. Routinely examine bus routes.
9. Oversee all pedestrian safety trainings.
10. Follow all milestone timelines.
11. Ensure that transportation information is provided to families at the parent orientation.

## **Milestones**

### *August and Monthly*

- Certify that all staff with bus monitor responsibility has participated in transportation safety and evacuation training (August)
- Review list of bus monitor trained staff and conduct training, as needed, for new (monthly)

### *August-October (within first three months)*

- Conduct transportation and pedestrian safety training for enrolled children and parents
- Confirm date and time of first mandated bus evacuation drill with bus company
- Conduct first mandated bus evacuation drill, prior to first field trip or occasion to transport children, and submit certification in COPA

### *January-February (reasonable time after first)*

- Conduct transportation and pedestrian safety training for children and parents enrolled since last training
- Confirm date and time of second mandated bus evacuation drill with bus company
- Conduct second mandated bus evacuation drill, prior to first field trip or occasion to transport children, and submit certification in COPA

### *April-May (reasonable time after second before the end of the program year)*

- Conduct transportation and pedestrian safety training for children and parents enrolled since last training
- Confirm date and time of third mandated bus evacuation drill with bus company
- Conduct third mandated bus evacuation drill, prior to first field trip or occasion to transport children, and submit certification in COPA

### Transportation forms.

- #1 Trip Verification Form
- #2 Transportation Safety Checklist for Field Trips
- #3 Bus Monitor Training Record
- #4 Bus Evacuation Drill Certification Form

### Transportation resources posted on CSD website, among others.

- #1 Sample bus evacuation procedures
- #2 List of DFSS approved bus services/companies
- #3 Transportation safety PPT presentation and tool kit
- AAP Transportation Safety: <https://www.aap.org/Pages/ErrorPage.aspx?requestUrl=https://www.aap.org/healthtopics/carseatsafety.cfm>
- Safe Kids Worldwide: <https://www.safekids.org/>
- School Bus Safety Preview: <https://itre.ncsu.edu/ghsp/ncbussafety.html>

## Section 11: WAIVER OPTIONS and PRIOR APPROVALS

### Types

DFSS early learning CBOs may request the following types of waivers:

1. To *operate a locally designed program model/option*, including a combination of program options, to better meet the unique needs of their communities or to demonstrate or test alternative approaches for providing program services. In order to operate a locally-designed program option, programs must deliver the full range of services for their funded program (HS/EHS/PFA/PI) and must demonstrate how any change to their program design is consistent with achieving their program goals and enhancing and improving quality services and outcomes for children and families. The agency must also describe how it will assess this progress.
2. To *implement a curriculum alternative to the Creative Curriculum* prescribed by these procedures and by DFSS. The agency must provide supporting evidence that demonstrates the locally designed variation meets all the requirements of a research-based curriculum and effectively supports appropriate development and progress in children's early learning outcomes. The agency must also describe how it will assess the effectiveness of the variation in supporting these outcomes.
3. To *implement an alternative parent education curriculum* to the one offered as the option in these procedures by DFSS (Parents as Teachers or Baby Talk for HS/EHS). The agency must provide supporting evidence that the curriculum meets all the requirements, including being research-based, and must demonstrate the locally designed variation effectively supports appropriate development and progress in child and family outcomes. The agency must also describe how it will assess the effectiveness of the variation in supporting appropriate this development and progress.
4. To *implement an alternative home-based/home visiting curriculum* to the ones offered as the options in these procedures by DFSS (PI: Parents as Teachers, Baby Talk, and Healthy Families Illinois and Nurse Family Partnerships; EHS: Parents as Teachers). The agency must provide supporting evidence that the curriculum meets all the requirements, including being research-based, and must demonstrate the locally designed variation effectively supports appropriate development and progress in child and family outcomes. The agency must also describe how it will assess the effectiveness of the variation in supporting appropriate this development and progress.
5. To *waive group size* for center-based HS/EHS services for two or three year old children to better meet the needs of children and families, group size cannot exceed ten children for two year olds and 20 children for three year olds. This waiver requires federal approval before DFSS approval can be given. The agency must provide supporting evidence that demonstrates the locally-designed variation effectively supports appropriate development and progress in and describe how it will assess the effectiveness of the variation in supporting appropriate development and progress in children's early learning outcomes.
6. *Non-federal share requirement.* HS/EHS agencies may request a reduction in their non-federal requirement. Such requests must demonstrate why the agency is no longer able to meet the requirement, what efforts have been made to comply in the last two years, and what efforts they are making to return to compliance. Note: agencies may not request to waive 100% of their non-federal share requirement.

7. *Disability 10% requirement.* **HS/EHS** agencies may request a waiver of the 10% disabilities enrollment mandate. Such requests must demonstrate why the agency is not able to fill 10% of their funded enrollment with children who have diagnosed disabilities, what efforts have been made to comply in the last two years, the five year history/trend of their disabilities percentages and what efforts they have employed to recruit and enroll such children, what additional supports they have requested and used, community assessment data, and what efforts are currently being made to return to compliance.

### **Process**

DFSS agencies must submit a written request for waiver to DFSS that fully describes all of the above aspects for whatever waiver they are seeking. Approvals will be granted for the current budget year, or whatever time period was requested and approved, and then re-evaluated by DFSS with the agency.

Agencies may not implement any conditions of a waiver request until receiving written approval from DFSS. Such approval may be revoked based on progress or lack thereof toward program goals and outcomes.

### **Prior Approvals**

DFSS agencies must request prior approval from DFSS in writing for the following items and changes. Before making any changes, agencies must wait for written approval from DFSS.

1. Enrolling over income children/families. See the Eligibility, Recruitment, Selection, and Enrollment section.
2. Use of alternate practice based coaching curriculum. Send request to education liaison on assigned monitoring team.
3. Changing funded sites, site names, classrooms or classroom names. Send written request to supervisor of assigned monitoring team.

## POSTSCRIPT

DFSS worked with its partners and stakeholders to develop a Strategic Framework that encompasses an approach to transition DFSS to a more outcomes-oriented model. This model focuses on how many people leave DFSS services better off than before versus how many people walk through the door.

The Strategic Framework consists of a refreshed mission, priorities, and goals. It includes a plan for how DFSS will use the mission, priorities and goals to make decisions and drive greater collaboration within the agency.

### DFSS Mission

Working with community partners, we connect Chicago residents and families to resources that build stability, support their well-being, and empower them to thrive.

### DFSS Priorities

- *Deliver and support* high quality innovative and comprehensive services that empower clients to thrive.
- *Collaborate* with community partners, sister agencies, and public officials on programs and policies that improve Chicagoans' lives and advance systemic change.
- *Inform* the public of resources available to them through DFSS and its community partners.
- *Steward* DFSS' resources responsibly and effectively.

The 2017 consolidation of the CPS community-based early learning programs into DFSS will help ensure the delivery of quality services to the children and families of Chicago from birth to five years in a more coordinated manner. The Chicago Early Learning Standards will be the quality continuum based on aligned principles that will guide DFSS' work and map quality early childhood practices in all program areas to ensure alignment and consistency.

The quality principles being defined by the constituent groups and will drive the development of Chicago early learning programming include:

- Quality is not a point or a destination, but rather a system and attitude in which program decisions are benchmarked against child and family outcomes and how each action will move the needle of quality up the continuum.
- Quality decision-making is based on data and the analysis of that data.
- There are differences between minimum requirements and quality outcomes; our use of data guides our path from one to the other.
- Quality early learning has to include meaningful, deep family engagement through reflective relationships and attention to other comprehensive services, such as child/family/community health and mental health.

Part of the continuing work to create the quality continuum has included beginning to identify draft indicators outside of regulatory, fiscal or other barriers/concerns. These indicators are a work in progress and will be developed and expanded further for possible implementation as funding is available.

## **Education**

*Draft Indicator:* Measurable, ambitious and realistic/manageable school readiness goals.

*Potential Outcome:* Every content area is reflected in and embraces them; they are tracked, measured and analyzed.

*Draft Indicator:* High curriculum fidelity and ambitious instruction is evident throughout all programming.

*Potential Outcome:* Consistent teaching is evident throughout the system.

*Draft Indicator:* Screening and assessment process implemented with fidelity throughout all programming.

*Potential Outcome:* Results are used for quality instruction improvement, authentic individualization and family engagement.

*Draft Indicator:* Classroom teaching teams have regular protected time out of the classroom each week for planning.

*Potential Outcome:* Quality curriculum implementation and individualization is evident throughout the system.

*Draft Indicator:* Positive teacher-child and home visitor-parent relationships and interactions are demonstrated throughout the program; all provide ambitious instruction.

*Potential Outcome:* Sound classroom management practices are evident in all classrooms; continuity of relationships is implemented.

*Draft Indicator:* Classrooms have three full time staff; home visiting caseloads are best practice.

*Potential Outcome:* A higher level of more intentional individualized services is implemented with children and families; teachers/home visitors feel supported and have passion for their jobs.

*Draft Indicator:* High home-school/center connections are evident.

*Potential Outcome:* Increased parent engagement in their children's education results in better child outcomes/gains.

## **Comprehensive Services**

*Draft Indicator:* High number of services accessed by families.

*Potential Outcome:* Progress is demonstrated in child outcomes, family self-sufficiency and growth and service utilization.

*Draft Indicator:* Home visiting/home-based model and child care assistance/subsidy are fully used, as appropriate and indicated by family factors and eligibility.

*Potential Outcome:* Families gain the benefits of the individualized and parent engagement services of the home visiting/home-based model and child care assistance.

*Draft Indicator:* Strong family partnerships help families maximize their supports and overcome barriers.

*Potential Outcome:* Relationship building is evident in program operations at all levels.

*Draft Indicator:* Comprehensive services are offered to all families and children consistently throughout the system, as program requirements dictate and family needs indicate.

*Potential Outcome:* Families move along a continuum, as needs are identified and interventions/services employed; healthy families and children who are ready for school; consistent operations demonstrated in comprehensive services.

## **Family Engagement**

*Draft Indicator:* Parent, family and community engagement is prioritized in program goals.

*Potential Outcomes:* Program goals reflect parent, family and community engagement. Goals are measurable, tracked and outcomes are analyzed toward program improvement strategies.

*Draft Indicator:* Documented high level of family engagement throughout the program.

*Potential Outcome:* High levels of child attendance, increased child outcomes/gains, higher levels of family self-sufficiency.

*Draft Indicator:* High level of qualifications for family services workers.

*Potential Outcome:* Improved family engagement, relationship and case management strategies.

*Draft Indicator:* Family support workers have best practice and differentiated caseloads.

*Potential Outcome:* Individual support and engagement with families.

*Draft Indicator:* All staff is sensitive to all members of the community and engaged with them via community volunteers and helpers.

*Potential Outcome:* More authentic and meaningful family engagement; full enrollment.

### **Program Management**

*Draft Indicator:* Highly qualified staff employed throughout the system.

*Potential Outcome:* Consistent quality management, staff retention, succession planning, and high family and child outcomes/gains demonstrated.

*Draft Indicator:* Demonstrated sound infrastructure of leadership and management, including support and staff supervision.

*Potential Outcome:* Implemented leadership development opportunities, embedded management support and professional development, competitive salaries and sound supervision system, such as reflective supervision.

*Draft Indicator:* Comprehensive, integrated data tracking and management system.

*Potential Outcome:* System includes planning, tracking/monitoring of all content areas, flexible data analysis and generation of needed reports.

*Draft Indicator:* All families are served with maximized layered funding and access to full day programming.

*Potential Outcome:* All children have access to quality early childhood programs; families' needs are met.

*Draft Indicator:* Low staff turnover.

*Potential Outcome:* Robust professional development system that includes cohorts, in-service days, on-site training, credentials and loan forgiveness are all strategies that contribute.