



CHICAGO EARLY LEARNING STANDARDS 2.0

April 2019

Table of Contents

A. Introduction 1

1. Collaborative Governance 3

2. Program Management & Quality Improvement 18

3. Data Management 39

4. Program Structure 43

5. Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) 50

6. Education & Child Development 65

7. Services for Children with Disabilities 78

8. Health Services 94

9. Mental Health Services 105

10. Nutrition Services 116

11. Safety Practices 124

12. Family & Community Engagement 133

13. Transportation 143

Appendix A: Delegate Partner Implementation Guide

Appendix B: Early Head Start Pregnancy Policy Packet.

Introduction

About these Standards

The Chicago Early Learning Standards (CELS) Manual includes the policies and procedures required by the Chicago Department of Family and Support Services (DFSS) for all DFSS-funded Chicago Early Learning (CEL) programs *in addition* to other standards and requirements that are required by state and federal law. The CELS do not replace these other standards but are in addition to them.

All CEL programs:

In addition to Chicago Early Learning Standards (CELS), all CEL programs must follow:

Illinois Department of Children and Family Services (IDCFS) Licensing Standards

https://www2.illinois.gov/dcms/aboutus/notices/documents/rules_407.pdf

Illinois Early Learning Standards

https://www.isbe.net/Documents/early_learning_standards.pdf

ExceleRate Illinois Standards.

<http://www.excelerateillinoisproviders.com/docman/resources/13-overview-of-charts/file>

Head Start-funded CEL Programs:

In addition to the standards associated with all CEL programs, programs that receive Head Start, Early Head Start, and/or Early Head Start-Child Care Partnership funds must follow all requirements associated with these funding streams, including:

Head Start Program Performance Standards (HSPPS):

<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

The Improving Head Start for School Readiness Act of 2007 (Head Start Act):

<https://eclkc.ohs.acf.hhs.gov/publication/public-law-110-134-improving-head-start-school-readiness-act-2007>

The Federal Office of Management and Budgets' Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance):

https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

PFA/PI-funded CEL Programs:

In addition to the standards associated with all CEL programs, programs that receive Preschool for All and/or Prevention Initiative (PFA/PI) through the State Early Childhood Block Grant must follow:

Illinois State Board of Education (ISBE) Administrative Rules.

<https://www.isbe.net/Pages/Rules-Currently-in-Effect.aspx>

About this Edition

These are the final draft of the revised CELS 2.0, pending review and approval by the Chicago Committee on Urban Opportunity and the Citywide Parent Policy Council. The final, approved version will be reformatted, posted on the DFSS website, and distributed to DFSS delegates and stakeholders.

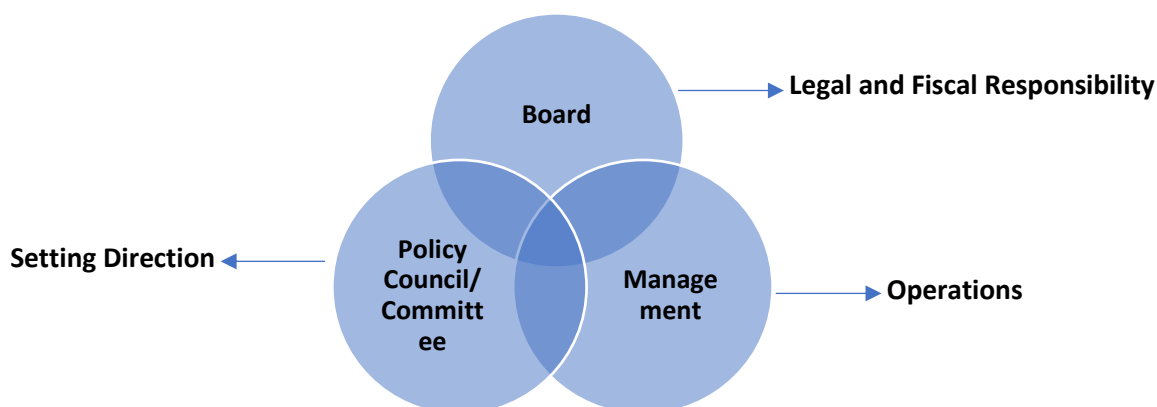
They will go into effect and replace the current CELS September 1, 2019.

1. COLLABORATIVE GOVERNANCE

I. Definition: Collaborative governance concerns the relationship of the governing bodies (board of directors, board or board of trustees as applicable for programs) and policy and parent committees and program management. This section covers the structures and processes required by HS/EHS/CCP funded agencies who provide programs to ensure accountability, transparency, participation, and program management oversight.

II. Chicago Early Learning Standard:

- A. General Purpose -- Program Governance is designed to ensure that programs have an established governing body and policy group(s) that share responsibilities for overseeing the delivery of high-quality services for children with program management. Both the governing body and policy group(s) have critical and distinct responsibilities in overseeing and decision-making in CELS programs. The relationship of the three components of collaborative governance (Board, Policy Group, and Management) is illustrated below:



- B. All city-funded delegate agencies that provide early learning programs are expected to have active, functional boards that have legal and fiscal responsibility for the program. Management must engage the board in program and fiscal planning and oversight.
- C. It is considered best practice to engage parents in program planning activities. HS/EHS/CCP-funded agencies have specific requirements associated with engaging parents in policy groups as detailed below. Although PFA- and PI-funded agencies are not expected to have active parent councils or committees, they should strive to engage parents in program decisions, as this best practice supports the development of parent/guardians as children's first teacher and primary advocate.
- D. HS/EHS/CCP-funded agencies must have an active board of directors, policy committee and parent committees.

- a. Minutes must be taken for all board and parent meetings. Minutes must be dated, accurate and capture proper approvals. Minutes must be retained and accessible to DFSS staff.
- b. HS partner site must convene monthly parent meetings and have an election process that allows for parents to serve on the agency's policy committee. These elected parents must be parents or guardians of children enrolled in the Head Start program.

E. Governing Body

- a. Board bylaws should be reviewed annually and/or updated as needed to reflect current board practices and changes. Board bylaws should state the process of amendment for its bylaws.
 - i. The content of board bylaws should follow parliamentary authority as defined in such resources as the Robert's Rule of Order Newly Revised 11th Edition or other, as decided by the agency's board. At a minimum, board bylaws must:
 - 1. Describe the group's purpose
 - 2. Spell out the qualifications and methods of selection of members and term limits
 - 3. Provide for officers, committees, and meetings, including the quorum
 - 4. May set up an executive board or board of directors
 - 5. Describes the process of voting on action items that will support meeting the Head Start requirements that have to be approved by the board.
 - 6. Conflict of interest and disclosure policy language.
 - ii. Updated bylaws must be submitted the Agency's monitoring team supervisor within 45 calendar days of board approval.
- b. Membership
 - i. Each HS/EHS/CCP-funded agency's board must include, but is not limited to, the following composition of expertise:
 - 1. At least one member with a background and expertise in fiscal management or accounting
 - 2. At least one member with a background and expertise in early childhood education and development
 - 3. At least one member who is a licensed attorney familiar with legal issues that come before the governing body/board
 - ii. Exceptions to the expert membership requirements shall be made for members of a governing body/board when those members oversee a public entity and are selected to their positions with the public entity by public election or political appointment
 - iii. Governing bodies/boards may use consultants to meet the required areas of expertise, however, consultants may not provide services to both the board and the agency
 - iv. Additional members shall reflect the community to be served and include current or former Head Start parents
 - v. PFA/PI boards are encouraged to recruit members with these areas of expertise to advise and support in the oversight of the program.
 - vi. Board members cannot:
 - 1. Have a financial conflict of interest with the delegate agency

2. Receive compensation for serving on the governing board or providing services to the agency
 3. Be employed nor have immediate family members be employed by the delegate agency; follow the nepotism implementations of the agency's DFSS contract
- c. Board Duties and Responsibilities (these standards apply to all DFSS delegate agencies unless otherwise noted)
- i. Agency's boards have legal and fiscal responsibility over the program, including responsibility for the administration, oversight, and for ensuring compliance with federal, state and local laws; adhering to the DFSS contractual agreements; and maintaining written standards of conduct and formal procedures for disclosing, addressing, and resolving conflicts of interest.
 - ii. Agency Boards are responsible for implementing the early learning program with guidance and feedback from program data, such as community assessments, self-assessment, program goals and objectives, and any other applicable data.
 - iii. Agency Boards 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:
 1. Have a written system that explains where complaints can be sent
 2. Identify to whom the complaint should be addressed at the agency
 3. Allow for the board, and if HS/EHS/CCP funded, the policy committee, to discuss and provide resolution for the complaint;
 4. Resolutions should contain next steps, as applicable, and time frames to respond
 5. Document actions taken and resolutions made
 - iv. HS/EHS/CCP-funded agency's boards must participate in the development, review, and/or approval of the following major activities, policies and procedures:
 1. Approval of the annual self-assessment, audit, and, as applicable, corrective action plans.
 2. Approval of agency's progress in carrying out programmatic and fiscal goals.
 3. Approval of personnel policies and procedures, any changes to the procedures, including the standards of conduct for staff, contractors, and volunteers, and the criteria for the employment and dismissal of staff.
 4. Approve or disapprove the hiring of key staff, including the executive director, HS/EHS/CCP director, chief fiscal officer, and other persons in an equivalent position within the agency.
 5. Review and approve funding applications and amendments.
 6. Review and approve financial and accounting policies and procedures.
 7. 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.
 8. Program planning procedures.

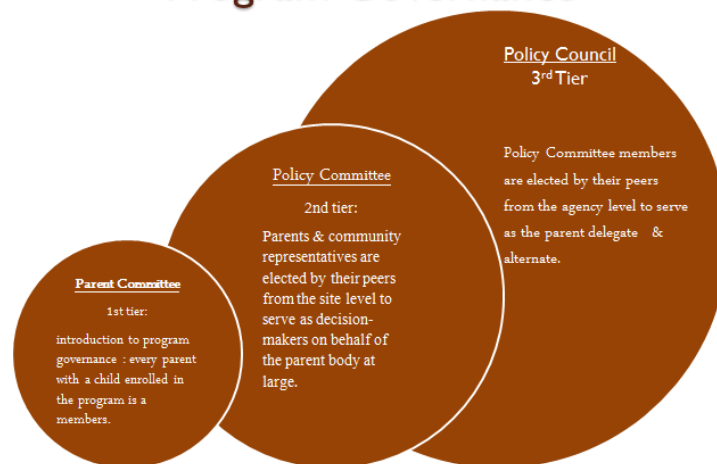
9. Review, revise, as needed, and approve annually the criteria for recruitment, selection, and enrollment of children between March-June for the next program year.
10. Data management procedures that ensure the collection, sharing, and use of quality data while protecting the privacy of child records.
11. Review and use the following reports and data, as applicable, to make informed program decisions
 - a. Quarterly child outcomes reports/school readiness data
 - b. Program summaries
 - c. Program and fiscal monitoring reports
 - d. Monthly fiscal reports, including credit card expenditures and in-kind/non-federal share reports
 - e. Monthly USDA meal and snack reports
 - f. Monthly enrollment and attendance reports
 - g. Self-assessment report and related improvement plans/areas for enhancement
 - h. Federal Program Information Report (PIR) data
 - i. Annual program report
 - j. Community assessment
 - k. Annual fiscal audit reports and corrective measures, as applicable
 - l. Correspondence, as applicable, from HHS/Office of Head Start and DFSS
 - m. Human resources reports
 - n. Other reports, as deemed appropriate
- d. Agency Responsibility vis-a-vis the board
 - i. The agency must maintain documentation of the required compositional make-up of the board
 - ii. The agency must maintain an organized system that contains supporting documents of board meetings, minutes, applicable handouts, board orientation/training, board policies and procedures and applicable reports provided.
 - iii. Responsibility of the CEO
 1. Each HS/EHS/EHS-CCP 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
 2. The HS/EHS/CCP agency's executive director are responsible for ensuring the board is informed of applicable issues and concerns with compliance with federal, state, and local laws
 - iv. Board Procedures. Each program should have the following systems in place to ensure an active, well-informed board:
 1. Data management process in place that describes how and when policy committee and board members will receive the above referenced reports (E.c.11.a-n).
 2. Structure of regular meetings. 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

3. Record-keeping system that stores governing body policies and procedures, meeting minutes, applicable insurances, and evidence of HS/EHS/CCP approvals, data sharing reports, and training and technical assist support

- F. Policy Groups—DFSS and its agencies maintain a three-tiered system for implementing the parent policy group oversight of its Head Start/Early Head Start/ Child Care Partnership grant and programs. DFSS (the grantee) convenes the Citywide Parent Policy Council (CPPC) that consists of representatives from each HS/EHS/CCP delegate agency. Each delegate agency convenes a Policy Committee that consists of representatives of each of its sites (directly owned or partner site). Lastly each site should have an active parent committee.

3 Tiers of Parent Involvement Program Governance



- a. Policy Council --DFSS is responsible for the administration of the Citywide Parent Policy Council (CPPC).
 - i. Bylaws
 - ii. CPPC Membership
 1. The CPPC consists of a delegate representative and an alternative representative from each of its HS/EHS/CCP delegate agencies. In addition to delegate agency representatives, the CPPC includes community representatives, who may be former Head Start parents, PFA/PI parents, or members drawn from the community.
 2. CPPC members are seated in January of the calendar and may serve up to five, one-year terms, as long as their children are enrolled in HS/EHS/CCP and they are elected or re-elected to serve by their policy committee peers.

3. The CPPC Officers/ Executive Committee
 - a. CPPC Officers/ Executive Committee includes Chairperson, Vice Chairperson, Secretary, Assistant Secretary, Parliamentarian, Assistant Parliamentarians, and one elected community representative who is a former HS/EHS/CCP parent.
 - b. The CPPC's Executive Committee members are elected in December.
- iii. The CPPC Meeting Structure.
 1. The CPPC meets quarterly during the months of February, May, August and November; workshops and training sessions are provided as part of the meeting structure.
 2. CPPC Orientation and required training sessions typically occur in January, March and June.
 3. The CPPC Duties and Responsibilities mirror those described below in the section
- b. Policy Committees -- Each HS/EHS/CCP funded delegate agency must have a functioning Policy Committee that helps set the program direction at the delegate-agency level of the HS/EHS/EHS-CCP program, in partnership with key program staff and the agency's governing body.
 - i. General Operations – Each agency must have written policies and procedures that cover the following requirements
 1. Policy Committees must be established annually and early in the program year, preferably between September and November.
 - a. Agencies must have a written system that supports education/informing, nominating, and electing Policy Committee members from the agency's parent committees, including parents from directly operated and partner sites.
 - b. The agency is responsible for retaining a quorum of Policy Committee members to ensure that an active Policy Committee is available to conduct HS/EHS/CCP business and obtain needed approvals.
 - c. Agencies must annually submit the names of the agency's Policy Committee and Parent Committee membership lists using the Policy Membership Form to its Monitoring Team Supervisor and the names of the elected CPPC delegate and alternate using the CPPC Letter of Certification to the DFSS CPPC coordinator by November 30th.
 - d. Agencies are to notify DFSS in the event that Policy Committee members are no longer able to serve or fulfill their terms of submitting updated CPPC Letter of Certification and a Policy Committee membership list.
 2. Agencies must provide an overview of Policy Committee policies and procedures in their Policy Committee orientation and/or leadership training during their first quarter of the new Policy Committee service/program year, no later than November 30.
 3. 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.

4. Agencies are responsible for planning and implementing meaningful and intentional opportunities for their Policy Committees to be engaged in helping to set the direction of the early learning program and be involved in program planning. Agencies must engage their Policy Committees at various, planned entry points to share timely and accurate information so the Policy Committee can make informed decisions on the action items for which they are responsible.
 5. Agencies must maintain Policy Committee records 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.
 6. Agencies 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.
 7. Agencies must develop in collaboration with their governing body/board and Policy and Parent Committees, Policy Committee policy and procedures, and ensure that these are reviewed, updated, and approved by both the governing body/board and Policy Committee, at least annually. Policies and procedures must include:
 - a. Policy Committee bylaws, with selection/election processes for Policy Committee members and Parent Committee officers
 - b. Conflict of interest policy
 - c. Standards of conduct for volunteers; refer the Program Management section of this manual
 - d. Impasse resolution procedures
 - e. Confidentiality policy
 - f. Parents' roles in human resources
 - g. Policy Committee reimbursement policy
 - h. Complaint procedure
 8. Agencies must have systems and procedures in place to support Policy and Parent Committees in implementing their responsibilities, including:
 - a. Advising staff in developing and implementing local program policies, activities, and services, to ensure they meet the needs of children and families
 - b. Ensuring a process for communication with the Policy Council and Policy Committee.
 - c. Participating in the recruitment and screening of HS/EHS/CCP employees, within the agency guidelines.
- ii. Policy Committee Membership:
1. Membership 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.

2. Membership must also include community representatives drawn from the community, including former HS/EHS/EHS-CCP parents and/or PFA/PI parents.
 3. Policy Committee members must be elected or re-elected annually by their peers from Parent Committees. Elections should occur between September and November.
 4. The Policy Committee must adhere to program confidentiality and conflict of interest policies:
 - a. Policy Committee 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.
 5. 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.
 6. The following best practices are recommended to sustaining, mentor, and support Policy Committee members and membership.
 - a. Members should remain active on the Policy Committee until the newly elected members have been seated.
 - b. New members should be allowed to shadow currently seated Policy Committee members before assuming their role on the committee.
 - c. Members should commit to serve the entire year, and if unable to continue to serve, should notify program staff and are encouraged to make recommendation for replacement members.
 7. No DFSS or delegate staff or members of their immediate families may serve on the Policy Committee.
 8. Policy Committee members cannot be paid for services rendered to the program.
- iii. Policy Committee Leadership/Officers:
1. Policy Committee leadership must include the following officers: chairperson, vice chairperson, secretary, Citywide Parent Policy Council (CPPC) delegate and alternate (CPPC delegate and alternate must be parents of currently enrolled HS/EHS/CCP children), and an optional assistant secretary.
- iv. Policy Committee Duties and Responsibilities: The Policy Committee is responsible for reviewing and approving the following items:
1. Parent activities that support the involvement of parents in supporting program operations including policies to ensure that the HS/EHS/CCP services are responsive to community and parent needs.
 - a. The parent activity fund should be used to cover planned parent activities, Policy Committee activities, CPPC out of area travel, and child care reimbursement policy.
 - i. Agencies must have written policies governing the use of the parent activity fund, including policies and procedures concerning parent travel to local and out of town conferences and educational events.

- b. Parent activities should be planned annually during late summer or early fall.
 - c. Agencies must submit parent activity calendars and budgets to the agency's Monitoring Team in October/November with their approved HS/EHS/EHS-CCP contract documents.
 - 2. Criteria for the recruitment, selection, and enrollment of children
 - a. To be reviewed, revised as needed, and approved annually between March and June for the next program year.
 - 3. Applications and amendments for funding HS/EHS/EHS-CCP programs
 - a. Agencies must train Policy Committees on the grant application process, including program goals and objectives.
 - b. Agencies must share applicable program data with the Policy Committee to justify program and budget narratives.
 - c. Agencies must submit appropriate Policy Committee documents, including Policy Committee meeting minutes and the Policy Committee statement letter signed by the chairperson, with grant applications and budgets.
 - 4. Budget planning for program expenditures, including policies for reimbursement and participation in Policy Committee activities. To prepare for this responsibility, the Policy Committee should be trained on the design of the parent involvement activity budget plan and the cost categories in the line item budget for the overall grant application and budget.
 - 5. Key personnel actions, including
 - a. Agency personnel policies, including any changes to personnel rules. Personnel policies must include procedures for standards of conduct for staff, contractor, and volunteers and the criteria for the employment and dismissal of program staff.
 - b. Key agency hires consistent with the board as cited in HS ACT 642 (c)(1)(E)(iv)(IX): (Executive Director, Head Start/Early Head Start Direct/EHS CCP Director, Director of Human Resources, Chief Fiscal Officer, and other persons in a equivalent policy or decision making role).
 - c. Standards of conduct for staff, contractors, and volunteers (refer to the Program Management section of this manual).
 - 6. Recommendations on the selection of sites and partners and the service areas for such agencies, as applicable to delegate agencies.
- v. Policy Committee Meetings
 - 1. 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 indicate 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
 - 2. 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.

3. 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.
 4. 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.
 5. Agencies should send out reports, data, and items to be approved prior to the meeting date, so that members can remain updated on and make informed decisions on program progress, issues, and concerns. The following reports and data must be shared with Policy Committee members:
 - a. Quarterly child outcomes reports/school readiness data
 - b. Program summaries
 - c. Program and fiscal monitoring reports
 - d. Monthly fiscal reports, including credit card expenditures and in-kind/non-federal share reports
 - e. Monthly USDA meal and snack reports
 - f. Monthly enrollment and attendance reports
 - g. Self-Assessment report and related improvement plans/areas for enhancement
 - h. Federal Program Information Report (PIR) data
 - i. Annual program report
 - j. Community assessment
 - k. Annual fiscal audit reports and corrective measures, as applicable
 - l. Correspondence, as applicable, from HHS/Office of Head Start and DFSS
 - m. Human resources reports
 - n. Other reports, as deemed appropriate
- c. Parent Committees –
- i. Parent Committees consist of all parents/guardians at a site and membership is open to all parents/guardians of children enrolled in the program.
 - ii. All parents may not be available or choose not to participate, however, all meeting notices and agendas must be available to all parents/guardians.
 - iii. Parent Committees should actively engage parents/guardians in program planning and leadership.
 - iv. Parent Committees must be established early in the program year at each of an agency's directly operated and partner sites.
 - v. 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.

- vi. Parent Committees should be introduced at annual parent orientation held at each site.
 - vii. Parents Committee operations should mirror the process for the Policy Committee as much as possible.
 - viii. Parent Committee policies and procedures can be embedded in the Policy Committee bylaws or can be a stand-alone document. Parent Committee written policies and procedures should include, at the minimum,
 - 1. general roles and responsibilities of the Parent Committee,
 - 2. Parent Committee membership,
 - 3. explanation of the Parent Committee’s relationship to the Policy Committee,
 - 4. the 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, and
 - 5. meeting frequency (monthly).
 - ix. Each site must have staff assigned to work with the Parent Committee to support its functions, meetings, and activities. Each site must maintain an organized record keeping system that stores Parent Committee policies and procedures, meeting minutes, agendas, sign-in sheets, training records, etc.
- d. Agency Staff Role in Policy and Parent Committees—In addition to the agencies’ responsibilities outline above, agencies must ensure that staff are assigned to the following
- i. Program directors must designate staff to attend monthly Parent Committee/Policy Committee meetings and provide assistance to Parent Committees
 - ii. Recruitment to and communication about Policy and Parent Committees should be agency-wide. Teachers and home visitors, where applicable, and other designated staff will:
 - 1. Actively recruit families to attend Parent Committee/Policy Committee meetings from all program options
 - 2. Actively talk with families about Parent Committee meeting fliers and post them where parents can see them
 - 3. Actively sign families up to attend Parent Committee
 - 4. Actively talk about Parent Committee and Policy Committee meeting dates and times with the parents who serve in a parent leadership role
 - 5. Include Parent Committee dates and Policy Committee meeting dates in monthly newsletters
 - 6. Procedures for Initial Parent Committee Orientation/Officers Meeting
 - iii. Program/site directors or designees will:
 - 1. Review program calendar and schedule initial meeting dates and times for all Parent Committees/Policy Committees, along with all appropriate staff and managers
 - 2. Ensure that an orientation meeting is held within the first 45 days of new program year
 - 3. 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

4. Ensure that each Parent Committee has the proper materials to be effective
 5. Attend the initial Parent Committee orientation officer meetings, as feasible
 6. 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
 7. Encourage parents to participate in the Parent Committee as an officer or as a Policy Committee representative or alternate
 8. Generate a database of officers and keep it current
 9. 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
 10. Appropriate/designated family support and home visiting staff will support the parent orientation and all Parent Committee meetings
 11. Notify families of meeting dates and times; post fliers where families can see them
 12. Assist with logistics for the meeting and attend the meeting and transcribe minutes of all meetings, as needed
- iv. Staff role at Monthly Parent Committee/Policy Committee Meetings
 1. 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
 2. Report on parent activities and solicit ideas for future activities, including an end of the year family engagement activity
 3. Ensure that all positions remain filled.

G. Monthly and Periodic Data Reports to the Governing Body and Policy Committee

- a. Agencies must share and provide timely, accurate, and regular information for the use by the governing body/board and Policy Committee, including information about program planning, policies, and operations. At minimum the following information must be shared
 - i. Monthly financial statements, including credit card expenditures and in-kind/non-federal share reports
 - ii. Monthly program summaries
 - iii. Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency
 - iv. Monthly USDA meal and snack reports
 - v. Financial audits, including findings
 - vi. Annual self-assessment reports, including findings
 - vii. Community assessment and planning, including updates
 - viii. Communication and guidance from the HHS Secretary
 - ix. Program Information Reports (PIR)
- b. Agencies 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.

- c. 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.

- H. Procedures for Impasse Resolution -- An impasse occurs when parties cannot agree on a course of action, given their respective responsibilities pursuant to applicable regulations. HS/EHS/EHS-CCP delegate agencies must have written impasse resolution policies and procedures embedded in their governing body/board and Policy Committee by-laws. The process should include, at the minimum, the following steps:
 - a. 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
 - b. The meeting will take place within 10 working days after reaching the impasse
 - c. 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
 - d. 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
 - e. The arbitration team will review and research all documents and interview all key parties, in order to make an objective decision
 - f. 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
 - g. 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
 - h. 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

- I. Required Trainings -- HS/EHS/CCP-funded agencies 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.
 - a. Training topics must cover, but are not limited to:
 - i. Eligibility Rules
 - ii. Head Start Program Performance Standards
 - iii. Orientation/leadership to collaborative governance
 - iv. Personnel procedures and expectations
 - v. Fiscal
 - vi. Grant application/budget process,
 - vii. Parent activity fund budget, contract scope of services,
 - viii. Meeting protocol and decorum
 - ix. How to use data for planning and decision making
 - x. Annual program self-assessment
 - b. Training sessions should be provided in a timely manner throughout the program year to support members in carrying out their responsibilities.
 - c. 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.

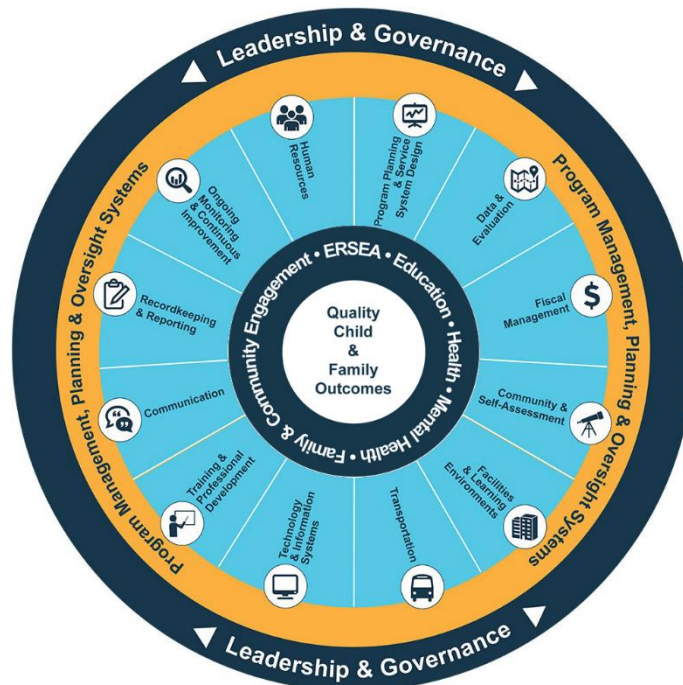
The eligibility rule training should be integrated into the boards and parent training plan.

- J. Ongoing Monitoring of Collaborative Governance—DFSS recommends that HS/EHS/CCP agencies set up internal monitoring procedures to ensure:
- a. Parent and Policy Committees are established and meetings are being held.
 - b. Policy Committee and board record keeping systems are maintained.
 - c. Policy Committee and board approvals are obtained and documented in meeting minutes with supporting handouts.
 - d. Policy Committee and board are receiving timely and accurate data reports.
 - e. Composition of the Policy Committee and board adhere to standards.
 - f. Board, Policy and Parent Committees receive ongoing and required training.
 - g. Collaborative governance policies and procedures are in place and implemented.
 - h. Agency staff must certify the approval of key staff by entering hires, dates, and criminal background checks into COPA.

2. PROGRAM MANAGEMENT & QUALITY IMPROVEMENT

I. Definition: Management systems are a framework of policies, processes and procedures used by an organization to ensure that it can fulfill all the tasks required to achieve its program objectives, based on business principles and best practices that support the function and implementation of the program.

The program management and quality improvement section systems programs must have in place to support the delivery of quality programming. These systems include, but are not limited to, program planning, communication, reporting, record keeping, monitoring, training and professional development, and human resources.



II. Chicago Early Learning Standards

- A. All programs are expected to put in place management systems that support quality programming across their sites and program models and continuous improvement.
- B. Management systems must
 - a. 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 DCFS licensing standards 407.70(k)(1-8).
 - b. Provide regular and ongoing supervision to support individual staff performance, professional development, and continuous program quality improvement.

- c. 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.
 - d. Maintain accounting and record keeping systems that are adequate for effective documentation, data management and analysis, and oversight.
 - e. Maintain written policies and procedures. For HS/EHS/CCP funded programs these must be approved by the governing body and policy committee.
 - f. Set program goals and objectives, in coordination with the governing body and parent committee, as explained below.
 - g. Agencies can also develop 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.
- C. All programs must participate in ExceleRate, the Illinois early childhood quality rating and improvement system. Programs are expected to achieve and sustain Gold Circle of Quality.
- D. Program Goals & Objectives -- Agencies must develop strategic long-term goals for ensuring that programs remain responsive to the community served and meet the developmental needs of children and families. Specific, measurable, attainable, relevant, and timely (SMART) objectives must be tied to each goal.
- a. Program goals must be set collaboratively by agency leadership, staff, governing bodies, and Policy Committees, as applicable. Agencies must create program goals that address:
 - i. High quality and comprehensive early child development care and health services that support school readiness goals and child outcomes.
 - ii. Strong and effective family and community partnerships and engagement that supports family outcomes, including the enhancement of family literacy.
 - iii. Effective program management and continuous quality systems.
 - iv. Services to children and families with differing abilities and diverse linguistic backgrounds.
 - v. Program options that meet the need of families from diverse economic levels, as this applies to communities served.
 - vi. Aggregation, analysis, and use of program data, including but not limited to child and family outcomes data, to improve services.
 - b. Goal setting involves the review of:
 - i. The needs of the communities served, including annual community assessment and parent surveys.
 - ii. PIR information.
 - iii. Child outcomes and family needs.
 - iv. DFSS annual performance review.
 - v. Agency philosophy and mission.
 - c. After SMART goals are developed, objectives must be identified for each goal and action plans must be determined for each objective.

- d. A system of goal monitoring and tracking is important to evaluate the progress.
 - e. The outcomes of successful goals should be recognized, and unmet goals must be analyzed and revisited for improvement.
 - f. Goals and objectives should be included in the agencies' annual grant applications according to baseline and/or continuation guidelines or submitted to the programs' monitoring team annually as directed.
- E. Program Planning Cycle -- All Programs are expected to intentionally plan and implement the menu of services they will provide for children and families based on data from the community assessment, self-assessment, and child and family outcomes. The DFSS planning cycle involves integrated activities on the part of the DFSS and its agencies and is 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 monitoring events.
- a. Community Assessment -- Agencies should use the community assessment, in coordination with child outcomes and other data, in the creation of goals and practices to deliver quality services to the children and families of the community.
 - i. Each HS/EHS/CCP funded agencies must conduct a full community assessment once every five years and update it annually. PFA/PI funded agencies should consult the DFSS community assessment to ensure their programs align with community needs.
 - ii. In the full community assessment, data must be used to describe community strengths, needs, and resources, and to document the needs of special populations.
 - 1. Agencies should follow the Head Start Program Performance Standards in conducting their full community assessment.
 - 2. DFSS will track each HS/EHS/CCP agencies five-year schedule.
 - 3. Agencies must submit their full community assessment to the DFSS planning team in the Administrative Unit and their monitoring team
 - iii. DFSS issues guidance for the annual update that aligns with the HS/EHS/CCP grant application requirements.
 - iv. DFSS provides resources for agencies to access to complete their community assessment, including but not limited to the DFSS Quinquennial Report, web-based databases, including Young Children in Chicago, Early Childhood Supply and Demand, and the Community Needs Assessment Tool
 - b. After writing/ reviewing the community assessment, the program director or designee should review
 - i. 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.
 - ii. The programs collaborative agreements and partnerships to ensure they have relationships that support the needs of children and families served
 - iii. The programs goals and objectives to ensure they align, when appropriate, with the needs of the community served.

- c. Self-Assessment -- All agencies must conduct a program self-assessment between February and the end of March. Results must be submitted to the DFSS planning team and the agency's monitoring team using the Self-Assessment Report Template and the Self-Assessment Summary Tool by April 16 annually. HS/EHS/CCP-funded agencies must have the final report and action plan approved by the governing body and policy committee and share results with staff and parents.
 - i. Agencies should 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.
 - ii. 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.
 - iii. Agencies must form a self-assessment team to conducting the self-assessment. HS/EHS/CCP self-assessment committees should include Policy Committee/Parent Committee members and/or other parents, governing body members, staff, and community partners
 - iv. Assessment methods may include reviewing record, and files, analyzing data, observing program operations, and interviewing staff.
 - v. 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.
 - vi. Agencies should draft a quality improvement action plan based on the results of their self-assessment
 - d. Action Plans -- 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.
- F. 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. Each delegate agency needs to have a written internal communication plan i.e. including board, parents, governing bodies, and stakeholders.
- a. Communication with DFSS --DFSS will ensure all agencies receive all regulations, policies, memorandums, instructions, and other pertinent information in a timely manner.
 - i. Communication with agencies occurs through a variety of methods, including, but not limited to mail and written correspondence, fax, email, DFSS/ CSD

- website posts, COPA posts, Telephone, in-person events, including meetings and site visits, including roundtables, monitoring visits, t and ta visits and events.
- ii. Agencies should ensure that key leadership staff is signed up for CSD Updates, DFSS' weekly email that includes key information.
 - iii. Agencies should, on an as needed basis or at least once annually, submit the Communications team, an Agency Key Management Contacts Form.
 - iv. Executive and Program Director Meetings occur at least quarterly, on the third Thursday of the last month of the quarter.
 - v. Calendars for all events are posted on the DFSS website.
- b. Communication with Board of Directors/Governing Bodies—Agencies must meet regularly with their board of directors/governing body, to meet HSSPS and Head Start Act collaborative governance requirements. At these meetings, program directors or their designees should 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.
- c. Communication with Policy Committees -- HS/EHS/CCP-funded agencies must 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.
- d. Communication with Enrolled Families – Agencies must keep parents and families abreast of program activities, child progress, and opportunities for parent-involvement.
- i. This must include, at a minimum:
 - ii. 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.
 - iii. 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.
 - iv. Teaching/home visit staff must share child screening, assessment, and outcome information with parents regularly throughout the year via home visits and individual emails or notices.
 - v. 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.

- vi. 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.
 - vii. Home visits and parent/teacher conferences and other contacts by various agency staff also provide avenues for communication.
 - e. Communication with Staff -- Regular communication must occur among all staff to facilitate quality outcomes for children and families.
 - i. 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.
 - ii. Staff receive and distribute mail, memos, and emails daily, and as needed, to inform each other about program issues, meetings, trainings, etc.
 - iii. Urgent announcements and bulletins are sent via email.
- G. Record Keeping & Reporting -- Agencies must maintain record keeping & reporting systems that are adequate for effective quality program operations and oversight and comply with all record retention and confidentiality laws and regulations. Record keeping & reporting facilitate the monitoring of program services by documenting child and family information, services provided, training and technical assistance, and other key activities required to ensure program compliance and quality.
- a. Agencies must maintain written record keeping and reporting policies and procedures that include but are not limited to
 - i. File retention instructions,
 - ii. Child confidentiality policy concerning the protection of child and family personal identifying information, and
 - iii. HS/EHS/CCP-Making required reports to the board and policy committee (HS)
 - b. DFSS and agency record keeping systems and strategies for program operation include, but are not necessarily limited to, the following elements:
 - i. The COPA data-base. Agencies are expected to keep COPA up-to-date with child, family, personnel, and other program operation data, as detailed in the COPA manual.
 - ii. Teaching Strategies GOLD/My Teaching Strategies website to monitor child outcome progress.
 - iii. On-site files for staff personnel and children/families to document and track staff, child, family, and program operations data. Monitoring checklists for required on-site file contents are included in the appendix.
 - 1. Child files must be kept on site in a locked file cabinet at the location where the child receives services. For Home-based/home-visiting, child files must be kept in a locked file cabinet at the agency's administrative office.
 - 2. Personnel files must be kept at the main office.
 - iv. Meeting sign-in sheets, agendas, and notes, and/or minutes applicable to record their respective meetings.
 - v. Training Sign-in Sheets and agendas.

- vi. Other systems agencies may use.
- c. Staff should use reports drawn from the COPA and Teaching Strategies GOLD systems, as well as personnel and child/family files to
 - i. Monitor agency performance and determine training and technical assistance needs,
 - ii. Track quality indicators,
 - iii. Report to funders on program services and child progress,
 - iv. Inform programmatic decisions.
- d. Reporting to governing body and Policy Committee—HS/EHS/CCP funded agencies are expected to report regularly to their governing body and Policy Committee as outline in the HSPPS. See the Collaborative Governance section of this manual for more information.
- e. Reporting to DFSS –
 - i. Regular Program Reports
 1. Agencies are expected to keep COPA data current and will be monitored monthly
 2. Quarterly Attendance analysis should be submitted to ERSEA monitor on the agency’s monitoring team
 3. Health, nutrition, mental health, and disabilities services reports should be submitted to the health monitor on the agency’s monitoring team.
 4. Annual Self-Assessment Report and Summary Tool (see details above).
 5. HS/EHS/CCP--Annual Report. Agencies should follow the Head Start Program Performance Standards and best practices to complete the annual report and submit to the agency’s monitoring team annually. The annual report should include the activity of the agency’s partner programs, if applicable, and must include the following elements.
 - a. General information about the agency
 - b. A summary of the most recent community assessment
 - c. The total amount of public and private funds received and the amount from each source
 - d. An explanation of budgetary expenditures and proposed budget for the fiscal year
 - e. 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
 - f. The results of the most recent federal monitoring review and the financial audit
 - g. The percentage of enrolled children that received medical and dental exams
 - h. Information about parent involvement activities
 - i. The agency’s efforts to prepare children for kindergarten
 6. PFA/PI -- Annual parent involvement and education reports for ISBE must be submitted via COPA or as otherwise directed by DFSS and by the deadline determined by DFSS.
 7. DFSS may request other reports from time to time to facilitate program monitoring, program quality improvement, or at the request of program

fundere.

- ii. Immediate Reporting to DFSS-- Agencies must report any and all of the following within 24 hours of occurrence to their assigned monitoring team supervisor/liaison at DFSS. :
 1. Significant incidents affecting the health and safety of program participants
 2. 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 an on going concern
 3. Breaches of personally identifiable information
 4. Missing and/or damaged files
 5. Program involvement in legal proceedings
 6. Cases of communicable disease or other serious health issues
 7. Any matter the agency is involved in that has been reported to state or local authorities
 8. Incidents regarding agency staff or volunteer non-compliance with federal, state, tribal, or local laws
 9. Occurrences involving child abuse and neglect, or laws governing sex offenders, after obligation to call DCFS as a mandated reporter is fulfilled
 10. Incidents that require classrooms or centers to be closed for any reason
 11. Disqualification from the CACFP
 12. Revocation of a license to operate a center by a state or local licensing entity
 13. Debarment from receiving federal or state funds from any federal or state department
 14. 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.
- iii. Agencies must submit a written, follow up report within 24 hours to the monitoring team supervisor describing the details of the incident.
- iv. Within 24 hours of receipt of any of these reports, DFSS will contact the agency to request documentation, additional information, and/or clarification.
- v. DFSS will conduct additional monitoring, if warranted.

H. Monitoring Program Performance & Continuous Improvement -- 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. On-going monitoring addresses both DFSS's monitoring of agency performance and how an agency self-monitors or ensures that data is correct and being monitored within a given timeframe.

- a. Monitoring System Overview-- DFSS and its agencies use an integrated, consultative

- approach to monitoring to meet agency needs, maximize monitoring resources, and support agencies in improving quality.
- i. DFSS employs integrated services monitoring teams to review and evaluate program operations on an ongoing basis.
 - ii. The DFSS process includes reviewing both systems and services.
 - iii. 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.
 - iv. DFSS agencies are required to establish internal ongoing monitoring procedures that are aligned with the DFSS consultative process.
- b. DFSS Monitors its agencies to address program key areas to determine:
- i. Achievement of program goals and objectives, including child and family outcomes achievement and improvement
 - ii. The effectiveness of the use of data in program improvement
 - iii. Compliance with state and federal performance standards and regulations in all content areas
 - iv. The quality of budget management
 - v. The quality of staff continuity and performance
 - vi. The use of effective organizational structures to execute the work with families and children
 - vii. Whether or not enrollment slots are filled, and attendance is regular
 - viii. Whether or not centers/classrooms are well-supplied, organized, and safe
 - ix. The quality and consistency of family engagement activities and the services being provided or arranged to meet child and family needs
 - x. If children with special needs are being served and how they are being served
 - xi. The quality and depth of program and individual professional development.
 - xii. The quality of the continuity of relationships system, if /when implemented
 - xiii. The effective use of the COPA system protocols
- c. Monitoring Methods--All agencies, including DFSS, use the following methods to monitor program performance:
- i. *Desk audits*. These includes reviewing written reports and COPA data.
 - ii. *Site visits*. This involves staff visiting agencies to visually observe operations and review records. Site visits may be both announced and unannounced.
 - iii. *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.
- d. Monitoring Entrance Visits—DFSS conducts entrance visits with new agencies and sites. The entrance visits involve:
- i. Welcoming the agency to the DFSS CSD monitoring system
 - ii. Meeting key members of the agency (or partners when applicable) and learning their roles
 - iii. Gaining an understanding of the agency’s areas of strength and opportunities for growth embedded within:
 1. Open dialogue of agency specifications and layout
 2. Grant Application goals and objectives

3. Agency Action Plan(s)
 4. Provide an opportunity for agency to discuss their needs from DFSS CSD Monitoring Teams
- e. Monitoring Follow-up -- Subsequent to DFSS monitoring, agencies are informed of the monitoring results, both areas of strength and areas for improvement.
 - i. The integrated services monitoring team communicates with designated agency leadership and staff to inform them of strengths, weaknesses, and trends seen in monitoring.
 - ii. 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.
 - f. DFSS Internal Staffings— DFSS annually conducts two internal staffings of its agencies, typically in the fall and spring quarters, during which monitoring teams formally meet to discuss and review agencies systems and assess agencies’ strengths, challenges, and major program trends. This information is used to identify training and technical assistance needs and the top 3-5 recommended priority areas for each agency. After the spring staffing, agencies receive a performance review memo that lists strengths, areas for growth, priority areas, and next steps, including monitoring round table date and time.
 - g. DFSS Monitoring Round Tables—During annual monitoring round tables in late spring, DFSS teams meet with agency leadership to discuss program performance and jointly plan for the coming year. Discussion topics include, but are not limited to, program strengths and challenges and, progress on goals and objectives. The goal of the round table is to set action plan goals and program priorities for the coming year.
 - i. Monitoring Teams review agency self-assessments before round tables.
 - ii. DFSS and agency collaborate on identifying goals to be included in the agency’s annual action plan.
- I. Data and Continuous Improvement -- Agency leadership and designated staff must meet regularly to analyze data to track progress on program goals and objectives and other quality indicators. This includes tracking data/reports from COPA and Teaching Strategies GOLD and using it to inform program planning and track program improvement (see The Data Management Section of this manual for more information of data to be tracked). Continuous improvement of program quality and performance involves the following:
 - a. 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.

- b. 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.
 - c. 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.
 - d. 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.
 - e. 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.
 - f. 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 and implementation; teaching practices; professional development; program design and other program decisions; and identification of program needs and develop action plans.
 - g. Other data used to inform decision making includes:
 - i. Community assessment. Data on the needs and resources of eligible families, the program, and the community; data is analyzed, conclusions shared, and results communicated.
 - ii. Self-assessment. Progress in achieving goals and objectives, effectiveness of systems and services, trends and patterns; results communicated to internal and external audiences.
 - iii. Monitoring. Data aggregated and analyzed monthly for overall trends by center, option or position; conclusions and findings used to inform program quality and improvement.
 - iv. Record keeping and reporting. Systems used continuously to collect data and check its integrity; raw data reports inform analysis.
- J. Enhanced Technical Assistance Process for Agencies at Risk -- 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.

- a. In this process, designated DFSS and/or agency leadership review and analyze pertinent information, including barriers to progress and strategies employed.
 - b. 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.
 - c. 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.
 - d. 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.
 - e. 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.
- K. Human Resource Management-- Personnel Policies
- a. Each agency must have written personnel/human resources policies and procedures.
 - i. Personnel policies and procedures must be available to staff at all times.
 - ii. Personnel policies and procedures must 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.
 - b. Staff Health and Wellness
 - i. 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.
 - ii. Staff must have physical re-examinations every 2 years and whenever the presence of a communicable disease or illness is suspected.
 - iii. A staff member experiencing fever, sore throat, vomiting or diarrhea shall not be responsible for food handling or the care of children.
 - iv. Agencies must make reasonable accommodations for staff with differing abilities.
 - v. 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.
 - c. Hiring & Criminal Records Check (CRC)s--
 - i. New Hire Policy --Agencies must ensure that all staff, including contractors, complete the following steps prior to final hire
 - 1. Interview

2. Reference check verification
 3. Sex offender registry check
 4. State criminal check, including fingerprint checks
 5. FBI check, including fingerprint checks
 6. IDCFS Child Abuse and Neglect check or Statewide Automatic Child Welfare Information System (SACWIS)
- ii. Child Supervision -- Until these checks are cleared, an employee or contractor cannot have unsupervised access to children. Agencies must include in their HR Personnel Policies language to that effect.
 - iii. Conditional Hiring Policies. If any agency opts to hire before all background checks are cleared:
 1. It cannot put the hire on the budgets/ charge to their CEL contract until all required background checks are clear, and
 2. It must include policies that govern conditional hiring in its HR/Personnel policies.
 3. If the agency does not have conditional hiring policies, its HR/Personnel policies must say so.
 - iv. On-Line Search. If an agency uses on-line searches, it can be a supplement to an agency's pre-hiring or conditional hiring process, but it does not substitute for steps c.i.1-6 above for required finger-printing.
 1. The use of on-line searches must be stated in any agency's HR/Personnel policies. If an agency does not use on-line searches, it must be stated in the HS/Personnel policy.
 2. No pre-hire searches should be uploaded in COPA edocs.
 - v. Volunteers. Regular volunteers must have background checks (steps c.i.3-6). Volunteers can never have unsupervised access to children.
 - vi. The complete background check above must be conducted on all employees/ contractors at least once every five years (steps c.i.3-6).
 1. Agencies must have a policy that requires existing employees or employees newly transferred to CEL programs, to have a background check, following steps c.i.3-6, every five years.
 - vii. Executive Level Staff Background Check Policy – All agency staff funded in whole or in part by Chicago Early Learning Programs (HS/EHS/CCP/PFA/PI) or who oversee CEL programming or administrative work, must have a completed background check based on the agency's new hire policy (steps c.i.3-6), and must be re-conducted, at least once, every five years.
 - viii. Consultants/Auxiliary Staff – Consultants/Auxiliary Staff must follow the same policy as executive level staff. An agency's procurement and contracting policy must include language requiring staff working on a CEL funded contract to complete all background checks (steps c.i.3-6).
 - ix. Documentation of background checks in COPA—Please refer to the Criminal Record Check Documentation – Policy Clarification for guidance on entering CRC information in COPA.
- d. Standards of Conduct –
- i. Agency staff, consultants, contractors, and volunteers must abide by the following standard, of conduct:
 1. No maltreatment or endangerment of the health or safety of children, including, at a minimum:

- a. No use corporal punishment or isolation to discipline a child and no physical abuse of any child.
 - b. No binding or tying a child to restrict movement or taping a child's mouth.
 - c. No using or withholding food as a punishment or reward.
 - d. No use of toilet learning/training methods that punish, demean, or humiliate a child.
 - e. No use of any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.
 - f. No use of any form of verbal abuse, including profanity, sarcastic language, threats, or derogatory remarks about the child or child's family.
 - g. No use of physical activity or outdoor time as a punishment or reward.
 - h. Use assessment results only to determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.
- 2. 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.
 - 3. Comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members.
 - 4. No child is left alone or unsupervised while under the agency's care.
- ii. Standards of conduct must be included in the agencies HR/ Personnel policies and policies must include appropriate penalties for violating them. This must include appropriate penalties for staff, consultants, contractors, and volunteers who violate the standards of conduct.
 - iii. The standards of conduct must include process for dealing with infractions against the agency, program staff, families and other program volunteers or consultants.
 - iv. DFSS recommends that all agencies use the standards of conduct mandates written by the federal Office of Head Start because they denote best practices. HS/EHS: The parent hand-book must include the standards of conduct required by the HSPPS. The standards of conduct must be approved by Policy Committees and governing bodies.
 - v. Standards of conduct should be included in parent hand-book.

L. Human Resources--Job Descriptions and Credentials

- a. 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 to ensure high quality services to children and families.
- b. Required Credentials: Until the system for transcript/qualifications review is implemented with the Gateways to Opportunity, all staff credentials should be uploaded into the COPA HR Module.

- c. Job descriptions must be reviewed annually and updated, as needed, by management; changes in HS/EHS/CCP funded programs, if any, must be communicated to the governing body and the Policy Committee.
- d. Directors may not be classroom staff. All teachers are full time classroom staff and cannot hold an administrative role outside the classroom.
- e. All center-based programs are expected to have an on-site director.
- f. Management Credentials
 - i. *Program/Site Director/ Principal*. Minimum baccalaureate degree and experience in supervision of staff, early childhood background, fiscal management and administration (hired after November 7, 2016) and Gateways Illinois Directors Credential Level 2 or higher.
 - ii. *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).
 - iii. *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).
 - iv. *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.
 - v. *Home-Visiting Supervisor*. Baccalaureate or advanced degree in social work or related field
 - vi. *Birth to Three Supervisor/Infant Toddler Specialist*. Staff responsible for overseeing services for infant toddler programs must have Gateways to Opportunity Infant Toddler Credential Level 5 or above.
 - vii. *HS/EHS Child Development Specialist (required for Family Child Care option)*. Staff responsible for overseeing Family Child Care Home Network. By August 1, 2018, minimum baccalaureate degree in child development, early childhood, or related field.
- g. Teaching Staff Credentials, pre-school aged (3-5)
 - i. *Preschool Teacher* must have a Gateways to Opportunity Early Childhood Education Level 5
 - ii. *Preschool Teacher Assistant Teacher* must have a Gateways to Opportunity Early Childhood Education Level 4
 - iii. PFA-funded: *Preschool Teacher* must have a Professional Educator Licensure with an endorsement in Early Childhood (PEL). DFSS policies abide by the recent Illinois law for temporary allowance of a teacher in a Preschool for All funded classroom to have a Gateways to Opportunity Early Childhood Education (ECE) Level 5 (until July 2023). All teachers in the PFA classroom with this credential must actively be pursuing a PEL and evidence towards achieving this must be demonstrated.
- h. Teaching Staff Credentials, Birth to Three (0-3)
 - i. Birth to three Teacher must have a Gateways to Opportunity Infant Toddler Credential Level 5 (by 2024)
 - ii. Birth to Three Teacher Assistant must have a Gateways to Opportunity Infant Toddler Credential Level 4 (by 2024)

- iii. Credentials for all birth to three center-based classrooms must match ExceleRate Illinois Gold Circle of Quality by 2024. Programs need to provide proof and documentation that the teachers are working to fulfill this requirement.
 - i. Family Support and Home-Visiting Staff, birth to five (0-5)
 - i. Family Support Specialist must have the Gateways Family Specialist credential level 5 by 2024.
 - 1. In the interim, for HS/EHS/CCP funded programs, within 18 months of hire, minimum credential or certification in social work, human services, family services, counseling, or a related field.
 - 2. In the interim, for PI-funded programs, must have a baccalaureate in family consumer science, social work, or psychology.
 - ii. Home-Visitor must have Gateways Family Specialist credential level 5 by 2024.
 - 1. In the interim, for HS/EHS funded programs, must have 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.
 - 2. In the interim, for PI programs, must have a baccalaureate in family consumer science, social work, or psychology.
 - j. Family Child Care Home Provider, birth to five (0-5)—
 - i. 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.
 - k. Subject Matter Experts—Staff, contractors, or consultants used in a subject matter expert capacity must have field/discipline-specific credentials, including but not limited:
 - i. *Educational Coaches*. Minimum of a baccalaureate degree in early childhood or a related field.
 - ii. Mental Health Consultants. The credential requirements for mental health consultants located in the Mental Health Section of this manual.
 - iii. Nutrition. Staff or consultants who support nutrition services must be registered dietitians or nutritionists with appropriate qualifications.
 - iv. Health. Appropriate health licenses and certifications.
- M. Human Resources-- Salary Minimum Requirements -- The following salary minimums must be met for all teachers in CEL community-based programs.
- a. Center- Based
 - i. Preschool
 - 1. Teacher with a PEL with the Early Childhood Endorsement - \$47,000
 - 2. Teacher with a Gateways level 5 ECE - \$45,000
 - 3. Teacher assistant with a Bachelor degree and Gateways level 4 ECE- \$35,000

4. Teacher assistant with an Associate degree and level 4 Infant Toddler- \$32,000
- ii. Birth to Three
 1. Supervisor outside of the classroom- with a Gateways Level 5 or above in Infant Toddler- \$50,000
 2. Teacher with a Gateways Level 5 Infant Toddler- \$45,000
 3. Teacher with a Bachelor degree and Gateways Level 4 Infant Toddler- \$42,000
 4. Teacher with an associates and Gateways level 4 Infant Toddler- \$38,000
 5. Teacher assistant with an Associate degree and Gateways Level 4 infant Toddler- \$35,000
 6. Teacher assistant with an Associate degree and Gateways Level 3 Infant Toddler- \$32,000
 7. Teacher assistant with a Child Development Associate's Credential (CDA) - \$30,000
- iii. All Age Groups
 1. Family Support Specialists with the Gateways Family Specialists Credential level 5- \$45,000
 2. Family Support Specialists with the Gateways Family Specialists Credential Level 4- \$40,000
- b. Home-Based/Home-Visiting
 - i. Home Visitors
 1. Home Visitor with the Gateways Family Specialists Credential Level 5- \$45,000
 2. Home Visitor with the Gateways Family Specialists Credential Level 4- \$40,000
 3. Home Visitor with the Gateways Family Specialists Credential Level 3- \$35,000

N. Human Resources – Files and Reporting

- a. Personnel Files—Original, official personnel files must be kept at the agency's home office and copies must be kept at the site where staff is located. 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.
- b. Agencies must notify DFSS of staff resignations/terminations no later than the final day of employment via COPA. Agencies have six weeks to replace staff.
- c. Human Resources Reporting (Effective: February 2019) -- All Chicago Early Learning programs are required to submit DFSS a monthly Agency Human Resource Report. Please note that this agency generated report replaces the Certification of Personal Action template previously used.
 - i. The agency has the flexibility of formatting its own report that can also be used to report to the agency's policy committee and board. A Report Template is available in the Forms Addendum to this manual
 - ii. The report must contain the elements listed below.
 1. Name of agency

2. Name of Staff, Title/Position and salary source(s)
 3. Type of Personnel Action: Hire, termination for cause, termination for layoff, resignations, retirements, demises
 4. Include Date of Hire, promotion, termination for cause, termination for layoff, resignations, retirements, or demise
 5. Staff separation from employment: include date the staff was marked inactive in COPA; and as applicable, include when staff access to COPA and Teaching Strategies GOLD was deactivated.
 6. Criminal background records clearance dates for new staff/promotions
 - a. Indicate yes or no if the employee's CRC dates have been entered into the employee's COPA HR file
 - b. Indicate yes or no if the CRCs were cleared before hire
 7. Include policy committee and board approval dates for hiring of key staff (HS/EHS/EHSCCP Only): HR Director, CFO, Executive Director/Head Start Director; other key staff with policy and decision-making responsibilities for the program
 8. Report staff vacancies:
 - a. Title/Site
 - b. Length of vacancy
 - i. For teaching positions: list the site name and classroom
 - c. Plan of action to hire/hiring process status
 - d. Are there any vacancies from the proceeding month's report? Please explain.
- iii. The report must be submitted whether there are personnel actions or not.
 1. Indicate on agency letter head that there were no personnel actions this for the month of and include the year;
 2. Updates on vacancies should be included.
 - iv. The report must be signed and dated by the HR Director or assigned.
 - v. The report must be submitted by the 7th of each month.
 - vi. Use the following file name convention when saving the document and uploading it to COPA eDocs:
 1. FileName/MonthYear
 2. Example: HRRJan2019
 - vii. Uploading to COPA eDocs –
 1. Go to cys.mycopa.com – this takes you to the **COPA** home page
 2. Enter your User Name and Password. Click continue.
 3. Click on **eDocs** tab.
 4. Click on **Agency** then **Link Agency ID**; the **Upload Document** page appears.
 5. Click on **Browse** tab to locate the human resource report saved to your computer/select the report
 - a. When saving your document remember to use the naming convention: FileName/MonthYear
 - b. Example: HRRJan2019
 6. Under **Document Type** select **Certification of Personnel Actions**
 7. Select **Upload** button to upload the human resources report

- O. 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.

- P. Professional Development Systems – Agencies must have written policies and procedures that describe their system for ensuring that orientation, training, and professional development opportunities are available for staff. 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.
 - a. 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 the ways they are implemented.
 - b. Agencies must design their models for training and continuing professional development for all staff, including family support staff, to increase knowledge and skills, foster team work, and improve program quality.
 - i. Activities could include brown bag lunch workshops, learning communities, webinars, staff presentations, outside training, and others, as feasible to maintain program operational integrity.
 - c. All staff must have individual professional development plans and access to professional development opportunities that are relevant to their work and that have a positive impact on overall program quality, outcomes, and the experiences for the children and families served.
 - i. Individual professional development plans must include, at a minimum,
 - 1. goals, tasks, and timelines for goal completion, created during the annual evaluation period, and monitored during supervision sessions.
 - 2. An outline of the resources and activities to fulfill the plan.
 - 3. Elements that support the transfer of knowledge to practice
 - ii. Professional development plans and experiences will be monitored both by agencies and DFSS.
 - iii. Whenever possible or relevant, agencies and staff should use Gateways to help develop individual professional development plan.
 - iv. Professional development plans must be available for review by DFSS monitoring staff.
 - v. Professional development plans must be uploaded into COPA, as directed.
 - d. Education Staff Professional Development & Training
 - i. Agencies must ensure that all education staff, including education supervisors, site directors, and coordinator receive standardized training on the curriculum and assessment, including interrater reliability, and that interrater reliability is kept current. Agencies should have written procedures that document the steps staff should take to access and complete Interrater Reliability Training, including but not limited to trainings to be taken, timelines for completions protected time to complete trainings, and training supervisors.
 - ii. All staff must be registered in the Gateways registry and education 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 System and keep their membership up to date.

- iii. Teaching staff must meet the licensing requirement of 15 hours of annual professional development
- iv. Teaching staff must complete
- v. DFSS agencies' teaching staff will be provided with three levels of professional development/training opportunities:
 1. 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.
 2. Level 1. Workshops that provide a more in-depth look at how children learn and develop, and how to plan for learners with diverse needs and experiences.
 3. Level 2. Workshops that focus on intentional teaching, differentiated instruction, working with small groups, coaching, and mentoring.
- vi. Coaching for Education Staff—
 1. Agencies must implement a practice- and research-based coaching model. Practice-Based Coaching occurs within the context of a collaborative partnership. The coaching-cycle components include:
 - a. Establishing shared goals and action planning,
 - b. Engaging in focused observation, and
 - c. Reflecting and receiving feedback about teaching practices.
 2. DFSS, in partnership with its agencies, implements a research-based, coordinated coaching strategy for education staff that:
 - a. Assesses all education staff to identify strengths and areas of needed support.
 - b. Identifies which staff would benefit most from intensive coaching.
 - c. 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.
 - d. 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.
 - e. 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.

3. DFSS uses the coaching system and assessment results to provide staff the needed support time, strategies, and resources to improve.
4. If an agency chooses to not participate in the DFSS coordinated model, it can implement its own, as long as it meets the criteria set forth by the Office of Head Start, includes training and technical assistance, and is approved by DFSS.

3. DATA MANAGEMENT

I. Definition – The Data Management section covers the type of data management systems agencies must have in place to ensure that data is collected, aggregated and analyzed effectively to steer program decision-making, record keeping, and reporting.

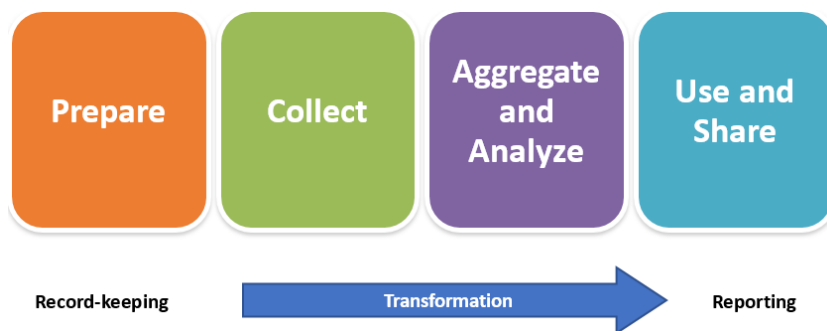
II. Chicago Early Learning Standards

- A. Examining data is a key step in planning for, assessing, and communicating about the quality of services a program provides. Recordkeeping and reporting systems depend on effective data management. These two management systems underscore the importance of building and maintaining institutional memory through well-designed reports and effective recordkeeping activities. Accessible records facilitate the design and distribution of reports that inform staff, program leadership, and external community partners.
- B. Efficient and effective recordkeeping enables programs to report accurate and timely information regarding children, families, and staff –ensuring appropriate confidentiality of information. Directors and managers must play an important role in creating a culture that supports staff at all levels to manage program data in their day to-day work.
- C. 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, effective use and sharing of data, while protecting the privacy of child records.
- D. Generally Accepted Recordkeeping Principles^{®1}--The principles below constitute a generally accepted global standard that identifies good practices for data management – defined by ARMA International as a “strategic, cross-disciplinary framework composed of standards, processes, roles, and metrics that hold organizations and individuals accountable for the proper handling of information assets. Information governance helps organizations achieve business objectives, facilitates compliance with external requirements, and minimizes risk posed by sub-standard information-handling practices”.
 - a. **Principle of Accountability** – A senior executive (or a person of comparable authority) shall oversee the information governance program and delegate responsibility for records and information management to appropriate individuals. The organization adopts policies and procedures to guide personnel and ensure that the program can be audited.
 - b. **Principle of Integrity** – An information governance program shall be constructed so the information generated by or managed for the organization has a reasonable and suitable guarantee of authenticity and reliability.
 - c. **Principle of Protection** – An information governance program shall be constructed to ensure a reasonable level of protection for records and information that are private,

¹ Generally Accepted Recordkeeping Principles[®] ©2017 ARMA International, www.arma.org

confidential, privileged, secret, classified, or essential to business continuity or that otherwise require protection.

- d. **Principle of Compliance** – An information governance program shall be constructed to comply with applicable laws and other binding authorities, as well as with the organization’s policies.
 - e. **Principle of Availability** – An organization shall maintain records and information in a manner that ensures timely, efficient, and accurate retrieval of needed information.
 - f. **Principle of Retention** – An organization shall maintain its records and information for an appropriate time, taking into account its legal, regulatory, fiscal, operational, and historical requirements.
 - g. **Principle of Disposition** – An organization shall provide secure and appropriate disposition for records and information that are no longer required to be maintained by applicable laws and the organization’s policies.
 - h. **Principle of Transparency** – An organization’s business processes and activities, including its information governance program, shall be documented in an open and verifiable manner, and that documentation shall be available to all personnel and appropriate interested parties.
- E. With a shift towards a more “data-driven decision-making” culture, programs are expected to use data in more meaningful ways to plan and make decisions. This involves using a combination of qualitative and quantitative data. Qualitative information comes from sources such as interviews, open-ended questionnaire items, and focus groups, and can be represented in narrative form or anecdotes. Qualitative data are expressed in numerical terms.
- F. The Four Data Activities



Preparing and collecting data are closely tied to recordkeeping. To prepare for effective recordkeeping, your agency must decide what types of records to collect and keep for your recordkeeping system. Through aggregating and analyzing the data, organizations form narratives that will be the basis of reports shared with internal and external stakeholders.

- G. **Key Data & Reports** – Agencies must have systems, policies and procedures in place to ensure that the following data is collected, aggregated and analyzed, and reported to staff and internal and external stakeholders. Aggregated data and reports should be used for planning on the classroom, site, program and agency level. Additional Reports and their role in Program Monitoring and Quality Improvement can be found in the Program Monitoring and Quality Improvement Section under Record Keeping & Reporting.

- a. Community Assessment Data & Report
 - b. Enrollment Data & Reports
 - a. Attendance Data & Reports
 - b. Home-Based Visiting Data
 - c. Child Assessment Data
 - d. School Readiness Data
 - e. Family Engagement Data
 - f. Health Data
 - g. Professional Development Data
 - h. Monitoring Data
 - i. Human Resources Data
 - j. Program Information Report Data
 - k. Self-Assessment Data
- H. Data Use for Continuous Improvement -- 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:
- a. 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.
 - b. 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.
- I. Maintenance of Program Data –
- a. Agencies must maintain child records for seven years.
 - i. As long as the records are maintained, agencies must maintain with child records information on all individuals, agencies, or organizations to whom a disclosure of personal identifiable information from the child records was made and why, with the exception of program officials and parents.
 - ii. 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.
- J. Prohibitions on Use of Screening & Assessment Data
- a. Screening and assessment items and data may not be used for ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance.
 - b. Screening and assessment items and data may not be used for the purpose of providing rewards or sanctions for individual children or staff.
 - c. Screening and assessment items and data may not be used to exclude children from enrollment or participation.

- K. 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.

- L. Use of DFSS Data Management System & Website
 - a. DFSS program data is managed through Child Outcomes, Planning and Assessment (COPA) system.
 - i. COPA is used to manage all data, including enrollment.
 - ii. COPA should be used by agencies to monitor aggregate analyze enrollment, attendance, and programmatic activities.
 - iii. COPA calculates the annual, federal Program Information Report (PIR). This federal self-report is used to highlight the program status on indicators in all content areas at any time during the year.
 - iv. COPA is 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 user
 - 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
 - v. Procedures on the use of the COPA system is on the website at <https://cys.mycopa.com/>

 - b. DFSS Child Outcomes data is managed through Teaching Strategies GOLD.
 - i. TS Gold data should be monitored, aggregated, and analyzed regularly on a classroom, site, program, and agency basis to plan for child lessons and professional development.
 - ii. Child Outcomes data must be aggregated and analyzed at least three times a year at fall, winter, and spring checkpoints.
 - iii. See Education Section of this manual for more information.

4. PROGRAM STRUCTURE

I. Definition: Program Structure refers to the composition of program delivery, including setting, group size, staff-child ratios, service duration, and quantity of home-visits and/or parent conferences.

II. Chicago Early Learning Standards:

- A. Programs must ensure that their program options meet the needs of the children and families in the communities served. Program structure standards are based on research that demonstrates the most effective composition and dosage of programs to support child development and outcomes.
- B. Programs may operate one or more of the following program options: center-based, family child care, home-based/home-visiting, charter/private school, or an approved, locally designed or innovative option, based on the funding streams they are using to fund a classroom or cohort of children/families:

Table 1: Funding & Program Options

Birth to Three Years Old			Three to Five Years Old	
<i>Funding</i>			<i>Funding</i>	
Prevention Initiative (PI)	Early Head Start (EHS)	Early Head Start Child Care Partnership (EHS-CCP)	Preschool for All (PFA)	Head Start (HS)
<i>Service Delivery Models</i>			<i>Service Delivery Models</i>	
Center-Based	Center-Based	Center-Based	Center-Based	Center-Based
Home-Based (Home-Visiting)	Home-Based (Home-Visiting)		Charter Schools/Private Schools	Charter Schools/Private Schools
	Family Childcare Homes	Family Childcare Homes		Home-Based (Home-Visiting)
				Family Childcare Homes

- C. Programs must receive approval from DFSS to consider a locally-designed or innovative option
- D. Program Option Approval
 - a. As part of the grant application process, programs indicate the program options they provide and justify how those options meet the needs of their families and communities.

- b. If a program wishes to provide an option other than the one(s) it currently provides, it must
 - i. Reach out to its monitoring team and have a preliminary discussion of the reasons for wanting to expand/change its program option, and how it might affect its current program options.
 - ii. If there is preliminary evidence to support a program option change, the monitoring team leader will ask the program director to submit a formal request to change its program options. The formal request must include a revised program schedule and a narrative justification, using community assessment and enrollment data, to support the changed options.
 - iii. Requests for changes in program options should be submitted no later than May, in anticipation of the next program year.

- E. Approval for changes in program options will be provided before the next grant application due date, so that programs can address the program option change in its program narrative, schedule, and budget.

- F. Center & School-Based Options
 - a. In the center-based/ school-based option, education and child development services are delivered primarily in a classroom setting.
 - b. All DFSS funding streams can be used to support center-based and school-based option.
 - c. All center-based and school-based settings must meet state licensing requirements
 - d. All center-based and school-based settings must achieve Gold level QRIS
 - e. Collaboration funding is allowed in center based and school-based options. HS-PFA or EHS/EHS-CCP-PI collaboration funding may be used, with or without Child Care Assistance Funding. Programs using collaboration funding must meet the strictest program performance standards and requirements.
 - f. Continuity of Care/Relationships Model requirement
 - i. Prevention Initiative center-based programs must implement the continuity of relationship model described in the Education Sections.
 - ii. All other center-based programs must implement the continuity of relationships model described in the Education Section by 2023.
 - g. Duration, Group Size, Staffing, and Family engagement requirements outline in Table 2.
 - h. Additional Staffing Requirements
 - i. Two teachers are required in all classrooms at all time, regardless of number of children served or present.
 - ii. Naptime
 - 1. In HS funded 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.
 - 2. In EHS/CCP funded classrooms there must be two teachers at all times.
 - 3. PFA/PI classrooms will follow DCFS licensing standards for the appropriate age group for staffing at nap time.

- iii. Teacher Credential requirements covered under Human Resources in the Program Management & Quality Improvement Section.
- i. Child Care-Only funded classrooms must meet state guidelines.
- j. Adding Sites. Programs must request permission from DFSS to open a DFSS-funded site during the program year.
 - i. Programs do not need permission from DFSS to add sites that do not receive funding from DFSS.
- k. Adding Classrooms. Programs must request permission from DFSS to open a DFSS-funded classroom during the program year.
 - i. Programs do not need permission from DFSS to add classrooms that do not receive funding from DFSS; however, centers must respect continuity of relationships policies when opening classrooms.

Table 2: Center-Based & School-Based Care

	Birth to Three Years Old			Three to Five Years Old	
	Early Head Start	Early Head Start-Child Care Partnership	Prevention Initiative	Head Start	Pre-School for All
Duration					
Full Day	7.5 hours/day 5 days/week 240 days/year	10 hours/day 5 days/week 240 days/year	7.5 hours/day 5 days/week 240 days/year	7.5 hours/day 5 days/week 240 days/year	
Half Day (HS only)	N/A			--4 YOs 3.5 hours/day, 5 days/ week, 180 days/year --3 YOs 3.5 hours/day, 4/week, 180 days/year --3-4 YOs <i>Double Session</i> : 3.5 hours/day, 4 days/ week, 180 days/year.	
Group Size*					
Full Day	8			Predominant age 4 YO—20 Predominant age 3 YO--17	
Half Day	N/A			17	
Staffing*					
Staff: Child Ratio	1:4			1:10	
Teachers per Classroom	2	3	2	2	
Family Engagement					
Home Visits	2			2	N/A
Parent	2			2	

Conferences		
-------------	--	--

*Licensing may further limit class size and ratios based on the physical size of the classroom.

G. Family Child Care Home Option

- a. In the Family Child Care Home option, education and child development services are delivered primarily in a child care home setting.
- b. Head Start, Early Head Start, and Early Head Start-Child Care Partnership can be used to support the family child care home option.
- c. Family Child Care Home Networks
 - i. Agencies are encouraged to create a network of family child care homes.
 - ii. Agencies must staff a position that functions as a family child care network coordinator with the responsibility of ensuring that all homes are in compliance with CELS and HSPPS.
 - iii. Agencies may structure the FCCH option one of two ways: either the agency has a legally-binding agreement with one or more FCCH providers that clearly defines the roles, rights, and responsibilities of each party or the agency hires the FCCH provider directly.
- d. All family child care home settings must meet state licensing requirements
- e. All center-based and school-based settings must achieve Gold circle of quality in ExceleRate Illinois.
- f. Collaboration funding is allowed. HS-Child Care or EHS/EHS-CCP-Child Care collaboration funding may be used. Pre-School for All and Prevention Initiative funding may not be used in this option. Programs using collaboration funding must meet the strictest program performance standards and requirements.
- g. Continuity of Care/Relationships Model requirement
 - i. Family Child Care Homes are encouraged to provide services for children birth to five to promote continuity of relationships. The continuity of relationships model described in the Education Sections.
- h. Duration, Group Size, Staffing, and Family engagement requirements outline in Table 3.
- i. Provider credentials are covered under Human Resources in the Program Management & Quality Improvement Section.
- j. Adding Homes. Programs must request permission from DFSS to open a DFSS-funded family child care home during the program year.
 - ii. Programs do not need permission from DFSS to add homes that do not receive funding from DFSS.

Table 3: Family Child Care Homes

	Birth to Three Years Old			Three to Five Years Old	
	Early Head Start	Early Head Start-Child Care Partnership	Prevention Initiative	Head Start	Pre-School for All
Duration					
Full Day	7.5 hours/day 5 days/week 240 days/year	10 hours/day 5 days/week 240 days/year	N/A	7.5 hours/day 5 days/week 240 days/year	N/A
Group Size					
Full Day	1:6 (including provider's children) 2:12 with assistant		N/A	1:6 (including provider's children) 2:12 with assistant	
Age Requirements	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 & no more than 2 under 18 months old			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 & no more than 2 under 18 months old	
Staffing					
Staff: Child Ratio	1:6		N/A	1:6	
Teachers per Group	1:6		N/A	1:6	
Family Engagement					
Home Visits	2		N/A	2	
Parent Conferences	2		N/A	2	

H. Home-based and Home Visiting Options

- a. In the home-based/ home-visiting option, education and child development services are delivered primarily in the child's home.
- b. Head Start, Early Head Start, and Prevention Initiative can be used to support the home-based/home-visiting option.
- c. Collaboration funding cannot be used for the home-based/ home-visiting option.
- d. Duration, Group Size, Staffing, and Family engagement requirements outline in Table 4.
- e. Additional Caseload, Frequency, and group socializations/session guidelines
 - i. Socialization areas for learning, playing, sleeping, toileting, preparing food, and eating in facilities used for group socializations in the home-based and home-visiting option, must meet the DCFS safety standards and CELS Safety Practices standards.

Table 4: Home Visiting/Home-Based

	Birth to Three Years Old			Three to Five Years Old	
	Early Head Start	Early Head Start-Child Care Partnership	Prevention Initiative	Head Start	Pre-School for All
Duration					
	Once a week (weekly) visits for 90 minutes each visit	N/A	Twice a month visits for 1 hour each visit	Once a week (weekly) visits for 90 minutes each	N/A
Group Size for home visitor					
	12 per one home visitor	N/A	24 per one home visitor	12 per one home visitor	N/A
Socializations & Parent Meetings					
Socializations	2 per month	NA	1 per month	2	N/A
Parent Meetings	1 per month	NA	1 per month	1 per month	N/A

- I. Locally Designed and Innovative Program Options
 - a. Agencies may request to operate locally-designed or innovative program options, including a combination of program options, to better meet the unique needs of their communities or demonstrate alternative approaches to providing program service
 - i. Locally-designed/innovative programs options must deliver the full range of services and
 - ii. Demonstrate how their program design is consistent with achieving program goals
 - b. Agencies must submit a request to operate a locally-designed/innovative program option and have a DFSS-approved plan and budget before using DFSS funding to support the program option. See the procedures for requesting a change in program option above for how to submit an application to provide a locally-designed or innovative program option.

- c. Approval for locally designed options that use HS/EHS/EHS-CPP funding, must be applied for by DFSS and approved by the Administration for Children and Families and may be revoked if the option fails to make progress on program goals or monitoring results
- J. Services for Pregnant Women
 - a. Agencies must follow the DFSS Early Head Start Pregnancy Policy Packet.

5. ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT & ATTENDANCE

I. Definition: Eligibility, recruitment, selection, enrollment, and attendance (ERSEA) refers to the standards and activities related to finding children and families who are eligible for CEL programs, determining their type of program eligibility, prioritizing their enrollment, and ensuring they attend programs. Eligibility, recruitment, selection, enrollment, and attendance (known as ERSEA in Head Start) is a key component of program management.

II. Chicago Early Learning Standards

- A. Programs must prioritize the enrollment of the neediest children, maintain full funded enrollment, maintain a robust waiting list; practice year-round recruitment; and encourage practices that support regular child program attendance.
- B. Recruitment -- Robust recruitment practices are critical for maintaining full enrollment throughout the program year. Recruitment is the primary responsibility of CEL programs with support from DFSS.
 - a. DFSS Recruitment Supports
 - i. Community Assessment--Community assessment data can aid in recruitment by providing programs with information concerning child and family demographics and needs. Every five years, DFSS conducts a thorough community assessment and releases a quinquennial report on the state of young children in Chicago and their and families. Community assessment data is updated annually and available on-line through the web-based Community Needs Assessment Tool (CNAT).
 - ii. b. Citywide Recruitment --In coordination with the City of Chicago's Mayor's Office and CPS, DFSS implements an annual marketing campaign to support program recruitment and enrollment. The citywide campaign includes a CEL presence at community events and CEL-branded materials. CEL-branded materials include banners, brochures, etc. Materials are available in English, Spanish, and other languages depending on community need and request. Translated materials will be provided whenever possible. Some items may be customizable with the CEL agency name and phone number.
 - iii. The Recruitment Corner of the CSD Update is the main venue for sharing information concerning the status of citywide recruitment. Information regarding the following items will be posted in the CSD Update:
 - 1. The calendar of community events to be attended by CEL representatives. The calendar will be revised and reposted as additional community events are confirmed.
 - 2. Announcement of when recruitment packages will be released to agencies.
 - 3. Form for requesting and customizing recruitment materials.
 - b. Recruitment Policies & Procedures-- Programs must have policies and procedures that indicate which staff have lead responsibility for the tasks and activities associated with recruitment, including creating and implementing the recruitment plan, conducting the community assessment, conducting outreach, managing community partnerships,

- setting up and monitoring the online application, managing the agency waiting list, and managing recruitment materials, etc.
- c. Recruitment Plan -- Programs must develop a system-wide recruitment plan based on several factors, including but not limited to their enrollment history, seat allocation, and community assessment. DFSS issues annual guidance on community assessment requirements aligned with the HSPPS. Only HS/EHS/CCP funded programs are expected to conduct their own community assessment; PFA/PI agencies should use the DFSS community assessment. The recruitment plan should include at the minimum:
 - i. The number of seats to fill in the next program year based on transitioning children,
 - ii. The service areas in which they intend to recruit,
 - iii. The main strategies they will use to recruit highest need children, including homeless children, children with disabilities, system-involved families,
 - iv. Community partnerships that aid them in recruitment,
 - v. Materials needed for recruitment, including projected needs from DFSS
 - vi. Languages common in their service area and their strategy to ensure that recruitment happens in all service-area languages,
 - vii. Training plan to ensure that all staff who support parent recruitment and enrollment are knowledgeable on enrolling children in the program, including how to support families use of the online application, and
 - viii. Schedule of recruitment events and benchmarks.
 - ix. All recruitment efforts, for center-based, home-based/home-visiting, or family child care homes should be documented.
 - x. The recruitment plan should be submitted to/ must be available to the agency's DFSS Monitoring team.
 - d. Tips for Effective Recruitment--DFSS strongly recommends that agencies integrate the following strategies into their recruitment plan:
 - i. Schedule regular recruitment activities in the program calendar, including open houses or other events;
 - ii. Collaborate with other community agencies for referrals in marketing the program;
 - iii. Identify and set up recruitment space at community locations, events, and affiliated programs;
 - iv. Identify strategies to include and recruit children with disabilities, include setting up relationships with local hospitals, pediatricians, clinics, WIC offices, and Child Family Connection agencies;
 - v. Make use of DFSS recruitment materials and supplement them with other items that market the program at community events;
 - vi. Make use of media, including social media, print media, radio, and other platforms;
 - vii. Use agency websites to showcase program benefits, bring potential families into the center through photos, videos, and other interactive programming;
 - viii. Ensure that all recruitment materials are available in relevant languages for the local community.
 - e. Recruitment is a shared responsibility among all program staff and program stakeholders, and staff should be encouraged to:
 - i. Recruit children and families who are eligible for CEL programs in the service area on an ongoing basis;

- ii. Inform all families in the targeted service area and local community of the availability of services, as outlined in the community assessment;
 - iii. Post fliers in local businesses via community information boards and/or in places potentially eligible families frequent;
 - iv. Brainstorm and bring to leadership other recruitment strategies and ideas; and
 - v. Be an ambassador in the community for the center, the agency, and the program.
 - f. The following strategies help support the recruitment of children into home-based/home-visiting programs:
 - i. Build community partnerships to expand recruitment of new families. Create and maintain a list of community agencies, contacts made, and the results;
 - ii. Schedule regular recruitment events, as time and caseloads dictate;
 - iii. If a home visitor's caseload is fewer than 12 families, accelerate recruitment efforts at varying locations and document;
 - iv. Document all interested families' information, such as name, address, and contact information;
 - v. Follow up with all families by providing them with an application form and any pertinent information pertaining to the home-based program; and
 - vi. Assist families in completing the application packet.
 - g. The following strategies help support the recruitment of children with disabilities:
 - i. Collaborate with community agencies serving children with disabilities to recruit children for all programs.
 - ii. Create community partnerships with local Child Family Connections, Early Intervention providers, Hospitals, and clinics.
 - iii. Monitor the number of children in the program with disabilities.
- C. Applying for a CEL Programs -- Families and guardians can apply for programs either in person or through the online application at chicagoearlylearning.org. Families can only use the online application for preschool aged programs. Agencies must enter into the online application information for families of preschool aged children that apply in person. Failure to do so may result in a smaller seat allocation than the agency requires.
- a. How to apply for CEL programs for three-five year: All programs serving 3-5 year olds must use the online application system as the point of entry for enrolling children in pre-school aged programs. Pre-school aged children may apply for the program in one of two ways: 1) The family may apply through the online application system and be offered a placement at a program at a community-based setting that directs the family to an agency's site for follow up; or 2) the family may apply in person at an agency's site, with help of staff in mediating the online application. Programs must ensure that families that apply in-person are accounted for in the online application system, to ensure that the agency's site capacity stays up-to-date and that DFSS and its stakeholders understand citywide supply and demand.
 - b. Overview of the process of using the online application: At a glance, the process of applying for preschool-aged programs via the online application system is as follows:
 - i. *Research.* Families may visit chicagoearlylearning.org, a community-based program, or a Family Resource Center to learn more about CEL programs and compare their options for early childhood education. They may also call 312-229-1690 for assistance.
 - ii. *Apply.* Families can apply for CEL programs online on their own at

chicagoeearlylearning.org or with assistance of a Family Resource Center or other social service agency, or in-person at a community-based program site. Families who want to apply online, but who have problems accessing the application, can call 312-229-1690 to receive assistance.

- iii. *Verify*. Families who apply online will be given a preliminary offer or placement, and then must come to the placement site or center with their eligibility documentation. Programs can monitor the online application to track families who have received offers at their sites and follow up with families who have yet to bring in documentation.
 - iv. *Enroll*. When the families' eligibility documentation has been received and verified, programs can enroll children by placing them on the waiting list/recruitment list in COPA.
- c. Setting up the Online Application for Recruitment: Programs must set up and maintain their portion of the online application. The failure to maintain the online application will lead to fewer referrals for enrollment and may result in a smaller DFSS slot allocation.
- i. Programs should calculate within the first quarter of the program year and reassess in early spring how many children it anticipates transitioning, out or returning to its preschool program in the next program year (fall) and the number of seats it will want to fill
 - ii. Portions of this net total of available spaces are allocated to different point values, in accordance with funding requirements. Point values are set by CEL programs and should align with the program's selection criteria.
 - iii. If the net total of new children in a 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.
 - iv. Based on family responses to risk factor questions on the online application and their 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 a program's wait list.

D. Selection

- a. Establishing Selection Criteria (all ages). All agencies must annually establish written selection criteria for all ages of children in their program that ensures that neediest children are prioritized for enrollment.
 - i. An agencies' selection criteria should be developed in coordination with its recruitment plan, its funding streams' eligibility requirements, and community assessment, to ensure that it is targeting for enrollment children in its service area who are neediest.
 - ii. Agencies may use the categories outlined below in Table 1 and add additional categories to best represent the populations they serve.
 - iii. Point value should be assigned across categories, so that applications for birth to three and in-person preschool applications can be assessed and prioritized for enrollment.
 - 1. Points are the means by which children are prioritized for placement and enrollment. For example, if there are 20 spaces available for

children and 100 children have applied and meet the eligibility requirements, the program must have a point system set up that prioritizes placement and enrollment among those 100 families.

2. Points should be site-based.
 - iv. Preschool-aged selection criteria should align with the point system the program enters its online application slot matrix.
 - v. HS/EHS/CCP-funded programs must ensure that selection criteria are developed with policy and parent committees and final criteria must be approved by the Board.
 - vi. Programs should prioritize the enrollment of children and families experiencing homelessness or insecure housing, income eligible children with diagnosed disabilities, and income-eligible children with chronic health conditions, regardless of the type of condition or level of severity.
- b. Points are assigned by agencies across the following categories:

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

- c. Selection Criteria and the Online Application—All agencies must set up selection criteria points in the online application for pre-school aged children.
- i. When families apply online using the online application, they complete a household assessment as part of their family profile. This assessment will determine the family’s total point score. Families can score a maximum of 300

points when applying to a preschool program in the online application. The family's points may vary based on the program's site, funding stream, and projected vacancy.

- ii. Points are awarded according to each site's online application selection criteria and lead to placement at specific programs and sites. It is important that programs calibrate and recalibrate their point categories throughout the recruitment season to maximize potential placements at their sites and meet their enrollment goals.
- iii. DFSS provides guidance and approval of all point assignments and their value changes over time, to best meet and address the needs of specific programs and to satisfy funding requirements and rules.
 - 1. DFSS works with agencies to set up their online application point matrices in the spring in anticipation of the coming program year.
 - 2. DFSS must approve all point matrices before they go live.
 - 3. Agencies seeking a change to a point matrix must contact DFSS.

E. Eligibility—All children enrolled in Chicago Early Learning programs must be age eligible for the program they are enrolled in and income or categorically eligible for the funding that supports them. All programs are responsible for ensuring that they have on-site proof of eligibility documentation and that it has been entered in COPA.

a. Determining Age Eligibility for Funding

- i. CEL preschool programs are open to
 - 1. All children age 4 on or before September 1 of the program year, regardless of income or other categorically eligibility, and not five years old on or before September 1 of the program year.
 - 2. Children age 3 on or before September 1 of the program year, who are income and/or categorically eligible.
- ii. CEL programs for children birth to age 3 are open to
 - 1. Children birth to three who are income and/or categorically eligible
- iii. CEL programs for pregnant women are open to
 - 1. Pregnant women who are income and/or categorically eligible

b. Determining Income and Categorical Eligibility

- i. DFSS provides funding to support children enrolled in CEL programs who meet income and/or categorical eligibility. CEL programs may layer funding to support CEL enrollment children if the child meets the income/categorical eligibility requirement of each funding stream supporting her/him. Programs must meet a minimum level of funded enrollment for Head Start and PFA. Programs are encouraged to cost allocate funding streams to maximize classroom enrollment.
- ii. Children may be charged to HS and children and pregnant women may be charged to EHS funding stream if they are:
 - 1. Age eligible; and
 - 2. The family's income is equal to or below the federal poverty line; or,

3. 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
 4. The child is considered homeless, as defined in HSPPS - Part 1305 and Section 725(2) of the McKinney-Vento Homeless Assistance Act; or
 5. The child is in foster care.
- iii. Children may be charged to the EHS-CCP funding stream if they are:
1. Are eligible for HS/EHS, and
 2. The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance, including TANF child-only payments.
- iv. Children may be charged to the PFA, and children and pregnant women may be charged to PI funding steam if they are:
1. Age eligible; and
 2. The child lives in the city of Chicago; and
 3. The family's income is equal to or below 200 percent of the federal poverty line; or,
 4. 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
 5. The child is considered homeless, as defined in HSPPS - Part 1305 and Section 725(2) of the McKinney-Vento Homeless Assistance Act; or
 6. The child is in foster care

F. Verifying Eligibility—Eligibility must be verified and documented for all families. Families will apply either on-line or in person. If they apply online through the online application and receive a placement for a program, they are directed to bring eligibility documentation to the program/site. If a family comes to apply to a program/site in-person, they cannot be enrolled until they bring in eligibility documentation.

- a. Programs must have written policies and procedures for verifying family income and keeping the documentation of verification on site.
 - i. Agencies must have a written policies and procedures that address staff who intentionally violate eligibility determination procedures and who enroll pregnant women and children who are not eligible to receive CEL program services. The procedures should describe what steps will be taken by the program for staff who violate the eligibility determinations.
 - ii. Income eligibility must be determined using the most current federal poverty guidelines.
- b. Program eligibility verification procedures should follow these steps:
 - i. Conduct an in-person interview with each family who wishes to apply for the program. This is considered intake. During intake verify child age, residency, and income. The staff person who conducts intake must complete and sign HS/PFAEV form.
 1. Verify age: Ensure that the age requirement for the program and program model/option.

2. Review the child's birth certificate for age eligibility.
 - a. 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.
 - b. The child's birth certificate must be collected, maintained in a file, and documented as collected in COPA.
 - c. If the child was born outside the United States, a birth certificate or other form of identification showing the birth date is acceptable.
 - d. If the family is identified as refugees, US Department of Homeland Security documentation for the child and the parent are acceptable.
 - e. In accordance with IDCFS day care licensing standards, a child born in the United States must submit a birth certificate to the site within 30 days of enrollment.
 - f. If a parent cannot produce a birth certificate, he or she must provide a reason why; and the agency must work with the family to obtain the document.
 - g. 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.
 - h. 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.
 - i. Programs should support families in obtaining birth certificates by creating linkages with these entities.
3. Verify residency: Chicago residency is only required for PFA/PI. Verify residency by using a utility bill or other documentation of address in the family's name.
4. Verify income: Verify family income by using the most recent individual tax forms, W-2 forms, or two/four current pay stubs no older than two months old, SSI, written statements from employers, or documentation showing current status of public assistance, foster care stipends, child support, or any other proof of income, including self-employment.
 - a. 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.
 - b. No income. Families who state they do not have income must document and sign a declaration of "no income" by writing a statement:
 - i. describing their situation and why they have no income on a piece of paper and signing it.
 - ii. 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.
 - iii. 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.
 - iv. Agency pre-written forms of no income declarations are not acceptable.
5. When the designated staff person has reviewed and approved the verification documents, she/he signs an income verification form (HSEV/HSPFAEV) stating they have reviewed all documents related to income eligibility. When the child's eligibility is approved
- a. For preschool children who have already applied through the online application, the online application generates a letter as to placement or wait list status that is sent to the family.
 - b. For preschool children who are applying in person, the designated staff person who has reviewed and approved the verification documents and signed the HSEV/PFAEV, should complete the family's online application to ensure that the child's status is recorded in the online application system, and it will generate a letter as to placement or wait list status that is sent to the family.
 - c. For infant, toddler, and pregnant mothers, the family is notified of eligibility status on site at the time of income verification.
6. All child eligibility data must be recorded in COPA and a companion paper file must be completed. Records of each enrolled child must be retained for three full years, including files for children who have dropped from the program, aged out of the program while on the wait list, or have completed the program.
- G. Enrollment –Enrollment involves several steps and ends when the child begins attending the program regularly.
- a. Intake/ Pre-Enrollment—Intake refers to the activities that occur while the family is enrolling, ranging from providing families with program information and policies to collecting documents concerning eligibility and medical and dental history. For HS/EHS/CCP/PI this may include completing initial home visits. The following steps must be taken before a child is enrolled:
 - i. Parent/guardian comes to site with eligibility documents
 - ii. Parent/guardian sits with agency staff
 - iii. Staff review documentation for eligibility (see requirements for eligibility verification above)
 - iv. Once eligibility has been verified points are assigned according to family profile and selection criteria (see Selection process above)

- v. The child is put on a waiting list. There are two waiting lists in COPA: pre-eligibility verification waiting list and post-doc/acceptable waiting list
 - vi. Once on a waiting list:
 - 1. A child can move into a vacant seat right away or
 - 2. Move into a vacancy at rollover
 - b. Tips for intake--Successful intake sets up the relationship between program and families for child success. Intake is an opportunity for programs to introduce themselves and their program requirements and to get to know the family and their desires and concerns about their children. Programs can begin to work with parents to obtain medical and dental homes, get physicals and immunization records, and to access other services the family might need.
 - c. Intake to Enrollment Timeline: DFSS has established a timeline of no longer than 15 days between a family's intake and enrollment application.
- H. Enrollment--Enrolled means a child has been accepted and attended at least one class for center-based, school-based, or family child care option or at least one home visit for the home-based option.
- a. 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.
 - b. DFSS has established a timeline of within 15 calendar days of enrollment, and not to exceed 30 calendar days, for the following steps:
 - i. Complete family assessment.
 - ii. Center- and school-based program options: Inform families about family support services available on site
 - iii. Identify and enter into COPA at a minimum one goal, referral, and case note (see FCE Section for details).
 - iv. HS/EHS/CCP/PI: Schedule the first home visit with the family
 - c. Full Enrollment. All programs are expected to be fully enrolled during their operating year. Programs are expected to recruit year-round and maintain up-to-date waiting lists in COPA to ensure full enrollment. PFA/PI: Programs are expected to maintain at least 80% expected enrollment.
 - d. Vacancies. HS/EHS/CCP: 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.
 - e. Under Enrollment. If programs have under-enrollment for two consecutive months, their monitoring teams will work with them to create an action plan to address enrollment, which may include a plan for reducing the funded allocation and capacity.
 - f. Children with Disabilities: All programs should prioritize the enrollment of children with disabilities and refer children for evaluation when warranted. HS/EHS/CCP programs: 10% of children enrolled must have a diagnosed disability. (See Education Section and Services for Children with Disabilities Section).

- I. Slot Reallocation—DFSS may re-allocate slots during the program year to meet enrollment benchmarks and ensure resources are directed to the communities with the most need. Programs can request to either increase or decrease their funded slots, or if a program has been chronically under-enrolled, DFSS may re-allocate their slots to a program with an up-to-date waiting list.
 - a. Requesting a slot allocation: Agencies interested increasing/decreasing slots must submit a slot re-allocation request form to their monitoring team.
 - b. Slot-reallocation priorities: Agencies that can demonstrate proof of the capacity to immediately serve reallocated slots in high need areas, will have their requests prioritized if slots become available. Proof of capacity includes:
 - i. In center-based, school-based, and FCCH program options proof of compliance with ages, ratios, class-size, teacher requirements, and licensing.
 - ii. For home-based/home-visiting program options proof of compliance with ages, ratios, cohort-size, and home visitor requirements.

- J. Annual Enrollment Roll-over--In September of each year, programs must determine how many of their currently enrolled children will be returning. This information should be used to ascertain if children’s eligibility must be redetermined, plan for recruitment, and set up the online application for the coming program year. Programs can begin making these assessments early on the program year.
 - a. Re-determination for enrollment: Only children transitioning into HS must be re-determined for eligibility. Families who wish to enroll their children for a third year in HS must be re-determined as well. Income and the child’s physical and dental documents cannot be older than one year. To redetermine HS eligibility, follow these steps:
 - i. Designated agency staff will begin the transition plan for EHS/EHS-CCP parents before the child turns 2 years and 6 months old.
 - ii. As part of the transition plan, staff will work collaboratively with HS staff to set up an intake appointment for the transitioning family.
 - iii. Staff will support parents as they register their children for the next educational placement.
 - iv. Names of EHS/CCP children transitioning to HS will be shared with the appropriate staff.
 - v. HS staff will begin the registration process for transitioning EHS families by using the following steps:
 - 1. 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.
 - 2. After the registration process and determining eligibility, EHS staff brings all new registrations to the enrollment team or other designated staff.
 - 3. If COPA is incomplete, staff is given instructions and makes an appointment to complete and update the file.
 - 4. All EHS or EHS-CCP children are placed in the wait list status in COPA, then re-enrolled in COPA.

5. Make contact with family via phone and mail to give them an update on their child file and mail a status letter to them.
 6. Send the family of the enrolled child an enrollment letter indicating the date, time, and location of the official start day.
 7. Set up an appointment with all enrolled families to go over the partnership agreement, family assessment, and family engagement outcomes.
- b. Re-determination should be done mid-year with all returning families; third year returning families must verify income.
 - c. Place all child and family data into COPA.
 - d. Agencies must set up the online application for re-enrollment/roll-over:
 - i. Identify returning children and those transferring out
 - ii. Determine classroom capacity
 - e. Transferring between programs—Parents may transfer children between the same program model from one agency to another, under the income and other criteria established at their initial enrollment in their original agency.
- K. Enrollment of Over Income Children--Programs may enroll families whose income is more than 100% of the federal poverty level in HS/EHS/CCP (over income families), provided their children would benefit from services and these participants only make up to 10% of the HS/EHS/CCP enrollment. Programs must request approval to enroll them from DFSS.
- a. Children are accepted for over-income enrollment under the following circumstances:
 - i. The child is age eligible for HS/EHS/CCP.
 - ii. 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%.
 - iii. There is not a more eligible child waitlisted for the same program model and option at the site.
 - iv. Typically, families whose family income is over 185% FPL would not be approved 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.
 - v. There are two exceptions to this: among over-income applicants, preference in accepting children is given to children with IEPs and to siblings of currently enrolled children at the site.
 - b. To request over income approval, programs should:
 - i. 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 OIR Maria Sanchez.
 - ii. 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.

- iii. Email this completed form as an attachment to the DFSS data team.
 - iv. DFSS response:
 - 1. If 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.
 - 2. If the case is denied, DFSS will notify the agency, offering an explanation.
- L. Enrollment and 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.
- a. Programs cannot charge for field trips, food, diapers, supplies, transportation, or any other service associated with the families' enrollment in HS/EHS/CCP/PFA/PI funded programming.
 - b. Programs can only accept fees from families of enrolled children for services that are in addition to the services funded by HS/EHS/CCP/PFA/PI, such as child care co-payments or support to children from diverse economic backgrounds before or after funded HS/EHS/CCP/PFA/PI hours.
 - c. For Center-based, school-based, and Family Child Care homes full day, programs must not charge for 7.5 hours of service and for half-day, 3.5 hours of service.
- M. Attendance --Attendance is important. Research shows that attendance is linked to child outcomes and that absenteeism in preschool children is connected to 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.
- a. Programs 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.
 - b. Daily attendance procedures:
 - i. For Center-based, school-based, and FCCH, classroom attendance will be taken daily, documented in COPA and in the classroom attendance book. Absences will be noted, with a qualitative explanation for the absence entered into anecdotal records.
 - ii. If the child is absent and the parent/guardian has not contacted agency staff within one hour of the start time of the program, staff must contact the parent to ensure child's well-being and make note of the reason for the child's absence. Information should be documented in COPA.
 - 1. Parents/guardians should be contacted as early in the day as possible. 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 program hours. Therefore, 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 two hours of this start time.

- iii. When a child is absent and the parent contacts the site stating the reason for the absence, notes about the reason for the absence are entered in COPA.
 - iv. 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.
 - v. If there are unexplained absences that exceeds two consecutive days or more, agency staff will make a special phone call to the family to assess the reason for absenteeism and to discuss the importance of school attendance as applicable
 - vi. 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.
 - vii. If absenteeism continues, staff will work with the parent to develop appropriate family engagement intervention strategies to encourage regular attendance. Possible supports may also include work with the program's mental health consultant or social worker.
 - viii. 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.
 - ix. 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.
 - x. All efforts must be documented.
- c. 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.
 - d. 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.
 - e. 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 agency may choose to overenroll, thereby allowing the child to attend as able. In these cases, the agency must discuss its plan with its DFSS education liaison on the assigned monitoring team.
 - f. Programs must ensure appropriate measures are taken for evaluation, documentation, and improvement of the attendance for children or classrooms whose attendance falls below 85 percent. As part of its consultative monitoring process, DFSS will verify attendance through regular review of monthly attendance reports.

- N. ERSEA Managing and Monitoring--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.
- a. The following tasks are to be completed by agency leadership or assigned to designated staff:
 - i. Develop written selection criteria based on the above priorities and the needs of the families, as derived from the community assessment.
 - ii. Determine a family's eligibility based on the selection criteria/point system and ranking guide.
 - iii. Maintain documentation used in the selection criteria to determine enrollment and placement.
 - iv. Create a waiting list and maintain it throughout the year. Wait list files are maintained in COPA.
 - b. Agency leadership should designate appropriate staff to review:
 - i. Eligibility, recruitment, selection, and enrollment requirements are followed.
 - ii. 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.
 - iii. HS/EHS over income records to ensure appropriate approvals from DFSS and that the 10% limit is not exceeded.
 - iv. The balance in the age of children enrolled in each HS classroom.
 - v. That appropriate enrollment procedures are followed and that funded enrollment is maintained in HS/EHS and at least at 80% in PFA/PI.
 - vi. Master class lists of all children enrolled in the program to ensure they are up to date.
 - vii. All monthly recruitment efforts and report summaries to appropriate agency leadership and follow up.
 - viii. Monitor waiting lists.

6. EDUCATION & CHILD DEVELOPMENT

I. Definition: Education and child development refers to the activities, experiences, and practices that support child development across developmental domains.

II. Chicago Early Learning Standards:

- A. Program services are premised on the philosophy that the relationship between the child, family, and caregivers is central to children’s learning and healthy growth and development.
- B. Teaching and Learning Environment
 - a. Early education and child development services must ensure that teachers and other relevant staff provide responsive care, effective teaching and care, in an organized learning environment that promotes healthy development and children’s skill growth.
 - b. Learning environments and education staff are supported by regular and ongoing supervision and a system of individualized and ongoing professional development.
- C. Program services must be developmentally appropriate and individualized for each child.
- D. Programs must be inclusive of children with special needs, English Language Learners, and other special populations.
- E. School-Readiness Goals. All programs must establish school readiness goals. At a minimum, goals must be established in each of the following domains: Language and literacy development, Cognition and general knowledge, Approaches toward learning, Physical well-being and motor development, and Social and emotional development. School-readiness goals must align with DFSS School-readiness goals, the Head Start Early Learning Outcomes Framework (HSELOF), the Illinois Early and Development Standards, the Illinois Early Learning Guidelines, the program’s curriculum and assessment tools.
 - a. Programs must submit School-readiness goals to DFSS through its monitoring teams and its annual grant application
 - b. Programs must track quarterly and annual progress on school readiness goals
 - c. School readiness goal data should be used to plan for annual training, supervise education staff, develop group and individual lesson plans.
 - d. HS/EHS: Programs are required to consult with parents in establishing school readiness goals
- F. Curriculum--Programs must use a DFSS-approved, research-based curriculum and implement it with fidelity
 - a. Center-based, school-based, and family child care homes program options must use the Creative Curriculum as their primary curriculum
 - b. HS/EHS funded Home-based program option must use Parents as Teachers as its primary curriculum and Partners for Healthy Babies may be used as a supplemental curriculum, and PI funded Home-visiting program options may use Baby Talk, Healthy Families Illinois, or Parents as Teachers as its primary curriculum.

- c. Services for Pregnant Women must follow the EHS Pregnancy Policy Packet.
- d. Programs may request permission from DFSS to use an alternative and/or supplemental curriculum. Any supplemental curriculum must be research-based and be able to be monitored with fidelity
 - i. To apply for permission to use an alternative and/or supplemental curriculum, programs should submit a memo to their monitoring team outlining
 - 1. The justification for an alternative and/or supplemental curriculum
 - 2. How the agency will train staff on the curriculum (Curriculum Training Plan). This must include start-up training, on-going training, and training for new staff.
 - 3. How the agency will monitor the curriculum with fidelity.
 - 4. How the agency will pay for the alternative and/or supplemental curriculum.
 - 5. HS/EHS/EHS-CCP only: Policy Committee approval.
- e. Curricular Enhancements—Agencies may need to adapt the curriculum to meet the needs of individual children or special populations. These adaptations must be justified, approved by DFSS, and meet standards/expectations
 - i. An external early childhood education curriculum or content area expert must be consulted to develop significant adaptations.
 - ii. Adaptations must continue to meet CEL curriculum standards and expectations as well as those standards attached with the program’s funding streams
 - iii. Approved by DFSS. Agencies must first seek permission to adapt/enhance the curriculum, and then get approval of the curriculum adaptation/enhancements
 - 1. Permission to adapt/enhance the curriculum: programs should submit a memo to their monitoring team outlining the reason for the need for an adaptation/enhancement, including why the current curriculum does not meet an individual or group of children’s needs. Subject matter experts may be consulted in explaining why the current curriculum does not need individual/a group of children’s needs.
 - 2. If it is determined by DFSS that an adaptation/enhancement is needed, agencies should submit a memo to their monitoring team that includes:
 - a. A description of the adaptations and/or enhancements that will be made and how they meet the child’s needs and uphold the general standards associated with this CELS section (i.e. HSELOF, IELS, ExceleRate)
 - b. Subject matter experts consulted in adapting/enhancing the curriculum and their qualifications
 - c. How the agency will train staff on the curriculum adaptations/enhancements (Curriculum Training Plan). This must include start-up training, on-going training, and training for new staff.

- d. How the agency will monitor the curriculum adaptations/enhancements with fidelity and a proposal of how DFSS should monitor the curriculum adaptations/enhancements.
 - e. A proposal on how the agency should be monitored
 - f. How the agency will pay for the alternative and/or supplemental curriculum.
 - g. HS/EHS/EHS-CCP only: Policy Committee approval.
 - f. Parents must be consulted in the selection of primary and supplemental curriculum. HS/EHS/CCP-Parent approval of curriculum must be documented.
 - g. Staff Support to Implement Curricula with fidelity--DFSS and its agencies support staff in effective curricula implementation using various strategies and contexts, including:
 - i. Training during orientation and ongoing opportunities throughout the year for all staff that are responsible for implementing the curriculum.
 - ii. 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.
 - iii. DFSS agencies use Creative Curriculum Coaching to Fidelity. Staff persons are afforded opportunities to receive timely feedback from these classroom observations.
 - iv. 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.
 - v. Online professional development via Teaching Strategies on the curricula and assessment.
- G. Developmental Screenings—Programs must administer or obtain a current developmental and social-emotional screening within in 45 days of the child’s first program attendance or home-visit for the program year to screen for developmental delays or concerns.
 - a. Screenings for returning children can be completed as early as July 1 and be counted as making the 45-day deadline for the program year.
 - b. Children with a current certified IFSP or IEP are not required to be screened, but it is recommended should it be suspected that additional services may need to be added to a child’s IFSP/IEP.
 - c. Screenings must be conducted with written parent or guardian consent.
 - d. Families must be provided with information on the purpose of the screening and on how the results of the screening will be used.
 - e. Screenings must not be used for ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance. Screening items and/or data must not be used for the purpose of providing rewards or sanctions for individual children or staff or to exclude children from enrollment or participation.

- f. Programs must use the following research-based developmental screening tools according to its specified frequency:
 - i. Infant to three programs: Ages & Stages Questionnaire, Third Edition (ASQ-3) and Ages & Stages Questionnaire: Social-Emotional, Second Edition (ASQ:SE-2)
 - 1. ASQ-3:
 - a. Classroom teacher/FCCH provider should complete one ASQ-3 questionnaire together with the parent. If not possible, classroom teacher/FCCH provider should complete a questionnaire in addition to supporting the parent in completing one.
 - b. If two are completed, teacher/provider must review parent-completed questionnaire and follow up on any scores in the grey or black and any concerns noted in the overall response section.
 - c. Home visitors do not spend enough time with the child to complete one on their own and so must support the parent in completing the questionnaire.
 - d. Frequency: according to the screening tool design
 - 2. ASQ:SE-2
 - a. Classroom teacher/FCCH provider complete a questionnaire and the parent must complete a questionnaire. This is done because children can behave differently in different environments and the perception of the person completing the screening is important. A parent or teacher may need support around a behavior that is either not observed or is not seen as challenging in the other environment.
 - b. Teacher/provider must review parent-completed questionnaires with the parent and follow up on scores above the cutoff or any concerns noted in the open-ended questions.
 - c. Home visitors do not spend enough time with the child to complete one on their own and so support the parent in completing the questionnaire.
 - d. Frequency: according to the screening tool design.
 - ii. Three to Five programs: Early Screening Inventory-Revised (ESI-R) and ASQ:SE-2.
 - 1. ESI-R
 - a. Classroom teacher/FCCH provider completes questionnaire.
 - b. Parents must complete the required ESI-R parent questionnaire for each instrument within the same time-period as the ESI-R.
 - c. Developmental screenings should be administered in the child's home language. If an agency serves a child who speaks a language other than English or Spanish, the program must administer the screening through the support of an adult

interpreter (staff or family member) in the child's home language. Programs should indicate at the top of the screening that it was administered with the help of an interpreter and what the child's language home language is. If the program is having difficulty locating an adult who is sufficiently proficient in both languages to interpret, they should contact their DFSS monitoring team for support.

d. Frequency: annually

2. ASQ:SE-2

a. Follow Instructions above.

- g. Score Interpretation--For all screenings, regardless of result, if a parent or teacher notes a concern, follow-up is needed. Should a parent express a concern that indicates the need for referral prior to completing a screening, it is not necessary to wait for the screening to begin the steps for a referral.
- i. Ages & Stages Questionnaire-Third Edition--Score the screening according to the ASQ-3 User's Guide and transfer scores and responses to the overall questions to the Information Summary page.
1. If two screenings were completed (by parent and teacher) the scores from both are taken into account when determining follow-up. In COPA, information from both screenings needs to be represented.
 2. Any concerns noted in the overall questions section require follow up with parent.
 3. For scores well above the monitoring zone (in the white) in all areas with no other concerns noted by parent or teacher:
 - a. No follow-up is needed, and child can be next screened according to frequency noted above.
 - b. In COPA, the child's screening result will be recorded as "Passed" and screening decision as "OK". Under comments, write that all scores were in the white area in addition to any other comments.
 4. For scores in the monitoring zone in one or more areas (shaded grey):
 - a. One score in the grey area/monitoring zone: child to be rescreened, with the appropriate tool for their age, in 6 – 8 weeks
 - b. In COPA, the screening result will be "Needs Rescreen" and the decision will be recorded as "Rescreen". In the comments note which areas fell in the grey.
 5. Two or more scores in the gray area/monitoring zone, or two consecutive rescreen results
 - a. Indicates a need for referral and the referral steps should be followed as outlined in the Disabilities section

- b. The screening result will be “Needs Rescreen” and the decision will be recorded as “Refer” in COPA. In the comment section note which areas fell in the grey.
 - c. If the child is too old for an Early Intervention referral (less than 45 days before child's 3rd birthday or already 3), an ESI-R should be administered for a possible CPS referral.
 - 6. One or more scores below the monitoring zone (shaded black):
 - a. Indicates a need for referral and the referral steps should be followed as outlined in the Disabilities section
 - b. In COPA, record the screening result as “Needs Referral” and the decision as “Refer”. Note in the comment section which areas fell in the black or grey.
 - c. If the child is too old for an Early Intervention referral (less than 45 days before child's 3rd birthday or already 3), an ESI-R should be administered for a possible CPS referral.
- ii. Early Screening Inventory-Revised (ESI-R) -- Follow the protocol in the ESI-R Manual to score the instrument. If a child refuses on four (4) or more tasks, then the screening cannot be scored. Allow two to three weeks to screen again for the child to adjust to the classroom environment or any anxiety or illness he or she may be experiencing. Continued refusals may be an indication of a need for a Mental Health or CPS referral after consideration of all sources of information. The screening decisions for the ESI-R are *OK*, *Rescreen* or *Refer*.
 - 1. *OK* with no other concerns noted by parent or teacher:
 - a. No follow-up is needed, and child can be next screened according to frequency noted above.
 - b. In COPA, the child’s screening result will be recorded as *Passed* and screening decision as *OK*.
 - 2. *Rescreen*:
 - a. Child to be rescreened, with the appropriate tool for their age, in 6 – 8 weeks.
 - b. In COPA, the screening result will be *Needs Rescreen* and the decision will be recorded as *Rescreen*.
 - 3. *Refer* or a second *Rescreen*
 - a. Indicates a need for referral and the referral steps should be followed as outlined in the Disabilities section
 - b. In COPA, for a *Refer* result, record the screening result as *Needs Referral* and the decision as *Refer*.
 - c. In COPA, for a second *Rescreen* result, record the screening result as *Needs Rescreen* and the decision as *Refer*.
- iii. Ages & Stages Questionnaire: Social-Emotional, Second Edition --Score the screening according to the ASQ:SE-2 User’s Guide and transfer scores and the responses to the overall questions to the Information Summary page.

1. Any concerns noted in the comments or overall questions section require follow up. The scores and comments on both the parent- and teacher-completed screenings are taken into account when determining follow-up.
2. Scores below the cutoff (white zone), on both the parent- and teacher-completed screenings, with no other noted concerns
 - a. No follow-up is needed.
 - b. In COPA, this child’s screen result will be recorded as *Passed* and screening decision as *OK*.
3. Scores near or above the cutoff (grey or black zone) on one or both the parent- and teacher-completed screenings
 - a. Schedule an SRT meeting with the teacher and parents to discuss next steps
 - b. Consider a follow up meeting with Mental Health Consultant, and possibly outside referrals, for support. See the Mental Health section for more information.
 - c. For birth to three, a referral to Early Intervention is indicated. See the Disabilities section for steps to take.
 - d. For three to five, a referral to Chicago Public Schools may be warranted, if the issues are adversely affecting the child’s, or other children’s, ability to learn or participate. See the Disabilities section for steps to take.
 - e. In COPA, record the screening result as *Needs Referral* and the decision as *Refer*.

- H. Child Assessments—Programs must use the Teaching Strategies GOLD, an ongoing, observation-based, authentic assessment system, to assess child progress along developmentally appropriate and individualize trajectories, excepting PI Home-visiting. PI Home-visiting programs may use the assessment tool in its parent engagement curriculum.
- a. Teachers and providers must be inter-rater reliable.
 - b. Teaching Strategies GOLD data should be used by the program 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.
 - c. Programs must have a (documented) system of:
 - i. Ensuring that education staff are Teaching Strategies GOLD inter-rater reliable;
 - ii. Conduct observations and analyze Teaching Strategies GOLD child outcome data to support individual and group learning;
 - iii. Aggregating and analyzing Teaching Strategies GOLD outcome data across classrooms and sites, to strengthen teacher practices and children’s learning and outcomes;

- iv. Aggregating, analyzing, and submitting to DFSS in a report, Teaching Strategies GOLD outcome data at three annual regular checkpoints (fall, winter, and spring).
 - d. PI Home-visiting uses ongoing assessment and screening tool that is part of the parent engagement curriculum, or the ASQ developmental and ASQ SE, or another approved assessment tool, if completed regularly every four months. PI home-visiting programs must have a documented system of
 - i. Ensuring that home-visiting staff are trained in using the ongoing assessment and screening tool
 - ii. Conducting observations every other month and analyzing assessments to support individual learning
 - iii. Aggregating and analyzing assessment data across cases to strengthen home-visitor practices and children’s learning outcomes
 - iv. Aggregating and analyzing and submitting to DFSS in a report data at three regular checkpoints (fall, winter, and spring).
- I. Lesson Planning – Programs must develop and document an intentional process for lesson planning, grounded in the HSELOF and other standards, for all program options, including home-visits and socialization activities associated with program options.
 - a. Programs should designate a protected regular time each week to develop and evaluate lesson plans.
 - b. Plans should be developed in collaboration among teaching team.
 - c. Lesson plan forms should execute the Creative Curriculum (and other curricula) with fidelity and the intentional process of planning.
 - d. Intentionality in lesson plans should be practiced by following a regular planning cycle that is informed by reflective child observations.
 - e. Lesson plans should be individualization to respond to individual children’s needs as documented in Teaching Strategies GOLD observations.
- J. Approaches to Rest, Meals, Routines, and Physical Activity
 - a. 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.
 - b. In classrooms for preschool age children that operate for 7.5 hours or longer per day, a regular time is provided every day during which children are encouraged but not forced to rest or nap.
 - c. Snack and meal times must be implemented in ways that support children’s development and learning.
 - i. For bottle fed infants, this approach includes holding infants during feeding and feeding them on demand rather than at set meal times.
 - ii. For toddlers and preschool children, meals and snacks should be served family style. This means that children and staff sit together and eat and that children are allowed to serve themselves as appropriate for their age with support from

- staff as needed.
 - iii. Snack and meal times are to be engaging 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.
 - iv. Programs must provide sufficient time for children to eat, must not use food as reward or punishment, and must not force children to finish their food.
 - v. See the Nutrition Section of the CELS for further requirements
 - d. Routines, such as hand washing, diapering, and transitions between activities, are 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.
 - e. Programs must 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. Teachers and providers must engage with children during physical activities.
 - f. CEL programs 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 culture and familiarize them with the heritages of other groups. Activities promote pride, cultural awareness, positive self-image, and individual strengths.
- K. Continuity of Relationships (COR) – All center-based and school-based prevention Initiative-funded programs must implement site-based continuity of relationship model. All center-based and school-based program options will be required to implement site-based continuity of relationship design model by Program Year 2023. In this model, the children and teaching team stays together from enrollment through transition to preschool (three-year model) or through transition to kindergarten (five-year model). Preschool classrooms should already be practicing continuity of relationships, children and teaching teams staying together until the children transition to Kindergarten. Components of COR 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.
 - 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.

- L. English Language Learners – Program must identify English Language Learners at enrollment and provide staffing and individual lesson plans to meet the needs of English Language Learners.
 - a. Programs must develop a coordinated approach to supporting English 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.
 - b. HS/EHS/CCP/PI- If the majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor will speak such language.
 - c. PFA: *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 must have an ESL- or bilingual-endorsed teacher serving the ELLs and to establish a preschool bilingual or ESL program. The requirements for providing services for PFA children who are determined to be ELLs are:
 - i. 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.
 - ii. 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.
 - iii. Determining Child ELL status.
 - 1. All families must complete the Home Language Survey at enrollment.
 - 2. If a family answers yes to any question, the program must administer the Pre-IPT Oral Test, an English language proficiency screener. The Pre-IPT Oral Test must be administered by appropriately trained and certified teacher within 30 days of the HSL/ enrollment. The result of the Pre-IPT oral Test will indicate whether the child is considered an ELL.
 - iv. Programs must have a documented system for collected Pre-IPT Oral Test results at the beginning of the program year and determining the type of Bilingual/EL services required at the site.
 - v. The HLS and the Pre-IPT Oral Test should be documented in the child/family file.
 - vi. Pre-IPT training is online: www.ballardtighetraining.com/iptinservice/.
- M. Use of Classroom & Teaching Assessments--DFSS uses a variety of classroom and teaching assessments to evaluate CEL programs and identify professional development, training, and technical assistance needs. Assessments may include:
 - a. Age-appropriate CLASS tools for all programs. This includes the CLASS for infants, CLASS for toddlers, and the CLASS for Pre-K. DFSS also provides CLASS assessors for its agencies and ensures they understand the relationship between the curriculum used and CLASS

scores, such as the variances when Montessori curriculum is used.

- b. Age appropriate Environmental Ratings Scales for all programs. This includes the Early Childhood Environmental Rating Scale, the Infant-Toddler Environmental Rating Scale, the Family Child Care Environmental Ratings Scale, and the School-Aged Environmental Ratings Scale.
- c. Program Administration Scale (PAS)
- d. Agencies may conduct their own program evaluations and assessments in addition to those conducted by DFSS or its agents. If using DFSS funding, agencies must ensure evaluators are inter-rater reliable and provide DFSS with results to prevent duplication of effort and data.

N. Behavioral Concerns—Expulsion and Suspension Policy

- a. Children must not be expelled or suspended under any circumstances.
- b. Agencies must have in place policies and procedures to support children who exhibit challenging behavior and staff who work with them.
- c. Agency policies should include clear guidelines of when to contact its DFSS monitoring staff about ongoing behavioral challenges.
- d. Agency policies must include the following procedures to conform to state and federal measures to embed positive behavioral support strategies in all areas of the program.
 - i. Develop written procedures and a plan of action that addresses child behaviors using positive behavior interventions and supports. The mental health consultant or other professional should be contacted to help develop the plans.
 - ii. Ensure that repeated acts of challenging behavior are monitored and that teachers are provided appropriate and meaningful supports and strategies.
 - iii. Ensure follow up to determine the fidelity of implementation of planned strategies.
 - iv. 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.
 - v. Mental health consultant, families, and appropriate staff should be engaged to develop action plans and safety plans.
 - vi. Make referrals for IFSP/IEP other services, as warranted and appropriate.
 - vii. Before another placement is found, the agency 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.
 - viii. Agencies must document all efforts taken to address issues and assist the child and family to remain in the program.
 - ix. 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.

- O. Family Engagement in Education Services--Parent and family engagement is centered on building relationships with families that support family well-being, strong relationships between parents/guardians and their children, and ongoing learning and development for both. Programs must be structured to recognize parents' and guardians' roles as children's lifelong educators and to encourage them to engage in their child's education. Agencies should have written policies and procedures that ensure that:
- a. The program's settings are open to parents during all program hours and parents have access to their child's classroom at all times.
 - b. Teachers regularly communicate with parents to ensure they are well informed about their child's routines, activities and behavior.
 - c. All communications are respectful of the family's beliefs, values and culture and strengths-based.
 - d. Parents have the opportunity to learn about and provide feedback on selected curricula and instructional materials used in the program.
 - e. Parents and family members have opportunities to volunteer in the class and during group activities and outings.
 - f. 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.
- P. 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. Programs must follow these guidelines for parent conferences:
- a. Conferences must be held as needed, but no less than three times per year after outcome checkpoints.
 - b. Conferences must be offered at times that are convenient for parents.
 - c. Sufficient time must be allotted for parent input, questions, and planning for their children's developmental goals.
 - d. Any information or data that is shared must be explained and shared in a format that is understandable and user-friendly.
 - e. 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.
- Q. Home Visits and Documentation—Home visits are a key component in developing trusting, respectful relationships with families, addressing their needs and their children's development. Home visits requirements may be individualized by agencies, depending on the family needs, culture, and preferences:
- a. Programs are strongly encouraged to have family support workers accompany teachers, to strengthen the depth of the home school connection.
 - b. 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.

- c. The goals of education home visits include:
 - i. Engaging the parents in the child’s learning and development.
 - ii. Gaining insight into parent-child interactions.
 - iii. Identifying learning opportunities within the home environment.
 - iv. Gaining a deeper understanding of a family’s cultural beliefs and practices.
 - v. Better understanding children’s development and behavior in the context of their family, culture, and daily life.
- d. Documentation of home visits for all programs should be recorded in COPA.
- e. HS/EHS/CCP/PI center-based, school-based, and FCCH program options: Teachers must conduct at least two home visits per program year for each family, including one before the program year begins, if feasible.
- f. PFA-only: For the 2019-2020 school year, PFA-only agencies will pilot the practice of home visits.

7. SERVICES FOR CHILDREN WITH DISABILITIES

I. Definition: This section covers the expectations for providing services to children with disabilities, including the processes for identifying children with disabilities, the required services for children with disabilities, and the processes for connecting identified children to evaluations and services. It includes the supports CEL programs must provide for children with disabilities and their families.

II. Chicago Early Learning Standards:

- A. All DFSS-funded programs must ensure that they are in compliance with the federal Individuals with Disabilities Education Act (IDEA), the law governing services to children with disabilities.
 - a. 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.
 - b. 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 three. 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 three to five.
 - c. On an annual basis, all programs must develop a coordinated approach for the full and effective participation of all children with disabilities and their families, 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.
- B. Recruitment -- All programs must include strategies for recruiting children with disabilities in their annual recruitment plans. Recruitment materials must indicate that all children, including those with special needs/disabilities, are welcome in CEL programs.
- C. Enrollment -- Agencies must not deny enrollment to a child based on his or her disability or its severity.
 - a. HS/EHS/CCP funded programs are responsible for ensuring that at least 10% of their total funded enrollment slots are filled by children eligible for services under IDEA.
 - i. Delegate agency must submit the *Delegate Agency Disabilities Enrollment Status Report* form by the 10th of each month to their DFSS Support Service Coordinator for Education and Disabilities, as well as the agency's assigned Subject Matter Expert (SME) for Disabilities.

- ii. The *Disabilities Status Report Tip Sheet* provides guidance on documenting and tracking progress towards meeting 10% enrollment with disabilities for each grant.
 - b. Prior approval from DFSS for enrollment of children with a diagnosed disability 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. The *Over Income Request* form must be submitted to DFSS for prioritizing over income children with certified IFSPs/IEPs for enrollment (See ERSEA section).
 - c. Programs must include preparation of staff and parents for the enrollment of 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.
- D. Developmental Screening/Score Interpretation--See Education Section for developmental screening procedures and score interpretation.
- E. Referral Process for Early Intervention (Children Birth to Age Three)
- a. Early Intervention (EI) referrals are done for children from birth up to 45 days from their third birthday. Programs 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, risk factors, or parent request.
 - b. If the child is more than 45 days away from his/her third birthday, refer the child to Early Intervention. If the child is 45 days or less away from his/her third birthday or they are already three, and the identified concerns are negatively impacting the child's or other children's ability to learn or participate, follow the steps for a referral to Chicago Public Schools (CPS) outlined below in Disabilities Section E. Referral Process for Chicago Public Schools (Children Ages Three to Five). The CPS referral packet is then sent to the birth to three DFSS Subject Matter Expert (SME) for the agency.
 - c. The EI referral procedures are as follows and all referenced forms can be found listed in Section V and are available on the DFSS website.
 - i. 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 file.
 - ii. 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.
 - iii. Within five days of the identified need for a referral, designated staff must be informed.
 - iv. 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.

- v. Within 15 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, the EI evaluation and eligibility process, and the provision of services. Parents need to be informed that services are provided in the natural environment, which can be the child's home, community setting, or early childhood classroom/FCCH. It is the parents' preference as to which of the natural environments is chosen and can be a combination of home and the classroom.
 1. If the parent agrees to the referral, designated staff support parents/guardians in calling the appropriate CFC during the meeting, if possible, to start the referral to EI. If the call is not made at that time, and the parent has agreed to the referral and signed the referral/consent form, staff can call the CFC to initiate the referral.
 2. The following is faxed or scanned and emailed to the CFC. It is recommended to call before and after faxing any documents to the CFC to ensure they are received.
 - a. Signed '*Early Intervention Referral & Authorization to Release Information*' form.
 - b. It is not required to send screenings, medical reports, and observation notes, but may be included in the referral, if appropriate.
 3. Designated staff will communicate with parents to see if CFC has contacted them to schedule the evaluation. If parents have not been contacted within 10 days of the referral, staff will assist the parent in reaching out to the CFC.
 4. 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.
 5. If the parent refuses the referral, and the agency would like to conduct further observations to support the teachers, they would need to acquire a separate signed parental consent.

- F. Early Intervention Eligibility and IFSP Development Processes--All programs should partner with parents throughout the formal EI evaluation process.

- a. 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.
- b. The CFC must complete all evaluations and IFSP eligibility determination within 45 calendar days of the initial referral date.
- c. 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. It is the parents' decision which location is used for the evaluation.
- d. 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.
- e. 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.
- f. 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](#).
 - i. 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.
 - ii. Is diagnosed with an eligible medical or mental condition.
 - iii. Is at risk of substantial developmental delay, based on informed clinical opinion, due to specified risk factors as outlined by IDHS in their eligibility criteria.
- g. If the child is found eligible for IFSP services, agency staff must request a hard copy, with parent's written consent, of the IFSP to retain in the child's program files and to share with teachers for individualization.
- h. Copies of a child's IFSP must remain confidential, be stored in a secure location, 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, with signed parent approval.
- i. Per the IFSP, the EI service coordinator will assign the appropriate service providers within 30 days of the IFSP meeting.
- j. IFSP services will be provided in the child's natural environment, which includes the child's home, community setting, or early childhood classroom. Part C of the Individuals with Disabilities Education Act (IDEA) requires that children receive Early Intervention services within the natural environment to the greatest extent possible. If services are provided within the early childhood program, all efforts should be made to work with the child inside the classroom where teacher, peers, and familiar classroom materials can be used in the therapeutic process.
- k. Designated staff should monitor IFSP service provision and document in COPA child case notes.

- l. If IFSP services are being provided on site at the agency, programs are strongly recommended to develop a process around welcoming providers into their centers, including providing a therapy sign-in log and discussing appropriate therapy times.
 - m. Programs are expected to partner with EI providers to integrate therapy strategies into classroom routines and encourage parent participation, whenever possible.
 - n. 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.
 - o. If the child is found eligible for IFSP services and the parent declines IFSP services, staff must document parent refusal date and reason for refusal in COPA.
 - p. Staff should continue having conversations with the parents about the family receiving IFSP services by contacting the CFC to reopen the case and the CFC will determine if a new evaluation is necessary.
 - q. Appropriate staff should continue to support education staff and home visitors in meeting the child's needs with parental approval and should seek support from their Disabilities SME and monitoring teams to connect with other DFSS Support Service Contractors.
 - r. 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. Appropriate staff should continue to support education staff and home visitors in meeting the child's needs and should seek support from their Disabilities SME and monitoring teams. If it is determined 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, 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 (must be demonstrated), EHS/CCP/PI-funded programs may use EHS program funds for such services and supports.
 - s. During the evaluation and eligibility process, programs must provide individualized services and supports to the maximum extent possible to meet the child's needs.
- G. Referral Process for Chicago Public Schools (Children Ages Three to Five) --The following procedures apply to children in both three to five programs and children in birth to three programs who are too old to be referred to Early Intervention (45 days or less before child's third birthday or already three).
- a. There are several ways in which children, ages three to five, are identified as in need of a referral for evaluation by Chicago Public Schools (CPS). These include:
 - i. Development screenings;
 - ii. Social-emotional screenings;
 - iii. Parent and/or teacher concerns;
 - iv. Pediatrician or other professional referral; and
 - v. Early intervention (EI) transitions (Child and Family Connections is responsible for referral).

- b. CPS is the official IDEA-identified local education agency (LEA) that determines if a child qualifies for IDEA governed disabilities services, which includes conducting evaluations, determining eligibility, and providing services for children with disabilities.
- c. As soon as the need for referral is evident, the agency must hold an internal staffing and subsequent Screening Review Team (SRT) meeting with the parents/guardians to review the results. The indication that there is a need for referral must be based on any or all of the following factors: ESI-R screening, ASQ:SE-2 results, informal or formal observation(s), medical reports or parent request.
- d. With the 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.
- e. The referral procedures are as follows:
 - i. Enter referral information into COPA on the child’s referral page. Be sure to select “Disabilities” as the service area for referral. Case notes should be entered in an ongoing manner that documents each step completed with regard to the child’s referral process. The child should also be entered as having a suspected disability on the child’s Disability page.
 - ii. Within five days of identifying a need for referral, which may be determined through a screening outcome or other indication of a need for referral, the Disabilities Coordinator must hold an internal staffing to include the child’s classroom teacher and other relevant participants to discuss the results of the screening and any other relevant information about the child’s health history, present levels of performance, as well as identified concerns. This internal staffing is conducted in order to prepare for a meeting with the child’s parent(s).
 - iii. Within 15 days of the screening outcome or another indication of the need for a referral, the Disabilities Services Coordinator or designee, the teacher and other designated staff must convene a Screening Review Team (SRT) meeting with the parents/guardian. The SRT Team should consist of the parent, appropriate staff, and mental health consultant, if appropriate. The objective of the SRT meeting is to move the staff and parents into agreement about the child’s needs. Therefore, the meeting should be a conversation among the staff and parents, in which the parents’ input is solicited and respected. The meeting should consist of the following steps:
 - 1. Start the ‘Procedures for CPS Referral and Services Ages Three to Five’ form. This form should be used as guide throughout the SRT meeting and referral process and should be kept in the child’s disability folder.
 - 2. Review and explain the child’s screening results and the developmental concerns that the child is exhibiting to the parents/guardians.
 - 3. Review teacher/staff observations, assessments, and work samples from the classroom, FCCH, or home visits.
 - 4. Solicit parents/guardians concerns and observations about the child’s development.

5. Explain the CPS referral, evaluation, and eligibility processes.
 6. Review the IDEA parents' rights and responsibilities; obtain a parent signature on the 'Summary of Parent Rights' and provide them with a copy.
 7. Assure parents that agency staff will support them throughout the evaluation process, if they choose to pursue an evaluation.
 8. 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.'
- f. If the parent chooses not to have the child referred to CPS for evaluation, he/she 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 Disabilities Subject Matter Expert (SME), agency Disabilities Coordinator or other designated staff, or assigned social worker.
- g. If parents agree to the referral:
- i. The "Joint Screening/Referral/Consent Form (JSRCF)" is completed by the designated staff and then reviewed with the parent. The parent must sign and date the JSRCF in order to proceed with the referral.
 - ii. The designated staff compiles all documents for the referral packet according to the 'DFSS-CPS Referral Packet Checklist' and emails the scanned referral packet to their assigned Disabilities Subject Matter Expert (SME). If the child meets the criteria for homelessness, the agency address can be used on the JSRCF.
 - iii. The Disabilities Subject Matter Expert (SME) reviews the scanned referral packet within 72 hours of receipt. Referral packets missing documentation will be returned to the appropriate agency staff via email identifying corrections needed.
 - iv. When the referral packet is complete, the Disabilities SME submits it electronically to CPS for registration and referral in the CPS system. The Disabilities SME will work closely with the agency to communicate the status of the child in the CPS system and will take any necessary follow up steps. The Disabilities Coordinator or designee will work with the parent(s) to ensure their contact information is current (i.e., address, telephone number) and that they receive written and phone communications from CPS with regard to scheduling of the evaluation. The Disabilities Coordinator or designee will enter the changes to the child's referral status on the Child's COPA Disabilities page and will also case note all steps completed in the process. If the family is unable to keep their scheduled appointment for evaluation, the parent(s) will contact the CPS Citywide Assessment Team (CAT) via telephone to inform them of this concern as soon as possible. The telephone number to call is indicated on the written CPS Notice of Conference (NOC) that the parent(s) receives via U.S. mail.

- f. If the child is found eligible for IEP services and the parent declines IEP services, agency staff must document the parent refusal date and reason for refusal in COPA. Programs must continue to support the family and child and inform the parent that they may request the services at any point in the future. Designated staff should continue to support the agency teachers in meeting the child’s needs and can seek support from the Disabilities Subject Matter Experts (SMEs).
 - g. During the evaluation and eligibility process, programs must provide individualized services and supports to the maximum extent possible to meet the child’s needs.
- I. CPS School Assignments & Transportation Services --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. Programs should work with parents to ensure that they are able to keep the placements that they prefer:
- a. Children who qualify for a CPS school assignment can be dually enrolled in both CEL programs in community-based settings and CPS schools. Disabilities Coordinators should inform parents to request a half-day school assignment at CPS, if they wish for their children to be dually enrolled.
 - b. If the IEP requires transportation as a related service, CPS has agreed to provide two-way transportation to and from either a community-based setting or the child’s home, for children who require IEP services in an inclusive (blended) or instructional model. The program should assist the families in completing the Bus Stop Change Request for Eligible Students with Disabilities (CPS “Purple Form”) and in providing this completed form to the CPS school case manager. This form is only to be completed when an IEP Team has determined that a student with disabilities is eligible for transportation as a related service AND requires a pick up and/or drop off location other than the student’s home in order for a student to receive FAPE. This form should be completed once the child is enrolled at the CPS school.
 - c. The CPS school case manager is responsible for revising the IEP with the parents’ permission to include a FAPE based statement as to why the child requires an alternate pick up and/or drop off from the home in order to access FAPE.
 - d. The Disabilities Coordinators or designee should work with the school case manager to ensure the school has all the information needed to begin the child’s transportation services. This may include helping to obtain the child’s physical measurements of weight and height in order to receive an appropriate safety vest or car seat for the child’s bus transportation.
 - e. If any issues arise with regard to children accessing their transportation services that cannot be resolved by the parent at the school level, the Disabilities Coordinator should contact the Disabilities SME for technical assistance and support.

- J. Access to IEP Services -- If there are concerns regarding a child's CPS program model (e.g., regarding requests for a CPS half day versus full day placement), programs should assist the families in contacting the CPS school case manager regarding these concerns.
 - a. If there are concerns regarding a child's school assignment, programs should support the families in contacting the CPS School Assignment Department Message Center at 773-553-1847. The School Assignment Department will research the issue and respond to the family via telephone.
 - b. If any access issues or questions arise that cannot be resolved at the school level or via the School Assignment Department, the Disabilities Services Coordinator or designee should contact the Disabilities SME for assistance. The SME will provide technical assistance and support to resolve these issues in a timely manner.

- K. If the child is found ineligible for IEP 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.
 - a. Appropriate staff should continue to support education staff and home visitors in meeting the child's needs and should seek support from their Disabilities SME and monitoring teams.
 - b. If it is determined 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, 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.
 - c. When no other sources of funding are available (must be demonstrated), HS/PFA-funded programs may use HS program funds for such services and supports.

- L. IFSP/IEP Implementation Support and Individualization--Programs 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 program activities and services. Agencies should implement the following strategies to support inclusive practices throughout their program:
 - a. For children birth to age three with IFSP, work closely with EI providers to ensure:
 - i. All eligible services are delivered, per their IFSP;
 - ii. Children are working toward their IFSP outcomes;
 - iii. IFSPs are reviewed and revised on the appropriate schedule;
 - iv. Services are provided in the child's natural environment in accordance with Part C of IDEA, which requires that "to the maximum extent appropriate to the needs of the child early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate." (34 CFR 303.12(b)) By federal definition, natural environments mean "settings that are natural or normal for the child's age

- peers who have no disabilities” (34 CFR 303.18). It is the parents’ choice for services to be provided in the classroom, their home, or a combination.;
- v. and transitions are planned and implemented.
 - vi. Document modifications, accommodations and individualization strategies on lesson plans.
 - vii. Appropriate staff review the child’s IFSP with teachers annually, and as updates occur, to utilize in individualization and a copy is kept in the child’s education file for reference.
 - viii. 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.
 - ix. Ensure classrooms are equipped with any special adaptive equipment, furniture and materials.
- b. For children ages three to five with IEPs:
- i. A copy of the child’s IEP should be reviewed with teachers and paraprofessionals. The document is confidential and must be stored in a locked/secure cabinet.
 - ii. Disabilities and Education Coordinators and other relevant staff should collaborate with CPS special education team and related service providers to ensure that services are delivered per a child’s IEP; that teachers are planning relevant activities and using supplemental curricula that support IEP goals; that IEPs are reviewed annually; that 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 that transitions are planned and implemented in alignment with IEP goals.
 - iii. Teachers, in collaboration with Disabilities and Education Coordinators, should be embedding modifications and accommodations into lesson plans and daily activities to ensure the child’s full participation, stay aware of the IEP goals the child is working towards to plan individually for that child. The classroom teacher should utilize the child’s IEP to plan and implement educational activities and to ensure that the appropriate accommodations and modifications are in place to support the child in his/her educational environment. The classroom teacher is not required to directly implement the goals of the IEP, however, consideration should be given to the child’s IEP goals when developing lesson plans and planning activities.
 - iv. Teachers, in collaboration with Disabilities and Education Coordinators 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.
 - v. Teachers, in collaboration with Disabilities and Education Coordinators Ensure classrooms are equipped with any special adaptive equipment, furniture and materials.

- vi. Ensure that daily schedules and staff support the needs of the child and the IEP's goals, including staff to assist with accessing CPS transportation.

M. Transition from Early Intervention to CPS--Programs must plan and implement transition services for children with IFSPs and IEPs and their families to ensure smooth transitions between program models and continuation of disabilities services, as needed.

- a. Early Intervention services end on a child's third birthday and the child is transitioned for an evaluation at the public school to determine eligibility for continuing services through early childhood special education. For children living in Chicago, this is done at the Chicago Public Schools (CPS).
 - i. Child and Family Connections (CFC), the agency that provides EI in Illinois, sends a referral packet to CPS with parent consent. The referral packet includes:
 1. A *Joint Screening Referral Consent Form* (JSRCF) is completed and emailed to the CPS ODLSS School Entry Support Specialist (SESS) assigned to the child's CFC. The JSRCF gives the CPS SESS current contact information for the parents and consent for the program to communicate with CPS.
 2. Observations, checklists, and other supporting documentation should also be sent to provide the CPS assessment team with information about how the child is performing in the classroom.
 3. Programs may request an individual observation by their DFSS birth to three disabilities SME to include in the documentation with parent approval. A signed parent consent is required for conducting individual observations.
 4. 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.
 - ii. The parent is then contacted by a CPS ODLSS School Entry Support Specialist (SESS) to schedule an appointment.
 - iii. In collaboration with the CFCs, DFSS agencies must support the transition process from EI to CPS starting when the child is 2 years 6 months of age to ensure the proper steps are implemented in a timely and appropriate manner.
 - iv. The deadline for CPS to complete the evaluation, to determine the child's eligibility under Part B of IDEA, is prior to the child's third birthday.
- b. 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 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.

- c. Designated staff schedule a meeting with the parents/guardians to prepare for the EI transition and should also include teachers, providers, or home visitors to review the child's IFSP progress and ensure that the parents/guardians understand the transition process.
 - d. Refer to the Eligibility and IEP Development Process for Children Three to Five in this section for the remaining procedures once the child is scheduled for an evaluation at CPS.
- N. 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:
 - a. Understanding kindergarten options and information regarding enrollment procedures at CPS;
 - b. Appropriate transfer of school records, including a current copy of the IEP and any other documentation that will assist the kindergarten transition;
 - c. Participation in transition IEP meeting conferences; and
 - d. Ensuring IEP services are established for the child in their assigned school.
- O. Confidentiality
 - a. 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.
 - b. 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:
 - i. Protect the confidentiality of the IFSPs/IEPs provided to teachers and others at collection, storage, disclosure, and destruction stages.
 - ii. Ensure all persons collecting or using the IFSPs/IEPs receive training or instruction regarding FERPA requirements.
 - iii. 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.
 - iv. 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.

- v. Ensure that anytime a program invites an external observer/consultant to perform individual child observation, there must be a signed parental consent.
 - c. Programs must keep all IFSPs/IEPs in locked file cabinets and limit access to staff that work directly with the child and family, which may include the disability specialist/manager, site director, classroom teacher, paraprofessional, and family support specialist. Staff must not share any child’s disability or the services the child receives.

- P. Interagency Agreements – DFSS maintains 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. Programs are strongly encouraged to create and 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.

- Q. Families as Advocates--Programs 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 to support them in becoming advocates for their children’s educational needs.
 - a. Agencies must support parents of children with suspected and identified disabilities in the following areas:
 - i. Accessing resources.
 - ii. Understanding the referral, evaluation, and service timelines.
 - iii. Participating in eligibility and IFSP/IEP development processes.
 - iv. Understanding the purposes and results of evaluations and services provided under an IFSP/IEP.
 - v. Ensuring their children’s strengths and needs are identified in and addressed through an IFSP/IEP.
 - vi. Accessing services and supports available through their child’s health insurance or other entities.
 - b. Resources for families.
 - i. ISBE Parent Rights <https://www.isbe.net/Pages/Special-Education-Parent-Rights.aspx>
 - ii. Family Resource Center on Disabilities <https://frcd.org/>
 - iii. Resource Center for Autism and Developmental Delays <https://cfl.uic.edu/programs/resource-center-for-autism-and-developmental-delays/rcadd-services/>

- R. Paraprofessional Support -- HS/EHS/CCP funded agencies receive funding for paraprofessionals. 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 assist the teacher in supporting children with disabilities to ensure they are fully included in early learning full range of program activities.

- a. In collaboration with the classroom teacher, paraprofessionals implement accommodations and modifications to the environment, materials, activities and curriculum, based on children's IEPs.
 - b. DFSS' expectations for all paraprofessionals include:
 - i. Must attend mandatory monthly professional development trainings.
 - ii. Must keep their paraprofessional binder current. The paraprofessional binder checklist includes:
 1. Credentials
 2. Role of the DFSS paraprofessional
 3. Schedule
 4. IEP-at-a-Glance for each child with IEP
 5. IFSP/IEP confidentiality statement
 6. Training calendars (DFSS, RCADD, and STARNet)
 7. Workshop certificates of attendance
 8. Documentation of monthly supervision
 9. Resources, i.e., websites, fliers, etc.
 10. Recruitment activities
 11. Disabilities Subject Matter Experts contact information
 - c. The following duties paraprofessionals can assist with:
 - i. Activities of daily living, such as eating, dressing and toileting;
 - ii. Loading and receiving students on and off CPS buses at the site location;
 - d. In cases where there are services for more than one child, an additional staff person must be present.
 - e. Paraprofessionals cannot ride with students to CPS services in any type of transportation.
 - f. Licensing regulations prohibit counting paraprofessionals in the teacher-child classroom ratios and paraprofessionals should never be left alone with children at any time.
- S. Subject Matter Experts (SMEs) – DFSS maintains support service contracts to help agencies meet standards associated with services for children with disabilities. Agencies should contact their monitoring team to access training and technical assistance from SMEs.
- T. Services with Disabilities Monitoring – Programs 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:
- a. #411 Disabilities Status;
 - b. #451 Disabilities Referral Tracking;
 - c. #456 Developmental Screening;
 - d. #456S Developmental Screening Statistics;

- e. #459 Overall Referral Tracking (filtered for disabilities);
- f. #701: Transportation; and
- g. #999: PIR.

8. HEALTH PROGRAM SERVICES

I. Definition: The health section covers the practices supportive of or conditions related to children’s physical and dental development and well-being and the means of tracking them.

II. Chicago Early Learning Standards:

A. Physical and dental health and well-being are the cornerstone of child development and a necessary component of school-readiness. All programs should build collaborative relationships with parents and guardians that allow for ongoing communication about children’s health and well-being and allow programs to connect parents and guardians to resources that support their children’s as well as their families’ physical and dental well-being.

B. Medical requirements

a. Well Baby Exam and Physical Examination Requirements:

- i. All infants and toddlers (birth to 36 months) must have a complete, up-to-date physical examination signed and dated by a physician or an advance practice nurse (APN) prior to attendance.
 1. The exams and screening must be performed according to the Early, Periodic Screening, Diagnosis and Treatment (PSDT), American Academy of Pediatrics, and the State of Illinois Licensing Standards for Day Care Centers. For children older than 24 months, the physical examination must be completed within six (6) months prior to the child’s actual attendance in the program.
 2. Children under three years of age must have the hearing and vision portion of the System Review section of the State of Illinois Certificate of Child Health Examination form attesting that an assessment of vision and hearing has been done at the 6, 12, and 24 month interval.
- ii. All pre-school aged (3 to 5) children enrolled in programs must have complete, up-to-date physical examination signed and dated by a physician, and advanced practice nurse (APN), or a physical assistant, prior to attendance. To be complete and up-to-date the physical must include:
 1. The name, address and telephone number of the practitioner must be included on the physical form, and the provider’s stamp with this information must be visible.
 2. In accordance with the City of Chicago’s Health Requirements for Child Care Centers, and the Illinois Certificate of Child Health Examination Code, the physical examination must be completed within six (6) months prior to the child’s actual attendance in the program.

b. Health History Requirement

- i. The Health History section of the physical examination form must be completed and signed by the parent and reviewed by the signing health care provider.

- ii. The Health history section of COPA must be completed for each child.
- c. Immunization Requirement-- Children must have the minimum requirements of immunizations for their age at the first day of attendance. An immunization record must be included in the physical exam and on file at enrollment.
 - i. If the child is between the ages of 2 months and 11 months, at least one (1) of each of the following: Hepatitis B (Hep B), Diphtheria, Tetanus, Pertussis (DTaP), Inactivated Polio (IPV), Pneumococcal 13 (PCV 13) and Hemophilus Influenza type b (Hib). These immunizations must have been given within the past 8 weeks.
 - ii. If the child is 12 months or older, he or she must additionally have, in addition to the immunizations listed under B.c.i, at least one (1) of each of the following: Measles, Mumps, Rubella (MMR) and Varicella (chicken pox).
 - iii. Thereafter, children must obtain appropriate dosages as required for immunization sequences in accordance with the Recommended Childhood Immunization Schedule approved by the Advisory Committee in Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP).
 - iv. A physician's written plan for administering the remaining vaccines should be kept on file.
 - v. Note that three other vaccines are not required, but are recommended (Influenza, Hepatitis A and Rotavirus) for children in out-of-home care such as early childhood programs. The influenza vaccination is a recommended vaccination for all children ages 6 months and older, according to the Centers for Disease Control and Prevention. Two doses of the hepatitis A vaccines are recommended and must also be administered at least six months apart, beginning at one year of age. An initial dose of rotavirus (RV) may be administered 6 weeks through 14 weeks, followed by a second dose and, if necessary, the third dose by 8 months old. (The Rotavirus vaccine is **not** recommended for children older than 8 months old.) For one of the rotavirus vaccines, Rotarix, only two doses are necessary.
 - vi. For children whose vaccinations are behind, start late, or have been delayed for their ages, children must be brought and kept up-to-date for their ages. CDC notes that a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Refer to CDC's catch-up schedules and minimum intervals doses for children.
 - vii. Religious Exemption: Obtain guidance from appropriate staff if the parent/guardian in a licensed center-based program has a religious exemption to the immunization requirements. Parent/guardians must submit the Illinois Certificate of Religious Exemption to Required Immunizations and/or Examinations form completed by the physician, as required by licensing. A copy of the certificate must be kept in the child's file. Appropriate agency staff

should meet with the parent/guardian about any exemption at least every six months.

- d. EPSDT Screenings and Risk Assessment Requirements -- All programs must obtain the following screenings prior to attendance, typically as part of required physical or well-baby check, and annually from the date of the initial screening:
 - i. Hemoglobin or hematocrit screening for anemia risk starting between 6 and 12 months old, and then annually. The levels of screening for children at risk for anemia are either 1) hematocrit of less than 33 percent, or 2) Hemoglobin of less than 11.0 gm/dl. If the screening determines that the child is at risk, follow up must occur.
 - ii. Lead screening, starting between 6 and 12 months old and then annually. A blood level of 5.0 micrograms per deciliter (mcg/dL) or greater is considered unsafe and requires follow-up.
 - iii. Growth measurements for all ages, including height and weight; head circumference for children under age 24 months.
 - iv. Blood pressure beginning at 3 years of age (interpreted by the health care provider)
 - v. Diabetes screening (Risk Assessment) beginning at three years of age.
 - vi. Subjective hearing screening must be assessed and completed at the time of (and based on) the physical examination. Health providers must be certified to provide developmentally appropriate screening for children three years and older, utilizing a pure tone audiometer with air conduction as mandated by the Illinois Department of Public Health regulations.
 - vii. Subjective visual acuity and strabismus screening must be done at the time of the physical examination. Health providers of children three years and older must be certified to administer developmentally appropriate screening such as the Michigan Preschool test (Tumbling E) or HOTV as mandated by the Illinois Department of Public Health regulations.
- e. Vision and Hearing Screenings -- Vision and hearing screening will be planned and implemented to ensure that all children receive screenings according to the EPSDT and Illinois Department of Public Health schedule. Vision and Hearing screenings should be administered by nurses or licensed technicians certified by the Illinois Department of Public Health.
 - i. Infants and toddlers (birth to 36 months): Hearing and Vision screenings should be conducted during the *baby well check* and within 45 days of enrollment into the program for every EHS/CCP infant and toddler and annually for all other infants and toddlers. Screenings must be conducted annually for all returning children. Children who transition from birth to three programs to pre-school programs must obtain required hearing and vision screening within 45 days of their transition.
 - ii. Pre-school-aged children (age 3-5): DFSS Hearing and Vision Technicians will conduct screenings on newly enrolled and returning children. HS funded children/programs must be screened within 45 days of enrollment. PFA/CC funded children must be screening annually. Programs must inform the DFSS

Hearing & Vision Team when they enroll new children or unscreened children to arrange for screening to meet the 45-day requirement or to meet the screening within the program year requirement.

- iii. Screenings will be conducted annually for all returning children.
- iv. Children who fail the screenings should be referred to a physician (health care provider) for further assessment.
- v. The Hearing and Vision Process for all 3-5 Programs is as follows:
 - 1. DFSS Hearing and Vision Techs will call agencies/sites to coordinate a scheduled screening date within 4-6 weeks, in advance, of the *initial* screening.
 - 2. A screening packet will be provided to the Agency containing: a letter of notification of screening date, class list, instructions on how to play the practice game, health card consent to screen, parent posting of screening date, teacher concern form notifying techs of children with potential impairments.
 - 3. If the child has a known hearing or vision impairment, documentation must be contained in the child's health file for review and a copy must be provided to the assigned DFSS technician upon arrival of screening.
 - 4. If the child wears glasses or has hearing aids, the DFSS technician will follow appropriate procedures to check the glasses or hearing aids. Agency staff will request annual IDPH examination report from the child's parent and/or medical home.
 - 5. Agency to ensure parent/guardian consent is obtained before screening.
 - 6. Classroom staff practice activities in advance of the screening to help prepare children for screening.
 - 7. Give parents/guardians advanced notice and reminders for attendance on the dates of screenings.
 - 8. Provide written results of screening to parents/guardians.
 - 9. Explain next steps for hearing or vision results of "unable" or "fail/refer" to parents/guardians.
 - 10. DFSS Techs will schedule a *rescreen* date upon exit to pick up any children who were absent or unable/fail the initial screening and newly enrolled children
 - 11. Children who receive a referral should be sent to the medical home for additional follow up, as needed.
 - 12. Agency will follow up with the family on the progress of referrals, monthly or until completed.
 - 13. Date-stamp all medical documentation when received.
 - 14. Document all results in COPA within 7 days of receipt.
- f. A Tuberculosis (TB) Pediatric & Adolescent Risk Assessment Questionnaire is required annually beginning at one year of age with the physical exam. The child's health care provider must administer the Tuberculosis (TB) Pediatric & Adolescent Risk Assessment Questionnaire.
 - i. Children determined to be at high risk for exposure to TB will be required to have the TST or the TB blood test.
 - ii. Children determined to be at low risk for exposure to TB need no further testing, as indicated on the *Certificate of Child Health Examination* form.

- iii. New preschool enrollees, including infant/toddler children transitioning into pre-school aged programs, are required to be assessed for risk of TB exposure using the TB Pediatric & Adolescent Risk Assessment Questionnaire. The results will be indicated on the Certificate of Child Health Examination form.
 - g. Height and Weight. All programs are required to include child height and weight as a part of the physical examination, before enrollment.
 - i. For children 2 to 5 years old, two growth assessments are required.
 - 1. Height and weight assessments must be plotted using the Body Mass Index chart (BMI 2 to 20 years) found in COPA. This first assessment is taken from the child's physical examination record at the beginning of the year. If the height and weight were not available on the exam report from the physician, then the site staff must take these measurements on site and record the results in COPA for "prior to enrollment."
 - 2. On site assessments take place again in February and March and charted on the COPA system.
 - 3. A copy of each report is placed in the child's health folder.
 - ii. For children under two years old, height, weight and head circumference must be completed for each child prior to enrollment. These assessments are to be conducted and recorded on the schedule of the well-baby visits.
 - 1. The weight for age, height for age, weight for height and head circumference graphs in COPA is to be used to assess infant/toddler growth.
 - 2. The charts must be printed and a copy placed in the child's health folder.
 - h. Screening Results -- The numerical results of the following screenings are required: blood pressure, hemoglobin or hematocrit, head circumference, height and weight, and lead screening.
 - i. The actual results or numerical levels of screening must be documented on the physical examination form.
 - ii. The following screening result terms are not acceptable and require further documentation: Untestable/Not done, Uncooperative/Not Applicable (N/A), Too young/Incomplete, No results, Pending (results must be obtained within 45 days)
 - iii. Programs must date stamp the State of Illinois *Certificate of Child Health Examination* form when it is received and place it in the child's health record.
 - iv. COPA *automatically* determines whether a child is up-to-date with the periodicity schedule based on the EPSDT requirements (See COPA Report 406).
 - v. Follow-up for abnormal results is required within 45 days or by a doctor's recommendation.

C. Dental Health Requirements (HS/EHS/CCP funded programs only)

- a. A dental examination by a dentist must be obtained within 45 days of enrollment, and annually thereafter, for children age 12 months and older. The dental exam may be no older than six months at time of enrollment.
 - b. Dental prophylaxis (cleaning) and fluoride are required for children ages two years and older. Under age two, the dental professional may determine appropriate care.
- D. Health Communication & Collaboration -- All programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.
- a. Prior to enrollment/ attendance if possible, or at enrollment, program staff should meet with parents/guardians to:
 - i. Review the agency's policies and procedures for providing first aid and obtaining emergency care and obtain written authorization from parents/guardians to administer first aid and obtain critical care in an emergency.
 - ii. Discuss the purpose of and the procedures for administering health and developmental screenings, including vision, hearing, and growth screenings.
 - iii. Obtain written authorization (consent) 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.
 - iv. If the parent/guardian gives authorization, staff documents the consent in COPA and places the paper authorization in the child's file.
 - v. If the parent/guardian refuses authorization, agency staff will document the refusal in COPA and inform the appropriate other staff. If the parent refuses to sign an authorization form for any health-related screenings (hearing and vision, health services, other developmental screenings), staff will provide education to parents/guardians about the benefits of the screening and inform them that they will be asked again in three months to see if they will give authorization at that time.
 - b. Medical Home & insurance -- All children must have a medical home, dental home, and health insurance that will allow the family to access appropriate medical and dental care for the child. This means that the child will have a regular, identified pediatrician, dentist, and health insurance, that is documented in COPA. While PFA/PI children are not required to have a medical home, dental home, or insurance, it is considered best practice to document the services the family and child does have and make referrals for them to obtain insurance and an ongoing source of care.
 - i. During in-take or within 30 days of enrollment, program staff will meet with the parents/guardians to accomplish several objectives:
 - 1. Collect and document in COPA information about the child's medical home and dental home, including provider names, and the type of

medical insurance the family has. See procedures below for referrals if the child does not have a medical home, dental home, or medical insurance. If the family does not have a usual source of medical home, dental home, or health insurance, agency staff will:

- a. Refer the parent/guardian to Medicaid, All Kids, or other insurance carriers, as appropriate.
- b. 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.
- c. Check with the family on progress for obtaining medical insurance, medical home, and dental home monthly until obtained.
- d. Develop goals with families related to health, as appropriate.
- e. Document goals and/or referrals/services in COPA, as part of the Family Partnership Agreement process.
- f. Document the information in COPA when the family does obtain a medical home, dental home, or medical insurance after enrollment.
- g. 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.
- h. 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.
- i. Ask the parent/guardian to indicate any safety or special needs, including medical, dental, mental health, disabilities, or medication requirements.
- j. Inform other appropriate agency staff of these safety or special needs.

E. Ongoing Health-related Requirements for All Programs

a. Annual Physicals -- Ensuring the Child's Health Status is Up-to-Date

- i. Children must have an annual physical that includes an up-to-date schedule of age-appropriate preventive and primary medical and oral health care and immunizations. Programs 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.
- ii. 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.
- iii. For IDCFS-licensed family child care homes, the physical exam must be no older than six 6 months.
 - iv. 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.
 - v. COPA report #406 should be used by programs to monitor ongoing health requirements.
 - vi. 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.
- b. Ongoing Care -- To ensure than children remain up-to-date on a schedule of age appropriate preventive and primary medical and dental health care, designated/appropriate agency staff should:
- i. 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.
 - ii. Give parents/guardians written advanced notice of renewals needed. Additional verbal notice may also be given.
 - iii. Inform parents/guardians of infants and toddlers of the well-child exam and immunization schedule during the enrollment process.
 - iv. Provide resources and referrals when families encounter challenges in meeting the renewal requirements.
 - v. Place copies of reminder notices in the child’s file.
 - vi. Document efforts to obtain renewals in COPA.
 - vii. Date-stamp all medical documentation when received.
 - viii. When renewals are received, document in COPA within 30 days of receipt.
 - ix. Invite parents/guardians to share observations of the child’s strengths, interests, and needs during home visits and parent conferences.
 - x. Provide information about medical, dental, hearing, or vision results that may indicate a need for further evaluation.
 - xi. Obtain guidance from the agency leadership or designees when parents/guardians or staff have concerns about a child’s health, growth, or development.
 - xii. Any new or recurring concern will be documented and follow up provided
- c. Extended Follow Up Care -- All programs will ensure that children who have health conditions will receive appropriate follow-up care. Designated/appropriate agency staff will:

- i. 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.
 - ii. Document efforts in COPA.
 - iii. Date-stamp all medical documentation copies when received.
 - iv. Document new results in COPA within 30 days.
 - d. For children with special medical conditions or needed follow up:
 - i. Programs must have a special care plan for children with health conditions requiring special management or accommodation during program hours.
 - 1. The care must be administered as required by a physician, subject to receipt of appropriate releases from the parent/guardian.
 - 2. Medical consultation shall be available to the staff, as needed for the health and medical needs of the children served.
 - ii. To ensure that the special care plan meets the needs of the children, designated/appropriate agency staff will:
 - 1. Involve parent/guardian and child’s health care provider in the development of the plan.
 - 2. Ensure all appropriate staff review the plan and receive appropriate information and training in the implementation of the plan.
 - 3. Support appropriate staff to assist parents/guardians in obtaining resources to carry out plan.
- F. Teeth Brushing/ Oral Health Practices -- DFSS promotes effective oral hygiene because tooth decay is preventable and is the most common disease in children. Programs will use a comprehensive system of health education and care that includes tooth brushing for all children that have teeth.
- a. Children must brush their teeth at least once per day and should include meaningful teacher-child interactions following CLASS guidance for interactions, transitions, and classroom organization.
 - b. Programs 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.
 - c. Programs will execute an oral health program that includes wiping gums with oral hygiene gum wipes.
- G. Short Term Exclusion of Children -- All programs 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.
- a. Every agency must have policies and procedures in place for addressing such events. Procedures must include reporting such events to DFSS upon their occurrence and to CDPH as guided by that agency.

- b. 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.
- c. 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.
- d. Children need not be excluded for a minor illness unless any of the following exists, in which case exclusion from the center is required:
 - i. Illness that prevents the child from participating comfortably in program activities
 - ii. Illness that calls for greater care than the staff can provide without compromising the health and safety of other children
 - iii. Fever with behavior change or symptoms of illness
 - iv. Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness
 - v. Diarrhea
 - vi. 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
 - vii. 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
 - viii. Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable
 - ix. Purulent conjunctivitis, until 24 hours after treatment has been initiated
 - x. Impetigo, until 24 hours after treatment has been initiated
 - xi. Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours
 - xii. Head lice, until the morning after the first treatment
 - xiii. Scabies, until the morning after the first treatment
 - xiv. Chicken pox (varicella), until at least 6 days after onset of rash
 - xv. Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;
 - xvi. Mumps, until nine days after onset of parotid gland swelling
 - xvii. Measles, until four days after disappearance of the rash or
 - xviii. 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).

H. Health Services Advisory Committees –

- a. HS/EHS/CCP agencies must establish a Health Services Advisory Committee (HSAC). The purpose of the HSAC is to advise the program on health-related policies and plans, including addressing the-health issues affecting the agency and its families. The HSAC must:

- i. Consist of parents, medical dental professionals and a staff coordinator. Additional medical professionals and volunteers from local health institutions may also participate in the committee.
 - ii. Meet at least once annually before the month of June.
 - iii. A list of members and the date(s) of meeting(s) must be completed using the Agency Health Advisory Form. The form must be signed by a Board representative, executive/ program director and the Policy Committee representative and submitted to the program’s monitoring team.
 - b. PFA/PI agencies may participate in the DFSS grantee-level HSAC.
 - I. Postings-- All program must hang the following posters:
 - a. Choking Hazards
 - b. Emergency Numbers
 - c. First Aid for Dental emergencies
 - d. Gloving Poster
 - e. Handwashing Poster
 - f. Tip Sheet
 - g. Handwashing procedure
 - h. Diapering
 - i. Mandated Reporter
 - j. No Smoking
 - k. No Drugs
 - l. No Alcohol
 - m. No Weapons
 - n. Put the stop sign daily health check
 - o. Weather Watch
 - J. Fiscal Requirements to support the program:
 - a. HS/EHS/CCP programs must provide diapers for enrolled EHS/CCP children during the program day.
 - b. HS/EHS/CCP programs may use HS/EHS/CCP funding to provide needed medical or dental services for enrolled children if all other resources have been exhausted. Programs should budget these funds, looking at the last three years of expenditures for these uses as trends

9. MENTAL HEALTH SERVICES

I. Definition: Mental Health refers to the practices and conditions required to support children, family and staff social and emotional well-being and promote healthy relationships that are the foundations of children’s learning. Mental health services are designed to assist children in their emotional, cognitive and social development, toward an overall goal of social competence and school readiness.

II. Chicago Early Learning Standard

- A. All programs should cultivate an agency-wide culture that promotes child, family, and staff well-being in all program components and levels, including the classroom, handbooks, meetings, discussion groups, family assessments, and home visits. Such a culture includes an environment of mutual respect among staff and family that welcomes and supports diverse cultures, languages, traditions, and experiences; that strives to build long-term, stable relationships with staff, families, and community; and that provides access to resources that support child, family, and staff emotional and physical well-being.
 - a. All programs must implement policies to limit suspension and prohibit expulsion – see the Enrollment, Recruitment, Selection and Eligibility Section.

- B. Mental Health Services are an integral part of the early childhood development and Health Services programs that provide direct support to children, parents and staff. Mental health services should be designed to
 - a. Assist children in their emotional, cognitive and social development, toward an overall goal of social competence and school readiness and identify problems that may interfere with the development thereof.
 - b. Assist parents and staff and caregivers in developing positive attitudes toward Mental Health services and in acquiring the necessary skills and knowledge to understand and to deal more effectively with common development and behavior problems seen in children
 - c. Provide staff/caregivers and parents with an understanding of child growth and development, and an appreciation of individual as well as cultural/ethnic differences, and the need for a supportive environment.
 - d. Provide for prevention, early identification and intervention of problems that may interfere with child and family social functioning/relationships.
 - e. Support parents, staff, caregivers, and children in implementing the goals of the Individual Education Program (IEP) or Individual Family Service Plan (IFSP).
 - f. Provide children with disabilities and their families with the mental health supportive services to ensure that the children and families achieve the full benefits of participation in the program.
 - g. Provide assistance and intervention to families in crisis.
 - h. Provide assistance and intervention to staff in crisis.

- C. Programs must design and implement an annual mental health services plan in consultation with a consultant from a mental health provider. The plan must include:
 - a. Initial Planning Session –

- i. A planning session must occur between the mental health provider and the agency staff prior to rendering of services. The purpose of this introductory session is to
 - 1. Establish the relationship between the consultant from the provider agency and the agency staff;
 - 2. Discuss and identify the mental health service needs of the program and its children and families.
 - 3. Plan the annual schedule of emotional/developmental activities for children, families, and staff, including parent orientation and mental health/emotional wellness workshops for parents
 - a. Orientation and workshops should be conducted in the parent body's majority language. Interpretation services will not be reimbursed. Simultaneous interpretation is permitted.
 - 4. Outline the referral process for children suspected/identified as having special social/emotional needs.
 - 5. Outline the strategies for working with children with challenging behaviors.
 - ii. The session is to occur no later than 60 days of the start of the program year and should include at least two parent representatives from the parent committee.
 - iii. The Mental Health Activity Record (DFSS 2569A) is to be completed during the planning session that includes/shows how and when the mental health services plan will be implemented.
 - iv. The Parent Mental Health Activity Record (DFSS2569B) is to be completed during the planning session and signed by the appropriate agency staff, the consultant, and the two parent representatives.
 - 1. The signed Parent Mental Health Activity Record (DFSS2569B) should be posted on the parent bulletin board.
- b. Parent Orientation
- i. An orientation to mental health services session must be conducted for families by the end of October. The session must include a discussion on emotional wellness, mental health services and disabilities, the sorts of interpersonal, behavioral, or other problems that children and families may receive a referral for individual consultation for, the referral process for individual consultation services for children and families, the availability of and how to access resources in the community, information about developmental screenings, and information on Early Intervention and CPS referral).
 - ii. Topics for workshops related to mental health and emotional wellness should be discussed, and parents should make recommendations for future workshops.
- c. Parent and Staff Education/ Training

- i. The mental health provider should provide education and information to staff and parents on the following topics and others, as determined by the agency and community need:
 1. Purpose of the screening process and results
 2. Understanding changes in developmental stages, typical and atypical development
 3. Child observations
 4. Appropriate developmental guidance
 5. Aggression/other externalizing behaviors and withdrawal/other internalizing behaviors
 6. The meaning of mental wellness
 7. Coping with stress
 8. Limit-setting, disciplines, and family dynamics
 9. Language and literacy development
 10. Dealing with violence in the home and in the community
 11. Early detection, identification, and follow-up of special needs in young children
 12. Recognizing disabilities in young children
 13. Problem solving, friendship skill, emotional management, and coping with anger
 14. Stages of learning, teaching, and embedding opportunities for social-emotional skill development
 - ii. This education and information may be delivered through a variety of methods, including but not limited to discussion groups, meetings, trainings, workshops, and informational materials/newsletters, based on resources and the needs of the organization and target audience.
- d. General Classroom Observation and Consultation/Feedback
- i. Mental Health consultants must provide general classroom/ child observations for infants, toddlers, and preschoolers as needed.
 - ii. After each observation there must be consultations and discussions with the teacher, network coordinator, home-visitor, and/or caregiver to review the results, discuss concerns, and develop plans for the rest of the year.
 - iii. Reports on the classroom/child observation should include, but are not limited to, the following information:
 1. Center/family child care home or classroom/group cultures and atmosphere, including when possible dynamics and interactions between caregiver and child and their families, parent and child, teacher and children, children with each other and in groups, and adults with each other.
 2. Practical suggestions and strategies for managing the classroom, group, FCCH, or home. These suggestions and strategies must address how to build on the strengths of children and their families as well as support

children who may appear anxious, display aggression, are withdrawn, or present sensory concerns. In addition, the report must address how to foster appropriate interactions between children and adult caregivers and provide an overall assessment of the observation.

3. If the consultant suspects possible child abuse and neglect, then the consultant is mandated to report the suspected abuse/neglect to the IDCFS hotline (1-800-25-ABUSE).
 4. Consultants are required to assist in formulating a plan of action based on the recommendations and/or suggestions made to teachers, home visitors, and caregivers. The plan must be specific to address individual as well as classroom/group needs, classroom strategies for managing behavior and supporting social-emotional development, activities to be implemented as well as timetables for completion. Children in need of further individual observation may be identified at this time.
- e. Social-Emotional Behavior IFSP/IEP Consultation—For children with emotional/behavioral disorder that have an IFSP or IEP, mental health provider must support the classroom staff, home visitor, caregivers, and parents to ensure that the children’s social-emotional needs are being met. This support may include but is not limited to the following:
- i. Reviewing the plan with the teacher or caregiver, support staff, and parents.
 - ii. Discussing ways of supporting the staff and caregiver when support staff is not on sites.
 - iii. Adapting the environment when necessary to accommodate children’s special needs
 - iv. Supporting children and families with the CPS and Early Intervention System (Child Family Connections) when concerns are suspected or identified.
- f. Individual Observation—An individual observation consists of the mental health consultant observing a child in the classroom or other group setting. For infants/toddlers these observations will take place either at the center or the home of the caregiver. These are to be conducted on children who have not been diagnosed/referred as disabled but who display behavior that may indicate special needs or concerns.
- i. An individual observation can be initiated by, but not limited to the following:
 1. At the request of the center staff or network coordinator
 2. At the request of the parent/guardian
 3. At the request of the consultant based on the general classroom observation, review of records, and discussion with staff
 - ii. In the case of infant/toddler, observation of the parent/child interaction is important. Every effort must be made to observe the child in the most natural setting such as in the child’s home, the family child care home, or the center when the parent is present.
 - iii. The following procedures apply to individual observations:

1. The program must obtain a signed release form from the parent or guardian prior to conducting any individual child observation. Parent/guardian must be consulted and give consent before a child is referred for an individual observation. Use Parent Consent for Individual Observation form DFSS 2954. This consent is valid for 60 days.
2. The Mental Health Consultant is to review the child's records prior to observing the child.
3. An individual observation must be conducted within two weeks of either the date of the general observation in which a child was identified as needing further observation or from the request of the parent and /or center staff. The individual observation cannot be conducted on the same day as the general/group observation.
4. Following an individual observation, a mental health consultation must occur with parent/guardian and staff, home visitor, or network coordinator and caregiver to discuss the results of the observation.
5. If a mental health consultant recommends a child for further services, the center staff home visitor, or network coordinator must follow-up and ensure recommendations and or referrals have been completed. Parent/guardian input must be obtained in the planning process.
6. All mental health consultants must complete a written summary of the observations and recommendations for children individually observed (on appropriate forms CYS 1115). A copy of the individual observation report should be included in the child's mental health record. To protect the right to privacy as well as preserve confidentiality, the provider and the center/home may refer to the child either by using a code or the child's initials.
7. The reports on the individual observation should include but not be limited to the following information:
 - a. Presenting problems, child's behaviors and overall assessment from that specific observation.
 - b. At the end of the individual observation, include recommendations with reference to those responsible for implementing any referral and/or recommendations.
- g. Parent Consultation –Parents may obtain individual assistance throughout the program year. While an opportunity should be provided for parents to discuss individual problems regarding the child or family, the emphasis must be placed on referral, such as connecting the family and child to a provider agency for short/long term services. It should be noted that crisis intervention services are carried out on a very limited basis.
- h. Crisis Intervention Counseling—
 - i. A family in crisis will be referred to a mental health provider after program staff have determined that the family requires professional psychological support

and intervention. Crisis intervention will consist of not more than three sessions. An assessment will take place during the first sessions. Intervention and goal setting will take place with the family over the next two sessions. If further assistance is needed, a referral to community-based, long term assistance must be made.

- ii. Onsite mental health consultation will also be available to staff who may be experiencing crisis, such as emotional challenges, issues of loss, domestic or community violence, mental health issues, trauma, etc.
 - i. Ante- and Post-Partum Assessment for Pregnant Mothers—An assessment of pregnant mothers to determine whether she should be referred for medical evaluation is required. An appropriately validated and reliable tool, such as the *Edinburgh Postnatal Depression Scale* must be used to conduct the assessment. The mental health consultant may assist in the process of assessment and referral.
 - j. Quarterly meeting with mental health service provider to check in on services, including providing necessary feedback on services, issues, and concerns.
- D. To fulfill the requirements of the mental health services plan, agencies are advised to ensure that they
- a. Make the schedule of mental health consultant services available to staff and parents.
 - b. Meet with staff and parents on a regular basis to discuss children’s changing needs.
 - c. Develop well-being activities for staff and parents.
 - d. Review referrals for children that result from behavioral screenings.
 - e. 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.
 - f. Ensure parents are included as a part of the child’s team in discussions about challenges before it is determined that interventions are needed.
 - g. Discuss child’s strengths as well as concerns with parents, e.g., typical development, how child responds to stressful situations.
 - h. Develop appropriate responses to address challenging behaviors, and strategies to strengthen results.
 - i. Recognize and address the difficulties with separation and attachment for child and parent.
 - j. Support healthy child rearing practices.
 - k. Help children adjust to changes in family circumstances.
 - l. Address domestic violence situations.
 - m. Promote stress reduction.
 - n. Facilitate support groups or other activities that meet the needs of the program children, families, staff, and community.
 - o. 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:

- i. Child's orientation visits
 - ii. Daily contacts during drop-off and pick-ups
 - iii. 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
 - iv. Home visits
 - v. Screening and assessment results
 - vi. Health and nutrition interviews

- E. Each agency is required to contract with a mental health consultant or make use of the DFSS mental health support service contract subject matter expert (SME). The mental health consultant, in collaboration with designated staff, performs at least the following functions for agency operations
 - a. Design appropriate activities for:
 - i. Classroom management.
 - ii. Methods for supporting children's strengths.
 - iii. Strategies for supporting children with challenging behaviors, both internalizing and externalizing problems, and other social, emotional, and mental health concerns.
 - iv. Strategies to foster appropriate interactions between children and adults.
 - v. Overall assessments and observations.
 - b. 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.
 - c. 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.
 - d. Share findings, concerns, and recommendations from observations with teaching and other designated staff.
 - e. 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.
 - f. 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.
 - g. Assist in making referrals for further mental health assessment/evaluation.
 - h. Meet with staff and leadership frequently to discuss center, classroom, home visiting, family child care home, child, family, team, or individual needs.
 - i. 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 through various 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.

- i. The purpose of the screening process and results
 - ii. Understanding changes in developmental stages, typical and atypical development
 - iii. Child observation
 - iv. Appropriate developmental guidance
 - v. Aggression/other externalizing behaviors and withdrawal/other internalizing behaviors
 - vi. The meaning of mental wellness
 - vii. Coping with stress
 - viii. Limit setting, discipline, and family dynamics
 - ix. Language and literacy development
 - x. Dealing with violence in the home and in the community
 - xi. Early detection, identification, and follow-up of special needs in young children
 - xii. Recognizing disabilities in young children
 - xiii. Child abuse and neglect
 - xiv. Problem solving, friendship skills, and emotional management
 - xv. Domestic and Community Violence
- j. The mental health consultant works with staff and parents to encourage the development of nurturing relationships and environments by:
- i. Promoting secure attachment relationships between parent and child.
 - ii. Promoting constructive family relationships by helping the agency provide an environment where all family members are welcome to learn about the child.
 - iii. Linking families to community resources, acting as a liaison between the agencies and parents, and serving as advocate for the child.
 - iv. Designing activities for parents to use at home.
 - v. Providing short term crisis intervention, but referring families to community services for further long term assistance.
 - vi. Encouraging parents to partner with teachers regarding how to deal with the child, while teachers observe the child in preparation for a smoother transition.
- k. Parents will be assisted by agencies and informed by mental health consultants with
- i. 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.
 - ii. Implementation of the special education goals for children with IEPs.
 - iii. Activities that promote mental wellness, e.g., exercise programs, educational opportunities, regular breaks, family fun activities, etc.
 - iv. Decisions about the type of interventions that would be provided to their child.
 - v. Understanding and accessing needed services and community resources.
- l. In collaboration with program staff, the mental health consultant may consult individually with staff or families about mental health concerns and plans for ongoing

care, as needed, affordable, and as cannot be covered by other community resources. Mental Health consultants may make referrals to staff and families for ongoing services and care.

- F. HS/EHS/CCP Agencies must establish Cooperative Agreements with Mental Health Providers in order to access mental health consultations
 - a. Cooperative agreements should include, at the minimum, the mental health roles and responsibilities included in this section.
 - b. Requirements for Mental Health Providers and Consultants
 - i. Providers must submit resumes, diplomas, and certifications for approval to the agency for those individuals identified to render services under the mental health contract. Scan and upload signed copy of the cooperative agreement along with resume and credentials to the DFSS electronic file cabinet.
 - ii. DFSS will provide orientation and training to new providers
 - iii. Required Credentials
 - 1. A Ph.D. in Psychology, Early Childhood Special Education, or the Behavioral Sciences such as Guidance Counseling as relevant to the discipline of Psychology; and Licensed Clinical Social Worker (LCSW), or Licensed Clinical Professional Counselor (LCPC); or
 - 2. Under the supervision of a Ph.D., LCSW, or, LCPC Master's Degree in Social Work, Psychology, Early Childhood Special Education, or a degree in the Behavioral Sciences such as Guidance Counseling as relevant to the discipline of Psychology; and demonstrated experience of 1 year working with infant/toddlers and preschool children (one of which is in a mental health setting) and families; or
 - 3. Under the supervision of a Ph.D., LCSW, or, LCPC A Bachelor's Degree or higher in Social Work, Psychology, Early Childhood Special Education, or a degree under Behavioral Sciences such as, including Guidance Counseling as relevant to the discipline of Psychology; and Demonstrated experience of 2 years working with infant/toddlers and preschool children (one of which is in a mental health setting) and families.
 - 4. Good communication skills, oral and written, and experiences conducting group workshops;
 - 5. Certified, registered and Illinois licensed as applicable.
 - iv. Insurance Requirements
 - 1. Mental health consultant must carry professional liability insurance specific to licensure and profession.
 - 2. Mental health consultants who are employees of an agency should be covered under agency liability insurance
 - 3. Liability limitation so \$1,000,000 is acceptable.
 - 4. Proof of insurance should be available on file.

- c. Report Requirements
 - i. Billings—Agencies are responsible for all payments to the mental health provider. All bills must be submitted to the agency. There are three reports required for billing and documentation to be completed on site for each site/home visit in which mental health service are rendered
 - 1. DFSS 115 Report on Mental Health Services Form— for each service or activity rendered at a site, a separate DFSS 1115 must be completed
 - 2. DFSS 1388 Supportive Services Verification Form—One DFSS 1388 is required for each site visit. The DFSS 1388 is to reflect the total number of hours a consultant spent for the site visit and have the properly authorized signature
 - 3. DFSS 2569 A & B – Mental Health Activity Record
 - ii. Providers are required to submit billing reports for the preceding month specifying the name of program, specific service by category of services and appropriately checked, number of hours of service, such as, beginning/ending time rendered at each center, and appropriate authorizing signatures on both the DFSS 1388 and provider’s voucher.
 - iii. Authorization of Services – The following agency personnel may review, approve, and sign for the number of hours of service and the in-kind services rendered using DFSS 1388 Supportive Services Verification Form. The authorized signer will verify services only upon the receipt of completed reports.
 - 1. Single Delegate Agency- Site Director, Social Worker or Teacher.
 - 2. Multi-Site Agency - Site Director, Social Worker, Health/Disabilities or Teacher.
 - 3. Chicago Public Schools- Teacher, Principal or HS/EHS Cluster Facilitator
 - 4. Family Child Care Homes - Program Director, Network Coordinator
 - 5. Home Based/Home Visiting Programs - Social Worker, Home Visitor
 - iv. It is the responsibility of the consultant to notify the agency immediately if a situation occurs, where the authorized staff signature is not obtainable. Similarly, the Agency will not honor unsigned (blank) verification forms for reimbursement even though a service was rendered
 - v. Verification Forms signed by persons other than those designated will not be honored by the delegate agency. The provider will not be reimbursed for those services rendered due to failure in obtaining the appropriate signature.
 - vi. If a planned activity is to be canceled, a maximum of one week notice of the cancellation is requested, but at a minimum, 48 hours prior to the scheduled activity is to be given by the person canceling the session to the site. This applies both to the provider and the agency.
- d. Each agency must contract with a mental health provider
 - i. Head Start funded programs must contract for a minimum of 15-19 hours per classroom group, per program year. Classroom groups are defined as follows

1. One half-day, double session classrooms (AM and PM) represent two classroom groups.
 2. One full day classroom session represents one classroom group.
 3. One socialization group for home-based represents one classroom group.
 4. One family child care home represents one classroom group.
- ii. Early Head Start funded programs must contract for a minimum of 15 hours for every five children enrolled in the program.
 - iii. Hours should be delegated to program options where services are most needed.
- e. A template for cooperative agreements is available.
 - f. Completed mental health cooperative agreements must be submitted to the agency's monitoring team.

G. The Grantee Mental Health Subject Matter Expert (SME)/Consultant

- a. The Role of the Grantee Mental Health SME/ Consultant--The grantee's mental health SME/consultant is responsible for capacity building at CEL programs and supporting programs in delivery of services that support the social, emotional, and mental health needs of children, families, and staff.
- b. Consultation from the SME is available to all agencies to
 - i. Assist programs with establishing programmatic goals for children, families, and staff related to mental wellness.
 - ii. Address any issues affecting programs outcomes as they pertain to early childhood health and mental health.
 - iii. Provide training and technical assistance on integrating best practices to support child, family, and staff mental wellness
- c. Consultation with the grantee mental health SME is available to PFA/PI agencies. They should consult with their monitoring team to determine needed services.

10. Nutrition

I. Definition: The Nutrition Section covers standards and practices required to support children's healthy development through nutrition, in the form of program meals, activities, and child and family education.

II. Chicago Early Learning Standards:

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

- B. All center-based and family child care home-based programs must have active federal Child and Adult Care Food Program (CACFP) contracts. Programs must follow all meal service requirements of the Child and Adult Care Food Program (CACFP), city and state licensing.
 - a. Agency leaders will ensure that designated staff at all sites:
 - i. Enter meal counts in meals-count worksheets weekly.
 - ii. Reconcile meal counts with attendance and sign-in/sign-out sheets, as necessary.
 - iii. Verify the accuracy of the claim by comparing sign-in sheets, attendance, and meal counts.
 - iv. Review data entry to ensure information is complete for the monthly food program claim.
 - v. Prepare the monthly food program claim.

- C. Nutrition Practices
 - a. Full day programs must provide children meals and snacks that meet at least one-half to two-thirds of the child's daily nutritional needs and feeding requirements.
 - b. Infants and toddlers must be fed according to their individual developmental readiness and feeding skills. Infants and toddlers are fed on demand. Bottle fed infants must never be placed in a crib or resting position with a bottle.
 - c. All children must be offered breakfast or a snack upon arrival, including those children deemed late.
 - d. For home-based/home-visiting programs, healthy snacks and meals are provided to children during visits and socialization sessions.
 - e. Infant/toddler programs must promote breastfeeding by making available
 - i. cold storage in every classroom,
 - ii. lactation rooms or private places available for breastfeeding parents, and
 - iii. counseling from the agency's or grantee's nutritionist/nutrition consultant to support parents making this option.

- f. Clean drinking water must be made available to children at all times during service hours.
- D. Identification of Nutritional Needs
- a. During the intake process, program staff must meet with parents/guardians and complete a nutrition assessment in COPA before the child can attend the program.
 - i. For children under age two, the COPA infant toddler nutritional assessment form (3171) should be used.
 - ii. For children two years and over (2 years + one day), the nutritional section on the COPA health history (section 7) form should be used.
 - b. Programs will use the nutrition assessment in COPA to help identify the parent/guardian's nutritional concerns and needs. The opportunity should be used to discuss the family's cultural, religious, ethical, or personal food preferences, such as vegetarianism or medically prescribed diets. During the assessment the following information should be gathered:
 - i. family eating patterns, including cultural preferences.
 - ii. special dietary requirements for children with nutrition-related health problems, and
 - iii. feeding requirements for infants and toddlers
 - iv. special requirements for children with disabilities.
 - c. 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 should be updated in August. For pregnant women, prenatal assessments are conducted at intake and postpartum assessments are conducted at the two-week post-delivery visit.
 - d. Height and Weight----Assigned staff must record height and weight for each child twice a year in or about October and February and document in COPA.
 - e. Nutrition and BMI Assessment Follow-up:
 - i. Designated agency staff that review each child's completed health information update form, physical exam, etc. should also review the children's nutritional assessment and BMI to determine if there is a need for special accommodations, follow-ups, and/or referrals.
 - ii. If there are concerns about the child's nutrition, programs should consult with on-staff nutritionist or nutrition consultant to ensure they meet children's special dietary requirements and make referrals for further follow-up by licensed professionals.
 - 1. Programs must 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.

2. If children present with Body Mass Index (BMI) values below the 5th and above the 85th percentiles. This information will be documented on children's nutrition assessments and placed in COPA. Children under the 5th percentile are to be referred to a physician.
 3. For infants and toddlers, any nutrition concerns must be referred to the pediatrician
 4. The nutrition consultant will design an individual nutrition plan with the parent, if deemed necessary.
- iii. 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.
- f. Agencies must have designated staff who work with their 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. (ongoing, maybe should be moved)
 - g. If there are concerns about the child's nutrition, programs should consult with on-staff nutritionist or nutrition consultant to ensure they meet children's special dietary requirements.

E. Daily Nutritional Practices

- a. Menu Planning
 - i. Menus should include a variety of foods that consider cultural and ethnic preferences and boarded children's food experience.
 - ii. Menus should be culturally appropriate.
 - iii. Menus must be distributed to each site monthly.
 - iv. The nutritionist and designated staff and/or food vendors must 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.
 - v. A nutritionist must analyze, approve, sign off and date 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.
 - vi. HS/EHS: Programs must meet with the Parent Committee quarterly and request input and recommendations for future menus. (Nutrition parent education requirements add to another section)
- b. Implementation Procedures. Programs must
 - i. Post menu monthly in classrooms, on the parent bulletin board, socialization spaces for home-visiting, and in the kitchen.
 - ii. Distribute menus to all parents/guardians.

- iii. Provide meals listed on menu to all children in center-based settings.
 - iv. Changes to menu must be posted.
 - v. Serve meals and snacks that provide 2/3 of a child's daily nutritional needs.
 - vi. Full day Programs will serve two meals and at least one snack per day.
 - vii. 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.
 - viii. All programs must implement a no outside food under general circumstances /no peanut/nut-based policy.
 - ix. Provide children with disabilities with adaptive equipment, modified menus, and/or additional assistance at mealtime, as needed.
- c. 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 and the City of Chicago Joint Resolution will be used to offer a variety of options.
- d. Allowed and Unallowed Foods—
- i. All programs must implement a no outside food under general circumstances
 - ii. All programs must implement a no peanut/no nut-based food policy.
 - 1. 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.
 - iii. Per the 2011 joint resolution for Chicago child care standards, programs must 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.
 - iv. All programs must implement a no juice policy.
 - v. Water should be made available at all time and offered during meals and snacks.
 - vi. Reduce salt in cooking and limit higher sodium, processed foods.
 - vii. Programs are encouraged to offer a variety of fresh sliced fruit, canned fruit in its own juice, and fresh vegetables.
 - viii. Programs must not put sugar, salt, butter, or margarine on tables.
 - ix. Programs must not offer the following foods to children age 4 and under to prevent choking:
 - 1. Firm, smooth, or slippery foods that slide down the throat before chewing, such as
 - a. Hot dogs, chunks of meat, or sausage rounds
 - b. Whole grapes, cherry/grape tomatoes, berries, melon balls, or cherries
 - c. Whole nuts (also due to nut allergy policy)
 - 2. Small, dry, or hard foods that are difficult to chew or swallow, such as:
 - a. Popcorn, hard pretzels, chips

- b. Small pieces of raw vegetable, such as raw carrot rounds, baby carrots, string beans, celery, or other raw/partially cooked vegetables
 - c. Whole pieces of fruit with pits or seeds, such as apples
 - 3. Sticky foods, such as:
 - a. Spoonfuls of seed butters
 - b. Marshmallows, chewing gum, or candies
 - c. Dried fruits, such as raisins
 - d. Large chunks of cheese
 - x. Programs must reduce the use of foods high in fats and increase the amount of whole grains, fruits, and vegetables served.
 - xi. Programs must avoid sweet and sticky foods, especially those high in refined sugar
 - 1. 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.
 - 2. Cake, pastries, cookies or other foods with high sugar and/or fat content shall not be served to children enrolled in the program.
 - 3. See below for policies related to cultural and birthday celebrations.

F. Meal Service --Programs will provide the following elements in their meal service:

- a. Meal service must follow CACFP standards
- b. Serve all meals and snacks family style according to the posted times in classrooms.
 - i. Family style service is defined as all children and teaching staff sitting at the table at the same time for the same meals.
 - ii. Pre-school aged children are encouraged to be independent, set their own places at the table, serve themselves, pour their own milk, and clean off their own dishes, etc. Toddlers should be encouraged, if ready.
 - iii. Meals provide time for socialization. Staff should initiate natural, meaningful conversations with children during mealtimes
 - iv. Meals should be relaxed and unhurried. Programs should allow, at the minimum, approximately 30 minutes for lunch and 15 minutes for breakfast and snacks. Each meal services should allow sufficient time for the children to eat.
- c. Agency designated staff must complete accurate documentation of meals served to each child at point of service during mealtimes every day. This includes
 - i. Review meal counts attendance and sign-in/sign-out sheet at the end of each workday for accuracy.
 - ii. Review the menu to be sure all items are served.
 - iii. Review and post food substitution/allergy lists to ensure foods are served correctly to children with special dietary needs.
- d. Children must be offered a meal or snack, if they arrive at school after the classroom mealtime has been completed.

- e. Food must never be used as a punishment or reward for any child.
 - f. Classroom volunteers are encouraged to interact with the children and provide positive role models during mealtimes and eat with children same meal.
 - g. 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.
- G. Menu Modification/ Accommodation for Medical Needs--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.
- H. Meal Service for Classroom Celebrations and Other Activities
- a. Per IDCFS Licensing Standards (407.330), all food consumed by children under the supervision of a center shall be provided by the center, except:
 - i. 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. This typically includes breast milk and home-made baby food
 - 1. In each case, programs are recommended to have a parent sign a waiver, granting the program permission to administer/feed the child the designated food.
 - ii. Upon agreement of the staff, parents may bring in commercially prepared foods 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 and must comply with current licensing and USDA guidelines
 - 1. If programs opt to exercise above, they must
 - a. Provide nutrition education to families and children, and
 - b. Create a policy to ensure that all children, including those whose parents may not or may not be able to bring in commercially prepared treats for them, have an opportunity for a celebration with a commercially prepared treat.
- I. Food Services to Pregnant Women—see the Early Head Start Pregnant Policy Package for nutrition services for pregnant women.
- J. Food Safety and Sanitation
- a. Agencies must only contract with food service vendors that are licensed in accordance with state or local laws.

- b. In accordance with best practices, designated/appropriate staff will:
 - i. Implement all CACFP, city and state meal service guidelines.
 - ii. Clean and sanitize tables before and after all meals.
 - iii. Wash hands with soap and running water for at least 10-15 seconds.
 - iv. Turn off sink with clean paper towel.
 - v. Dry hands with clean paper towel.
 - vi. Throw used paper towel into trash can.
 - vii. Disinfect sink if used for hand washing before meals.
 - viii. Ensure hands are clean when serving food.
 - ix. Rinse all dishes, metal pans, and containers, and send to the caterer.
 - x. Sanitize milk pitchers, cutting boards, knives, and salad tongs, etc. Use chlorine bleach, refer to the manufacturer's label for how to make the appropriate concentration.
 - xi. Check the thermometer inside the refrigerator and freezer daily and document the temperature daily on the freezer/refrigerator temperature record.
 - xii. 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.
 - xiii. Keep perishable food items in the refrigerator.
 - xiv. Sanitize the refrigerator weekly.
 - xv. 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.
 - xvi. Discard leftover milk from small pitchers; do not pour back into the milk carton or inside the refrigerator.
 - xvii. Dispose of unsafe perishables daily.
 - xviii. Place foods from caterer directly in preheated food warmers and cold refrigerators/freezers.
 - xix. Take hot and cold food temperatures daily before serving and record the temperature on the food temperature log.
 - xx. Ensure that the site has a calibrated thermometer to use for taking food temperatures.
 - xxi. 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.
 - xxii. Use no styrofoam dishes

K. Nutrition Information and Training

- a. Programs must conduct weekly, nutrition related educational activities, which may include food experiences
- b. HS/EHS/CCP funded Programs must hold twice annual nutrition workshops with parents/guardians and appropriate staff.

- c. Nutritionist/nutrition consultant will provide a parent newsletter nutrition article monthly, offering nutrition advice and information to all parents and families.
- L. Ongoing Monitoring --DFSS agency/site staff and/or the nutrition consultant, will monitor the following to ensure completion of nutrition activities:
- a. The proper documentation of nutrition services in the COPA system.
 - b. 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.
 - c. Meal services.
 - d. 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.
 - e. Weekly nutrition education experiences, including the implementation of classroom food experiences.
 - f. Nutrition follow up and referrals
 - g. Food handler certification (must be obtained 30 days after newly hired and renewed every three years).
 - h. HS/EHS: Submission of nutrition consultants to DFSS (due in September).
 - i. HS/EHS: Bi-yearly parent nutrition workshops.
 - j. 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).
- M. System for Contacting Subject Matter Experts (SME)
- a. HS/EHS/CCP funded agencies must hire or contract with a certified nutritionist. Name and credentials must be submitted to the agency's monitoring team.
 - b. PFA/PI can access DFSS nutrition subject matter experts/ consultants.

11. SAFETY PRACTICES

I. Definition: This section concerns practices required to maintain the health and safety of children, family, and staff at Chicago Early Learning locations.

II. Chicago Early Learning Standards:

- A. Programs must establish, train staff and volunteers, implement, and monitor a system of health and safety practices to ensure that children and staff are safe at all times.
- B. When developing policies or procedures to ensure children’s health and safety, programs must consult *Caring for Our Children Basics* (CFOCB) from the US Department of Health and Human Services Administration for Children and Families. Program may also consult *Caring for Our Children* (CFOC) from the National Resource Center for Health and Safety.
- C. Because effective health and safety practices are critical for maintaining children’s safety, programs that have a safety violation must create and implement an action plan immediately to address safety violations and ensure the issue is resolved.
- D. Facilities
 - a. Licensing Standards
 - i. All licensable facilities used for CEL programs must be licensed by IDCFS and the City of Chicago, including socialization spaces for home-based and home-visiting programs.
 - ii. All license-exempt facilities used for CELS programs (typically archdioceses and charter schools) must hold a current IDCFS exemption letter.
 - iii. All programs are required to provide copies of required licenses /letters/certificates to DFSS in the manner, and by the deadline designated by DFSS, preferably via COPA eDocs.
 - b. General Requirements for Facilities-- Standards and procedures in this section refer to both indoor and outdoor areas of early learning facilities. Programs must ensure that all facilities used for child services:
 - i. Are clean and free from pests.
 - ii. Employ pest control practices that meet DCFS licensing standards.
 - iii. Are free from pollutant hazards and toxins, that are accessible to children, and could endanger children’s safety.
 - iv. Have hazardous material stored in original containers with legible labels in a locked area out of children’s reach.
 - v. Are tested for radon every three years.
 - vi. 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.
 - vii. 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, similar products, sponge, rubber, or soft plastic toys.

- viii. Are designed to prevent child injury, and free from hazards, including choking, strangulation, electrical, drowning hazards, hazards posed by appliances, and all other safety hazards.
 - ix. Have window coverings, and cords that are designed to prevent strangulation.
 - x. Are well lit, including emergency lighting.
 - xi. Are equipped with safety supplies that are readily accessible to staff, including appropriate fire safety supplies.
 - xii. Are designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children’s activities.
 - xiii. Have drug-free and smoke-free workplace posters visible to visitors.
 - xiv. Post evacuation routes at the entry.
 - xv. Post a safety sign (No Gun sticker) at each site at all entrances and exits. 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.
- c. Preventative Maintenance: Site directors or their designees must implement an effective, ongoing system of preventive maintenance for the facility. The system should include:
- i. Preventive maintenance tasks, time lines, and responsibilities.
 - ii. Regular inspections by licensed professionals, as appropriate, for heating, cooling, plumbing, electrical, fire safety, etc.
 - iii. Financial resources for maintenance, repair, and replacement.
 - iv. Documentation of the system.
 - v. Evidence that any issues have been corrected.
- d. The site director or his or her designee must have access to records of preventive maintenance system for the facility.
- i. Records may be kept by facility staff or other management staff.
 - ii. The site director or her or his designee must review preventive maintenance tasks every other month to ensure they are completed.
 - iii. The site director or his or her designee must monitor completion of repairs at least weekly until any issues are resolved.
- e. Safety Checklists: Program 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. Site directors should implement daily and weekly safety checklists of facilities

E. Classroom Safety

- a. Postings: 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.
- b. First Aid Kits: Each classroom must have a first aid kit and the center needs to have a travel kit for outings.
 - i. Kits 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.
 - ii. The supplies for each first aid kit shall be stored in a closed container that is clearly labeled as first aid supplies.

- iii. First aid kits must be stored in a place that is accessible and visible to staff at all times, but out of the reach of children.
 - iv. Site directors or their designees must conduct, document first aid kit, and classroom supply inventory checks monthly, after any use of any kit.
 - v. On-site first aid kits shall contain at a minimum the following supplies.
 - 1. Disposable latex gloves
 - 2. Scissors
 - 3. Tweezers
 - 4. Thermometer
 - 5. Bandage tape
 - 6. Sterile gauze pads
 - 7. Flexible roller gauze
 - 8. Triangular bandage
 - 9. Safety pins
 - 10. Eye dressing
 - 11. Pen/pencil and note pad
 - 12. Cold pack
 - 13. Adhesive bandages
 - 14. Current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide.
 - 15. Disposable non-latex gloves and adhesive bandages.
 - vi. Travel first aid kits. Programs must use a travel first aid kit when off site, including neighborhood walks, trips to offsite locations, and socializations if it is not in a CELS center. Travel first aid kits must contain the above supplies (first aid chart may replace the required text), plus the following additional items:
 - 1. Water
 - 2. Soap
 - 3. Telephone number of the center, preferably on a laminated card, emergency contact information, and emergency contact information for children.
- c. Equipment and Materials.
- i. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and any equipment used in the care of enrolled children, must meet standards set by the Consumer Product Safety Commission or the American Society for Testing and Materials, International.
 - ii. 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.
 - iii. Site directors or their designees must be responsible for monitoring unsafe children's products. One or more of the following methods may be used:
 - 1. Subscribe to a service that reports unsafe products such as <https://cpsc.gov/Newsroom/Subscribe/> <http://www.kidsindanger.org/>.
 - 2. Search websites for new unsafe product listings at least quarterly <http://srs.dph.illinois.gov/webapp/SRSApp/pages/> <https://www.saferproducts.gov/Search/default.aspx>.
 - 3. Complete product-registration cards if they are available.
 - 4. 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.

5. 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.
- iv. All equipment and materials must be appropriately cleaned, sanitized, and disinfected:
 1. 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 should be machine-washed at least weekly and when contaminated.
 2. Water tables and toys used in water tables should be emptied daily and cleaned with a mild germicidal solution before being air-dried. Children and staff should wash their hands before and after using the water table.
 3. All cooking and feeding utensils should be washed and sanitized after each use.
 4. Programs must develop, implement, and monitor a schedule for cleaning, sanitizing, and disinfecting for classrooms, materials, the facility, and food service.
 - d. Appropriate Supervision. Classrooms, equipment, and materials must be designed to ensure appropriate supervision of children at all times. Rooms must be arranged to ensure visual supervision.

F. General Requirements for Staff

a. Safety orientation and Training -- IDHS Certification

- i. 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.
- ii. (is this the same as above?) Staff must have Level 1 Certification from IDHS and to ensure staff have Health 101 Trainings (CPR) (part of licensing)
- iii. Find more information at:
<http://www.dhs.state.il.us/OneNetLibrary/27894/documents/HCD/ChildCare/HealthSafetyCDNoticeforenters01252017Final.pdf>.
- iv. The definition of all staff "with regular child contact" includes at a minimum:
 1. All classroom staff, including master teachers, lead teachers, co-teachers, teachers, assistant teachers, teacher aides, regular substitutes, and regular floaters.
 2. All bus monitors.
 3. All home visitors/parent educators.
 4. All family support staff.
 5. All education supervisors, e.g., education coordinators or managers, curriculum specialists, and coaches.
 6. Site directors/managers.
 7. Regular volunteers

8. Kitchen staff
- v. At a minimum, the following topics must be included in training for all staff with regular child contact within three months of hire.
 1. Prevention and control of infectious diseases
 2. 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.
 3. Administration of medication, including parental consent
 4. Prevention and response to emergencies due to food and allergic reactions; CPR/first aid with content for EpiPen and allergic reactions
 5. Building and premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic
 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; Gateways A Preventable Tragedy: Shaken Baby Syndrome (SBS/Traumatic Brain Injury)
 7. Emergency preparedness and response planning for emergencies; Gateways Emergency Preparedness
 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
 9. Appropriate precautions in transporting children, if applicable
 10. First aid and cardiopulmonary resuscitation
 11. 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/>
- vi. 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:
 1. Any staff or supervisors not included in the list of staff with regular child contact above
 2. All staff who are in a facility that has a HS/EHS program
 3. Enrollment staff
 4. Administrative assistants, receptionists and other support staff
 5. Cooks and food aides
 6. Bus drivers (see the Transportation section for other training required for bus drivers)
 7. Maintenance staff
- vii. At a minimum, the following topics must be included in training for all staff with no regular child contact within three months of hire:
 1. DFSS and agency health and safety requirements applicable to their work
 2. Training in the DFSS and agency emergency and disaster preparedness procedures
 3. 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/>

- viii. Agency directors or their designees, in collaboration with agency human resources staff, must monitor training for staff, and ensure all required training and certificates related to child safety are up to date.

- G. Safety Practices -- All staff and consultants must follow appropriate practices to keep children safe during all activities, including, at a minimum:
 - a. Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, and local laws. All staff must complete mandated reporter training from IDCFS.
 - b. Implementation of 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.
 - i. Staff that 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.
 - c. Using appropriate indoor and outdoor active supervision of children at all times.
 - i. Active Supervision involves intentional observation of all children in care at all time, including ensuring that sight lines are unobstructed, that regular child counts occur, and that children's behavior is anticipated and planned for to ensure safety.
 - ii. 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.
 - d. Releasing children only to authorized persons, aged 13 and over.
 - i. Programs must have written policies and procedures for the release of children to predesignated persons.
 - ii. Release procedures must include steps to meet DCFS rules for late or no-show at pick-up time.
- H. Hygiene Practices –
 - a. All staff must systematically and routinely implement hygiene practices that at a minimum ensure:
 - i. 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.
 - ii. Safe food preparation.
 - iii. Appropriate actions if exposure to blood and body fluids occurs. Handling must be consistent with standards of the Occupational Safety and Health Administration.
 - b. Staff must be trained on policies and procedures for hygiene practices at orientation

within three months of hire, and then annually. Hygiene practices must be included in observations by all supervisors. All training, observations, and feedback must be documented.

- c. The following hygiene-related policies are required of all programs must have in place.
 - i. Handwashing procedures
 - ii. Handwashing poster
 - iii. Diapering procedures (if serve children birth to age 3)
 - iv. Universal precautions
 - d. The following hygiene-related postings are required of all programs
 - i. Diapering (if serve children birth to age 3) and gloving posters or steps should be posted in the classrooms.
- I. General Safety Requirements for Food Handling and Services
- a. Food Handler Training -- All staff who work with unpackaged food, equipment or utensils, or food-contact surfaces, must have food handler training that is approved by IDPH.
 - i. Staff that have a current food service sanitation manager certificate and unpaid volunteers are not required to have food handler training.
 - ii. The food handler training must be completed every three years.
 - iii. Proof of training must be documented and kept on site at the licensed facility.
 - b. Food Service Sanitation Manager Certification
 - i. Each site that serves meals must have at least one person on site at all times who holds a current IDPH and CDPH food service sanitation manager certifications. This includes family child care home sites.
- J. Administrative Safety Requirements -- Programs must establish, follow, and practice, as appropriate, procedures including, but not limited to, the following situations:
- i. Emergencies.
 - ii. Fire prevention and response.
 - iii. Protection from contagious disease, including appropriate inclusion/exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness
 - iv. Handling, storage, administration, and recording of administration of medication
 - v. Maintaining procedures and systems to ensure children are only released to an authorized person
 - vi. 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 but confidentially, where staff can view wherever food is served.
- K. Disaster Preparedness Plan -- Programs 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.
- a. Programs must conduct monthly fire drills and tornado drills bi-annually
 - b. Programs must have an alternate location where children and programs will be moved in case of emergency.

- L. Reporting of Safety Incidents-- Programs must report any significant incidents affecting the health and safety of program participants to their assigned monitoring team within 24 hours of occurrence. Significant incidents include, but are not limited to:
 - a. Chemical spills
 - b. Active shooter
 - c. Heating, gas leaks
 - d. Flooding
 - e. Staff involved child abuse – DFSS should be called after DCFS as required by mandated reporting
 - f. Structural damage
 - g. Utility failures
 - h. Unsupervised child incident

- M. Risk Management Plans
 - a. DCFS requires a written risk management plan. The following specific topics are required:
 - i. Training, including universal precautions is provided to staff to identify and minimize risks, particularly as it relates to the care and supervision of children.
 - ii. The design and maintenance of the building and any vehicles used in day care.
 - iii. Maintenance and storage of food-service and maintenance equipment, chemicals, and supplies, including an integrated pest-management plan in accordance with DCFS licensing standards.
 - iv. Selection, maintenance, and supervision of education materials, toys, pets, and playground equipment.
 - v. Food service sanitation.
 - vi. Cleanliness of the building and grounds.
 - vii. Means of receiving information to alert the center of severe weather conditions or other emergency situations that may affect the safety of the children.
 - viii. Emergency and disaster preparedness plans, including fire drills and evacuation plans.
 - b. 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.

- N. Release of Children
 - a. 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 at all times.
 - b. 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, throughout the day, if taking a field trip, or at the end of the day.
 - c. DFSS requires:
 - i. Parents must identify persons who are authorized to pick up children and provide updated information as changes occur.

- ii. Parents must provide emergency contact information for children and provide updated information as changes occur.
 - iii. Attendance must be taken in the classroom prior to leaving it during the day for outdoor activities, walks, playground trips, or other trips.
- d. At the end of the day, a visual check of the classroom and a check of the sign-out sheets must be conducted.

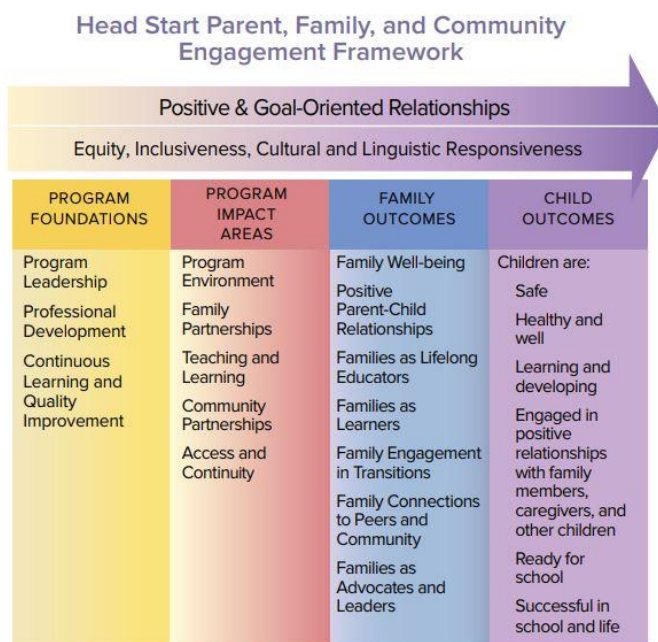
12. FAMILY AND COMMUNITY ENGAGEMENT

I. Definition: This section covers the practices, activities, and policies programs must implement to foster parent and family engagement with their children’s development and cultivate family well-being and connect them to community.

II. Chicago Early Learning Standards:

- A. Programs must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children’s learning and development. DFSS’s strategy toward Family and Community Engagement is shaped by The Head Start Parent, Family, and Community Engagement Framework.

HS/EHS/CCP/PI funded programs must implement the Head Start Parent, Family and Community Engagement (HSPFCE) Framework across the four framework levels, program foundations, program impact areas, family outcomes, and child outcomes. PFA funded programs are encouraged to use HSPFCE to guide parent engagement strategies across program areas.



A. Family Outcomes

Engagement

- a. All programs should plan family engagement strategies that lead to positive family outcomes. These strategies should include practices that result in
 - i. Family well-being: parents and families develop trusting relationships that nurture their child’s learning and development.
 - ii. Positive Parent Child-Relationship: Positive parent-child relationships are based on sensitive, responsive, and predictable care that provides the foundation for children’s learning.
 - iii. Family as lifelong educators: parents and families participate in the everyday learning of their children at home, school, and communities.

- iv. Families as learners: parents and families address their own learning interest through education, training, and other experiences.
 - v. 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.
 - vi. 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.
 - vii. 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.
- b. Programs are expected to be able to articulate the strategies they use to engage families/parents/guardians within the framework and how those strategies lead to positive child and family outcomes, such as school readiness, stable families, parents as advocates, and parent civic engagement/community engagement.
- B. Parent Engagement and Engagement Curriculum in Center-Based, School-Based, and FCCH program options—All programs must adapt a research-based, DFSS-approved parent engagement curriculum aligned with the HS PFCE Framework.
- a. Programs may use either Parents as Teachers (PAT) or Baby Talk curricula for parent education in all program options.
 - b. To use a different curriculum, agencies should follow the procedures outlined in the Education section for requesting permission to use a supplemental curriculum.
- C. Site-based Family Support Specialist/ Family Service Worker – Center-based, School-based, and FCCH Program Options
- a. Each DFSS-funded early learning site, regardless of funding stream, must have a Family Support Specialist.
 - b. Family Support Specialist must have a Gateways family specialist credential level 5 by PY 2024-25.
 - c. Family Support Specialist/Family Service Worker have the following duties and responsibilities, at a minimum:
 - i. Engage Families at intake and enrollment
 - ii. Provide family support in obtaining physicals, immunizations, etc. required for enrollment
 - iii. Implement the Family Engagement Curriculum
 - iv. Engage Families in the Family Partnership Agreement (FPA)/Individual Family Goal Plan (IFGP) process
 - v. Make monthly contact with families on their caseload
 - 1. All center-based program options for children birth to three will have a family support specialist with a caseload of no more than 32 families.

2. All center-based and school-based options for pre-school aged children will have a family support specialist with a caseload of no more than 34 families.
 - i. Meet monthly with their families engaged in the FPA/IFSP or according to a curriculum/family set schedule
 - ii. Follow up with families on their caseload who are experiencing chronic absenteeism as defined in ERSEA sections.
 - iii. Enter family engagement data in COPA.
 - iv. Other duties as assigned.
 - v. For FCCH program option, the Network Coordinator may serve as the Family Support Specialist and carry out the duties and responsibilities associated with this title. Credential? Family Services Caseloads-- Programs must plan their family service caseloads to promote collaborative relationships and partnerships with families.

D. Family Engagement & Partnership Building Process

- a. 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. By building positive relationships with families, programs can better implement the Family Community Engagement Framework and the Family Engagement Curriculum.
- b. Programs should strive to engage families in family goal setting, either through Family Partnership Agreements (FPA) for HS/EHS/CCP-funded programs or through Individual Family Goal Plan (IFGP) for PI-funded programs.
 - i. While PFA-funded programs are not required to engage in the FPA or IFGP process for family goal setting, it is encouraged.
 - ii. To meet these goals families may need to be referred for additional services, to integrate new practices into their daily life, etc. The role of the family support specialist is to support the parent/guardian/ family in the achievement of its self-determined goals.
 - iii. There are several steps to creating a family goal plan:
 1. Family Assessment--DFSS requires all programs to complete one family assessment in COPA per enrolled family. The Family assessment can be completed at the time of intake or later after enrollment. All areas in the COPA family assessment should be addressed with the parents during the interview process, and the COPA family assessment should be 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. Document any and all follow-up

information from the family assessment in the case notes section in COPA.

2. Family Assessment Follow-Up -- At or within the first 60 days of enrollment, staff must offer the family the opportunity to enter into a Family Partnership Agreement (FPA) or Individualized Family Service Plan (IFSP) and set goal(s). Home-based /home-visiting staff must offer the opportunity within 30 days.
 3. The family's decision to decline or pursue FPA/IFSP must be documented in COPA and the FPA/IFSP signature page must be printed, dated, and signed by the family and staff and placed in the family file.
 4. Families may decline to participate in the formal FPA, but still request a referral for services, or have a discrete goal or goals. This should be documented in COPA.
 5. After the family assessment and initial request for FPA/IFGP, all families should be engaged at least monthly, if not more, depending on family needs, engagement level, and wishes.
 6. The type of monthly engagement depends on the family and their engagement level. All engagement should be geared toward building a positive relationship with families. At the minimum, there needs to be some documentation in COPA that communication has occurred.
 7. The PFA/IFGP should be updated at the minimum of every 6 months
- iv. All HS/EHS/PI funded programs must offer all parents opportunities to develop and implement individual FPAs/IFGPs 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/goal plan. The FPA/IFGP is a document that must be updated with the family throughout the family's enrollment in the program.
 - v. 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/IFGP on file.
- c. Engagement with all families is expected regardless of whether they engage in the FPA or not. Engagement should be geared toward building an ongoing relationship with the family. Engagement topics might range from referrals for services and follow-up, to checking in with family's satisfaction with the program, around their children's development, children's health and social-emotional well-being, to what's happening with your family, letting families know what the program is offering with parent education opportunities, parent committee meetings, trainings, volunteer opportunities, etc.

E. Family Partnership Agreements (FPA)/ Individualized Family Goal Plan (IFGP) Completion

- a. FPA/IFGP goals must be set collaboratively with families and include description of goal, steps, support needed, responsibilities, strategies, and realistic timeframes that support families in achieving their goals. The Agreement/Plan must include:
 - i. Dates on family goals when the action steps are expected to be completed.

- ii. Strategies, steps, and resources for achieving goals.
 - iii. Documented progress of goal achievement.
 - b. PI home visiting and center based programs are required to set at least one goal each for children, for parents, and for the parent-child relationship.
 - c. 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.
 - d. All FPAs/IFGPs must be current and reflect the program year. FPAs/IFGPs must have the original signatures of the parents and staff. Designated agency staff should provide parents with a copy of the FPA.
 - e. 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.
 - f. Pre-Existing Plans: To the extent feasible, programs should coordinate with families and other agencies to support the accomplishment of goals set in preexisting plans families may have in place with other agencies, e.g., TANF, IDCFS, IEPs/early intervention, etc.
 - i. 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.
 - ii. Documentation of the release of information for the purposes of collaboration, coordination, and provision of services.
 - iii. Ensuring the permission of the parent and confidentiality of their documentation.
 - iv. Tracking pre-existing plans in COPA, as is feasible.
- F. Documentation of Family Services -- 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. Family assistance and support must be documented in COPA.
- a. 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.
 - b. 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
 - c. Agencies providing HS/EHS services will adhere to the following timelines and document services in COPA
 - i. Document evidence of at least 50% of families receiving services by November 15 each year.
 - ii. Document evidence of at least 75% of families receiving services by February 15 each year.

- iii. Document evidence of at least 90% of families receiving services by May 15 each year.
- G. Parent Activities to Promote Child Learning and Development -- Programs should conduct activities that promote the parents' role as the first and primary teachers of their children. These activities may include, but are not limited to
- a. Implementing a DFSS- approved, research-based, parent education curriculum (Parents as Teachers and Baby Talk).
 - b. Holding parent engagement workshops, trainings, and family engagement events.
 - c. Following up with families to provide support and strategies when consistent absences occur (see ERSEA Section).
 - d. Holding intentional male engagement initiatives.
 - e. Family socializations that focus on family needs.
 - f. Using the family assessment data to engage families in PFCE outcomes and goal setting.
 - g. Implementing meaningful FPAs and IFSPs.
 - h. Implementing parent activities and or groups, including those with the mental health consultant, focusing on supporting the parent-child relationship.
 - i. Conducting teacher and family engagement meetings with parents.
- H. 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.
- a. DFSS supports programs 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.
 - b. DFSS requires HS/EHS/CCP/PI agencies to create written community partnership agreements with local agencies and organizations that provide services that support the families the agency serves. Agreements can include sharing of information, shared delivery of services, as appropriate, access and referrals to services, collaboration in development of new services, etc.
 - c. As part of community partnership building, programs must
 - i. develop formal and informal networks with an extensive variety of community service providers including but not limited to the following:
 - 1. TANF
 - 2. Domestic Violence
 - 3. Housing Support
 - 4. Substance Abuse
 - 5. Family Literacy
 - 6. Adult Education
 - 7. Work Force Development
 - 8. Post-secondary education institutions
 - 9. Libraries
 - 10. Museums
 - 11. Financial literacy

- ii. Protect families' confidentiality.
 - iii. Participate in community-wide councils or service efforts to make sure the program's objectives and interests are represented in community planning.
 - iv. Partner with agencies that provide services to children with disabilities.
 - v. Partner with family preservation and support systems, as well as child protective services.
 - vi. Collaborate with cultural institutions, including libraries and museums.
 - vii. Encourage parents and community representatives to volunteer in their programs.
 - viii. Provide transition services to support successful transitions to pre-school programs and kindergarten
 - ix. Collaborate with the LEA(CPS) and Child and Family Connections
- I. Male Engagement -- Programs 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 programs must maintain male friendly environments within each setting. Programs will ensure:
- a. 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.
 - b. Events are both male and female directed and appropriate for the entire family.
 - c. Various advertising strategies are used for recruitment of participants.
 - d. Strategies are executed to gauge areas of need and interest for the male engagement events.
 - e. Appropriate staff is involved in planning and facilitating male engagement events.
 - f. Methods are used to evaluate the events for future planning.
 - g. Staff training occurs on the importance of male engagement in children's lives and development.
 - h. Emphasis on male involvement is sensitive to families who may not have a male role model in the home.
- J. Services to Enrolled Pregnant Women -- For EHS and PI funded programs that enroll pregnant women the following requirements apply:
- a. 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.
 - b. Designated agency staff 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.
 - c. Home-visitors/designated staff for enrolled pregnant women will use the Parents as Teachers/Baby Talk curriculum.
 - d. Programs must provide a newborn visit to mother and baby scheduled within two weeks after delivery of the infant by a health professional.

- e. Agencies are required to offer families with pregnant women (including fathers, partners, or other relevant family members) referrals to education services that address, maternal child health including,
 - i. Fetal development.
 - ii. The importance of nutrition.
 - iii. The risks of drugs, alcohol, and smoking.
 - iv. Labor and delivery.
 - v. Postpartum recovery.
 - vi. Depression as a parent.
 - vii. Safe sleep and care for infants.
 - viii. Benefits of breast-feeding.
 - ix. Reproductive health.
 - f. Further requirements for services for pregnant women are outlined in the Early Head Start Pregnancy Policy Packet.
- K. Transition of Children—Transitions are easier when children have time to get used to new things. Transitions involve not only children and families, but also education, health, family-community engagement staff. Transitions should be a coordinated effort of multiple program content areas. Agencies must support successful transitions for enrolled children and families from previous child development programs or homes into their programs, and from their programs into other settings.
- a. The transition process for each child and family enrolled in the program includes:
 - i. Coordinating the transfer of records with the child’s next setting and parents.
 - ii. Encouraging communication among current staff, staff from the child’s next setting, and parents to facilitate continuity of programming.
 - iii. Initiating meetings involving parents, teaching staff, and other designated staff.
 - iv. Initiating joint transition training for all appropriate staff and parents.
 - v. Implementing the continuity of relationships model.
 - b. Transitioning to preschool—Agencies must conduct transition planning beginning six months prior to the child’s third birthday.
 - i. 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.
 - ii. 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.
 - c. Transitioning to kindergarten -- Programs serving children who will enter kindergarten in the following year must implement strategies to support a successful transition to kindergarten, that includes:
 - i. Arranging a visit to the new school ahead of time to meet the teacher and to see the classroom.
 - ii. Role-playing daily routines so children know what to expect and are

prepared to handle their new surroundings.

- L. Serving Families Experiencing Homelessness (families in temporary living situations) with Young Children -- Programs must provide the following supports for families experiencing homelessness with young children and the staff who serve them:
- a. Provide staff training on the nature and problems of homelessness for children and parents, the pressures of being a homeless parent, and housing, including shelters, and transitional housing.
 - b. Enact 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.
 - c. Adapt health strategies to meet the needs of homeless families with young children, including conducting early health assessment on children, setting different timelines for homeless children due to potential transportation problems, providing extra help to families in using and accessing health care systems, bringing health services to shelters and other places where families are.
 - d. Provide transportation, as necessary, especially to services such as health and others.
 - e. Facilitate Paperwork/documentation requirements, including enrolling children without immunization records, establishing a grace period to get additional paperwork, except physicals, and then providing services to families immediately through home visits and referrals and facilitating expedited health services
 - f. Adjust program design if serving a high volume of homeless families by applying for a local design program option that might include flexible programming, such as: reduced class sizes, classrooms in shelters, full day/year services 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.
 - g. 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/vegetables, dairy products, etc. (why is this different than what's provided for all children)
 - h. 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.

- i. 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.
 - j. 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.
 - k. 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.
 - l. Housing Support: Working with community based and housing administrators to find affordable housing for the families; providing transportation for parents to visit possible locations and meet realtors; helping families complete housing forms; providing reference letters; and enlisting legal, if required.
- M. Parent and Family Engagement in Home-based/Home-visiting model—In the home-based/home-visiting program option, the home-visitor takes on the role of teacher and family support specialist.
- a. PI Home-Visiting -- Family support specialist/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
 - b. 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.

13. TRANSPORTATION

I. Definition: Transportation covers the activities and procedures that must be followed when transporting children.

II. Chicago Early Learning Standards:

- A. Agencies must provide reasonable assistance, such as information about public transit availability and other transportation resources, to the children’s families to arrange transportation to and from program activities.
 - a. Center-based and Family Child Care Home programs may not provide transportation to and from services.
 - b. Transportation option information must be included in recruitment announcements.
 - c. Programs should make a reasonable effort to coordinate transportation resources with other human service agencies in its community to control costs and improve the quality and availability of transportation services.
- B. Pedestrian safety training is required for all center-based and family child care homes program options annually within the first 30 days of the program year and as needed for new enrollees. All enrolled parents, and children, from walking age and above, must receive training. Staff must receive annual safety training
 - a. 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.
 - b. Safety training for parents should occur at the first parent meeting/orientation.
 - c. Staff safety education training should occur at pre-service.
 - d. Pedestrian safety training for children and parents must include:
 - i. Safety while crossing the street, including
 - 1. walking within the crosswalk
 - 2. Obeying traffic signals
 - 3. Looking both ways before crossing the street
 - 4. Being mindful of stroller position while waiting at crosswalk
 - 5. Make sure children walk on inside, not curbside
 - ii. Exiting vehicles
 - 1. Children should disembark/exit vehicle on curbside
 - iii. Emphasize the importance of escorting their children to the vehicle stop and the importance of reinforcing the training provided to children regarding vehicle safety.
 - e. Agencies should submit pedestrian training certification, using the pedestrian certification form, to their monitoring team, within the first 30 days of the program year, and then provide follow -up as needed for new enrollees.

- f. HS/EHS agencies should submit certification forms for all their sites and homes, including partner sites who have PFA/PI. PFA/PI only center-based sites should submit certifications directly to their monitoring team.
- C. Bus Evaluation Drills—Every HS-funded agency must conduct three bus evacuation drills per year. Every PFA-only funded agency that intends on using bus transportation for field trips must conduct a bus evaluation drill prior to each bus-transportation field trip.
 - a. HS funded agencies, sites and classrooms
 - i. DFSS funds two stand-alone evacuations drills, and the third may be included in the DFSS-funded field trip.
 - ii. The first bus evacuation drill should occur in the beginning of the year, prior to the first field trip or within the first three months of program operation.
 - iii. 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.
 - iv. See instructions below for scheduling bus evacuation drills and field trips
 - v. Reporting on bus evaluation drills
 - 1. Documentation of all evacuation drills must be placed in COPA eDocs under the site
 - 2. HS agencies should submit bus evacuation certification forms for all their sites and homes, including partner sites who have PFA. PFA only center-based sites should submit certifications directly to their monitoring team.
 - vi. Bus evacuation drills should be developmentally appropriate for children and an integral part of program experiences. It should include
 - 1. Safe riding practices.
 - 2. Safety procedures for boarding and leaving the vehicle.
 - 3. Safety procedures in crossing the street to and from the vehicle at stops.
 - 4. Recognition of the danger zones around vehicles.
 - 5. Emergency evacuation procedures.
 - 6. The importance of escorting their children to the vehicle stop and the importance of reinforcing the training provided to children regarding vehicle safety.
 - b. PFA-only Funded agencies and sites
 - i. Every PFA-only funded agency that intends on using bus transportation for field trips must conduct a bus evaluation drill prior to each bus-transportation field trip.

D. Bus Monitoring Training

- a. During pre-service training, agencies must provide bus monitoring training for staff that accompany children on field trips involving bus transportation. All agencies must ensure that any person accompanying children on buses for field trips receives training prior to transportation, and at least annually.
 - b. Agencies must conduct a training for the upcoming year. 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.
 - c. Documentation of the training must be placed in COPA eDocs under the site tab.
 - d. *Bus Monitor Training* must include the following topics.
 - i. Child boarding and exiting procedures
 - ii. How to use child restraint systems
 - iii. Completing any required paperwork
 - iv. How to respond to emergencies and emergency evacuation procedures
 - v. How to use special equipment
 - vi. Child pick-up and release procedures
 - vii. How to conduct pre- and post-trip vehicle checks
 - viii. Cardiopulmonary resuscitation and first aid
- E. Transportation for Field Trips -- Agencies may need to provide transportation services for field trips. If they do, *they must use DFSS-approved bus companies for preschool-aged children.*
- a. DFSS-contracted bus companies are only equipped and approved to provide services for preschool aged children, age three and above. Infants and toddlers may not be transported. State law prevents the transportation of children under 18 months.
 - b. Because of the restraint equipment, buses can only seat 34 children.
 - c. HS-funded agencies are required to conduct three bus evacuation drills per year. Regardless of whether they plan on using bus transportation for field trips. PFA-funded agencies need only conduct bus evacuation field trips prior to bus transported field trips.
 - d. DFSS funds bus -transportation *for one* field trip per year per HS classroom. If an agency needs bus transportation for additional field trips, the agency must cover expenses out of its budget.
 - e. DFSS will pay for one field trip per HS-funded classroom, but agencies **must** request the trip to be DFSS funded when scheduling.
 - f. The following steps need to be followed when scheduling a field trip requiring transportation, regardless of whether the agency is HS or PFA-only funded.
 - i. Submit the completed form to DFSS transportation contact as stated at the bottom of form at least XX weeks before the desired field trip. Make sure the agency and site has completed bus monitor training

- ii. Make sure to indicate on the form whether this will be DFSS-funded field trip transportation or agency-funded field trip transportation
- iii. DFSS will confirm with the agency for DFSS funded bus transportation
- iv. The bus company will confirm directly with the agency for agency-funded bus transportation
- v. HS partner sites must submit bus transportation requests to their delegate agencies, who in turn, should submit the request to DFSS.
 - 1. Bus transportation confirmation will be sent directly to the partner/center-based sites.
- g. PFA-only funded agencies and sites should follow the same steps as HS funded sites in requesting bus transportation for field trips and receiving confirmation. They should follow the steps and procedures for agency-funded bus transportation.
- h. Invoicing for bus transportation for field trips.
 - i. If the bus transportation is DFSS-funded, the agency should follow the steps under f.vi.
 - ii. If the bus transportation is agency-funded, the bus company will provide an invoice to the site during interaction on the day of the field trip, and the agency is responsible for paying for the bus transportation.
 - iii. If the bus transportation is agency-funded, it still must complete step f.vi post field trip.
- i. Transportation Safety Checklist -- Before taking children on bus transported 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.
- j. Transportation During Fieldtrips
 - i. Safety during bus transported field trips. 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.
 8. Attendance must be taken in the classroom prior to boarding the bus.
 9. A head count must be conducted after boarding and upon return to the site to ensure that all children have been accounted for.
 10. Bus monitors and drivers must do a visual check, including under bus seats, to ensure that all passengers have exited the vehicle.
 11. A working cell phone must be available on all field trips.
- ii. Agencies must complete the Field Trip Checklist form prior to leaving for field trip.
- k. Post field trip --After the trip, agencies should complete, scan, and submit to their monitoring team the following completed forms:
 1. Trip Verification Form
 2. Field Trip Checklist
 3. Evacuation, if applicable
- F. Transportation for Children with Disabilities especially those children who have a diagnosed disability when their IEP specifically requires or recommends transportation services
- a. 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:
 - i. Special pick-up and drop-off requirements.
 - ii. Special seating requirements.
 - iii. Special equipment needs.
 - iv. Any special assistance that may be required.
 - v. Any special training for bus drivers and monitors.
- G. Home-visiting and home-based are exempt from transportation requirements.