Prevention Initiative Center-Based Programs
Components and Expectations

Please note: A site that has children only 24 months and older (at this time), only needs to implement the first 7 components listed below and component number 11.

BASIC FIVE

1. Screening
   - Programs must screen children with the Ages & Stages Questionnaire-Developmental (ASQ) within 45 calendar days of enrollment, and annually within 45 calendar days of the start of the program year.
   - Programs must screen children using the Ages & Stages Questionnaire-Social-Emotional (or an approved alternative social emotional screening), within 60 calendar days of enrollment, and annually within 60 calendar days of the start of the program year.
   - Staff must be trained to use these tools.

2. Research-Based Classroom Curriculum
   - Classroom staff are required to use infant and toddler research-based classroom curriculum.
   - Creative Curriculum for Infants and Toddlers and High Scope for Infants and Toddlers are approved models.

3. Developmental Monitoring
   - Programs are required to enter developmental assessment and monitoring information into Teaching Strategies GOLD™ data base.
   - Programs must have data on all children in their PI program entered into the system, and must complete the creative curriculum objectives (checkpoints) by each designated deadline with supporting documentation.

4. Professional Development Plan
   - Programs are required to submit a site professional development plan as well as individual staff professional development plans annually to the CPP office.
   - The plans must include goals specific to the PI program (not just 3-5 goals).

5. Program Evaluation and Improvement Plan
   - Programs must administer an annual evaluation
     a. of their classroom environment;
     b. of their program administration; and
     c. complete an improvement plan based on the findings of the evaluation.
- Program evaluations that meet these requirements include the Early Head Start self-assessment, NAEYC accreditation self study, infant/toddler environment rating scale (ITERS), the early childhood environment rating scale (ECERS) used in an infant toddler classroom when ½ or more of the children enrolled are at ages 30 months or above, and the Program Administration Scale (PAS).
- If your program has designed its’ own program evaluation- please submit it for approval.

QUALITY INDICATORS

6. **Group Size and Ratio**
   - Programs must meet the following group size and ratio:

<table>
<thead>
<tr>
<th>Age</th>
<th>Group Size</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>6w-12m</td>
<td>8</td>
<td>1:4</td>
</tr>
<tr>
<td>12m-24m</td>
<td>12</td>
<td>1:4</td>
</tr>
<tr>
<td>24m-36m (or age cycle 3)</td>
<td>12</td>
<td>1:6</td>
</tr>
</tbody>
</table>

   - If a program has a mixed age classroom, the classroom must always meet the group size and ratio of the youngest child in the room

7. **Classroom Staff Qualifications**
   - All PI programs must have the following full time staff qualifications for each of the 0-3 classrooms
     a. Teacher: BA or AA in ECE or CD
     b. Teacher Assistant: 30 college credit hours with 15 of those hours in CD or ECE
   - All staff must have the most recent transcripts on file in the CPP office. If teaching staff do not have these credentials, programs will not meet this component.

Please Note: If a site has children only 24 months and older, **jump to component number 11.** At this time, that site only needs to implement components through the first 7 listed above and component number 11.

FAMILY & COMMUNITY PARTNERSHIPS

8. **Research-Based Parent Education Model**
   - The case manager/family support specialists are required to use a Research-Based Parent Education Curriculum. **Parents as Teachers, Baby Talk, and Creative Curriculum are approved Models;** other models may be used, but programs must submit research outcomes to CPP office for review.
   - Case manager/family support specialists staff must be trained to use the model and must have copies of the curriculum.
   - Supervisors of the family support specialists must be trained on the parent education model.
9. Case Manager, Community Partnerships, and Individual Family Plans

Programs must meet all seven (a-g) of the following indicators in order to meet this component.

a) A case manager/family support specialist with a BA in Human Services or equivalent. In order to be considered an equivalent, the degree must show a number of college credit hours in Social and Family Work. All transcripts must be submitted to the CPP office for review.

b) The case manager’s/family support specialist’s caseload must have a maximum ratio of only 1 to 36- The following is a framework for your reference:

- At least one part-time case manager/family support specialist for a program serving less than 18 families
- At least one full time case manager/family support specialist for a program serving 18-36 families
- At least one full time and one part-time case manager/family support specialists for program serving 37 to 54 families
- At least two full time case managers/family support specialists for a program serving 55 to 72 families
- At least two full time and one part-time case managers/family support specialists for a program serving 73-90 families.
- At least three full time case managers/family support specialists for programs serving 91 to 108 families

Note: Case Managers/Family Support Specialists can work between sites in order to meet these ratios, but may only have the number of caseload listed above across these sites.

c) Home Visits are to be completed for families at minimum twice a year per family, and as needed after that.

d) Programs must complete an IFSP (individual family support plan-individual family goals) annually by case management staff with each family in the PI program.
   - These plans must be in writing on a form that the site has selected.
   - The IFSP needs to include a goal that the parent has for the family/parent(s) (themselves), a goal that the parent has for his/her child’s development, and a goal that the parent has for his/her relationship with his/her child.
   - These plans must be reviewed at least every six months to determine progress toward these goals.
   - Classroom staff and program directors must also support each family’s individual plan.

e) Programs must complete written community partnership agreements with agencies where they have collaborative agreements (i.e., hospitals, dentists offices, WIC, counseling, Libraries, park districts, etc.).

f) Family Support Specialists/case managers must meet individually with each family at minimum once a month using the selected parent education model as the curriculum.

g) Family Support Specialists must provide at minimum, once a month, a group session/meeting for the birth to three parents. The content of the groups must have a focus on child development, parenting, and parent education curriculum topics.

INFANT TODDLER SPECIALIST & SUPERVISION

10. Infant Toddler Specialist and Supervision
   - Programs must have an infant toddler specialist on staff at each site that has PI classrooms (if a program has 3 sites with PI classrooms – the program will need 3 infant toddler specialists).
An infant specialist is defined as a non-classroom staff person who works with infant toddler classroom staff and has an Illinois infant toddler credential level 5, an Erikson institute infant/toddler certificate or equivalent.

This position is a full time position, and someone who is outside of the classroom and engages with 0-3 staff in a supervisory capacity.

The infant toddler specialist, at minimum, has monthly individual supervision with the lead teachers.

The infant toddler specialist observes in the classrooms and provides feedback and support.

The infant toddler specialist engages with all PI teaching staff around reflective practice, and facilitates the implementation of quality indicators/practices for infants and toddlers in group care.

**Program Model**

**11. Continuity of Relationships**

By the end of program year 2014-2015 in a Prevention Initiative Center-Based program, the Birth to Three classroom teaching team will remain with their group of children from enrollment until the children transition to preschool.

Beginning program year 2013-2014, programs must begin to implement the continuity of a relationship model. Programs must submit a plan for implementation to the CPS Community Partnership Program. The plan must include action steps and timelines, and must include the following action steps:

- Choosing a model (looping, mixed age or some combination).
- Introducing the model to program staff and include them in the implementation planning and execution.
- Adjusting program enrollment to match birthday deadlines for entry into preschool.
- Providing staff professional development opportunities including time spent with age groups of children who they do not currently work with.
- Amending program systems for enrollment and recruitment.
- Introducing the program model change to families.
- Doing an environmental assessment and evaluating if equipment and materials need to be purchased or if space needs a license revision.
- Committing to keeping groups of children and teaching teams together from entry of program until enrollment in preschool.

In order to verify the implementation of all of the PI model components, documentation must be in evidence.

**IMPORTANT REMINDER ABOUT PI CENTER-BASED PROGRAM MODEL**

Prevention Initiative Center-Based is an all-inclusive model – requiring each site to include in the Prevention Initiative Model, all of the classrooms that have children under three years old, which means implementing all of the components and following all of the requirements for all of the classrooms. In other words, it is an “all or nothing” model. **Note:** Additional classrooms may only be opened/added after submission of a written request and official approval from the CPP office.