Prevention Initiative Home Visiting Programs
Components and Expectations

**BASIC FIVE**

1. **Screening**
   - Programs must screen children with the Ages and Stages Questionnaire-Developmental (ASQ) within 45 days of enrollment.
   - Programs must screen children with the Ages and Stages Questionnaire-Social Emotional, within 60 days of enrollment, and annually after that, within 60 days of the start of the program year.
   - Staff must be trained to use the ASQ screening tool.

2. **Research-Based Curriculum**
   - Home visiting staff are required to use a research-based model and curriculum.
   - Parents as Teachers, Baby Talk, and Healthy Families are approved models (other parent engagement).

3. **Developmental Monitoring**
   - Ages and Stages screening is completed on all children at least every 4 months.
   - Follow-up is done on all children who are referred to early intervention services and who have a previous IFSP developed by another service provider.
   - Programs must have a formal method of communicating developmental monitoring results to parents.

4. **Professional Developmental Plan**
   - Programs are required to submit a site professional developmental plan as well as individual staff professional developmental plan annually to the Chicago Public Schools Community Partnership Programs (CPP) Office.
   - The plan must include goals specific to the Prevention Initiative Home Visiting Program

5. **Program Evaluation and Improvement Plan**
   - Programs must administer the following:
     a. Annual evaluation of their home visiting program, i.e., goals objectives completed.
     b. Annual evaluation of their program administration.
     c. Complete a quality improvement plan based on the findings of the evaluation.
   - Program evaluations that meet these requirements include annual curriculum evaluations.
   - If your program has designed its own program evaluation, submit it for approval.
QUALITY INDICATORS

6. Group Size and Ratio (Case Load)
   - Programs must meet the following case load requirements

<table>
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<tr>
<th>Per Home Visitor</th>
<th>Case Load Size</th>
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<td>Maximum 24 families</td>
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<tr>
<th>Case Manager</th>
<th>Maximum 40 families</th>
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   *The number of staff supervised by the programs’ coordinators, managers, supervisors, etc. depends on the numbers required by the research-based curriculum.*

7. Staff Qualifications
   - All PI Home Visiting programs must have full time staff with the following qualifications:
     a. Supervisor: BA or MA in Social Work or ECE or related field
     b. Home Visitors: BA in ECE or related field
     c. Case Manager: BA in Social Work or a related field
   - All staff must have the most recent transcripts on file in the CPP office. If staff do not have appropriate credentials, programs will not meet this component.

FAMILY & COMMUNITY PARTNERSHIP

8. Research-Based Parent Education Curriculum Model
   - The case manager/family support staff are required to use a Research-Based Parent Education Curriculum. Parents as Teachers, Baby Talk and Healthy Families are models approved by the Illinois State Board of Education for this grant. Other models may be used, but programs must submit research outcomes to the CPP office for review.
   - Case manager/family support staff must be trained to use the model and must have copies of the curriculum.
   - Supervisors of the family support staff and case managers must be trained on the parent education model chosen by the agency.

9. Case Manager, Community Partnerships, and Individual Family Plans
   (Programs must meet all five (a-e) of the following indicators in order to meet this component)
   a. The case manager’s/family support specialist caseload must have a maximum ratio of 1 to 40. The following is a framework for your reference.
      - At least one part-time case manager/family support specialist for a program serving 20 families or less.
      - At least one full time case manager/family support specialist for a program serving 21-40 families.
      - At least one full time and one part-time case manager/family support specialist for programs serving 41-60 families.
      - At least two full time case managers/family support specialist for programs serving 61-80 families.
- At least two full-time and one part-time case manager/family support specialist for programs serving 81-100 families.
- At least three full-time case managers/family support specialists for programs serving 101-120 families.

**NOTE:** Case managers/family support specialists can work between sites in order to meet these ratios, but must maintain the caseload listed across these sites.

b. Home Visits are to be completed for families twice a month (minimum) per family, and as needed after that.
c. Programs must complete an IFSP (Individualized Family Support Plan-individual family goals) annually with each family in the PI program within 30 days of enrollment.
   - These plans must be written on a form that the site has selected.
   - The IFSP must include a goal that the parent has for the family/parent(s) themselves, a goal that the parent(s) has for his/her child’s development, and a goal that the parent(s) has for his/her relationship with his/her child, and a goal that the home visitor has for the child.
   - The IFSP must be reviewed at least once every six months to determine a family’s progress toward previously set goals.
   - Home visiting staff and program directors must also support each family’s individual plan.
d. Programs must complete written community partnership agreements with agencies that have collaborative agreements, (i.e., health care providers, WIC, counseling, libraries, park districts, etc.).
e. The program must provide a group session/meeting for the birth to three parents once a month (minimum). The content of the program must have a focus on the seven designated areas of training required by the curriculum model and the grant. Groups should also include time for parent/child interaction activities.

**SUPERVISION**

10. **Supervision**
   - Supervisors of Prevention Initiative Home Visiting Programs must conduct individual reflective supervision at least once per month with home visiting staff.
   - **In order to verify the implementation of all the PI Model components documentation must be in evidence.**
   - For children transitioning out of the program, agencies may use the same protocol as center-based PI programs.
   - For children who reach age 3 after September 1st, the guidelines for participation in Home Visiting programs are the same protocol as Center-Based PI programs.