

ILLINOIS STATE BOARD OF EDUCATION

Data Analysis and Progress Reporting
100 North First Street, S-284
Springfield, Illinois 62777-0001

REGION/COUNTY/DISTRICT/TYPE CODE
PROJECT NUMBER

**2011-2012 School Year
0-3 PREVENTION INITIATIVE
PROGRAM RECORD
Program Code 3705-01/71**

INSTRUCTIONS: Complete and submit two copies (one original and one copy) of this report to the Illinois State Board of Education, Data Analysis and Progress Reporting Division, S-284, 100 North First Street, Springfield, Illinois, 62777-0001, by **July 2, 2012**. If you have questions, call 217/782-3950.

NAME AND ADDRESS OF ADMINISTRATIVE DISTRICT/AGENCY	REGION, COUNTY, DISTRICT, TYPE CODE	E-MAIL ADDRESS
	TELEPHONE/SUMMER NUMBER (Include Area Code)	FAX (Include Area Code)

NAME AND TITLE OF PERSON(S) COMPLETING THIS FORM

1. Yes No Is this program operated as a Joint Agreement? **If yes, check** **Multicounty** **Multidistrict/Agency**

2. PROGRAM TYPE: What curriculum/program model is used by your program?
 A. Parents As Teachers B. Baby Talk C. Healthy Families D. Early Head Start E. None F. Other _____

<p>3. Service Participation for Project</p> <p>_____ a. Total number of families contacted directly and encouraged to participate in the program.</p> <p>_____ b. Total unduplicated number of parents receiving direct instructional* services.</p> <p>_____ c. Total unduplicated number of children receiving direct services.</p> <p>_____ d. Total number of pregnant women receiving direct services.</p> <p>_____ e. Total number of pregnant teenagers served.</p> <p>_____ f. Total number of homeless children served.</p> <p>_____ g. Total number of parents on the waiting list.</p> <p>_____ h. Total unduplicated number of workshops/classes/sessions (<u>no play groups or family fun activities</u>).</p> <p>_____ i. Home-Based Instruction.</p> <p align="center">(1) Total number of families who received home visits (do not report visits for outreach/recruitment). _____ (2) Use frequency code for average number of visits each family received in a month. _____</p>	<p>*DEFINITIONS: Direct instructional services include workshops, classes, seminars, one-to-one consultations, home visits (except for outreach/recruitment), which include some contact with the educator directly affecting their parenting skills.</p> <p>Frequency Code: 10 - once a week 20 - once every two weeks 30 - once a month 40 - once in three/four months 50 - twice a year 60 - once in a year 70 - as needed 90 - varies for each family</p>
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4. Workshops/Classes/Sessions:

Workshop Topics	Total Number of Workshops	Total Hours	Total Number of Parents	Workshop Topics	Total Number of Workshops	Total Hours	Total Number of Parents
Child Growth and Development	_____	_____	_____	Language-Literacy Development	_____	_____	_____
Child Birth and Child Care	_____	_____	_____	Health and Safety	_____	_____	_____
Prenatal and Postnatal Care for Infants and Mothers	_____	_____	_____	Nutrition	_____	_____	_____
Prevention of Child Abuse/Violence	_____	_____	_____	Substance and Other Addiction	_____	_____	_____
Family Structure, Function, and Management	_____	_____	_____	Discipline and Anger Management	_____	_____	_____
Family Relationships	_____	_____	_____	Other Social and Family Fun Activities	_____	_____	_____
Parenting Skill Development	_____	_____	_____				

5. Other Services:

Unduplicated Number of Children Served	Unduplicated Number of Families Served	Unduplicated Number of Families Served
Health Screening	Service Coordination/Case Management	Family Advocacy
Vision and Hearing Screening	Development of Individual Family Service Plan	Referral to Other Community Services/Resources
Developmental Screening	Developmental Monitoring	
Social/Emotional Screening		

6. Yes No Does your program have parent-child interaction activities/play groups? If **Yes**, please report the following:

_____ Number of unduplicated parents who have participated in the group.

_____ Number of parent-child interaction activities/play groups in a year.

7. Please check other services provided by your agency. (*Check all that apply.*)

- | | | |
|---|---|--|
| <input type="checkbox"/> a. Food Pantry | <input type="checkbox"/> g. Continuing Education for Parent | <input type="checkbox"/> m. Counseling and Crisis Intervention |
| <input type="checkbox"/> b. Clothing Boutique | <input type="checkbox"/> h. Bilingual Education | <input type="checkbox"/> n. Transition to Prekindergarten/Head Start |
| <input type="checkbox"/> c. Donated Household Items | <input type="checkbox"/> i. Vocational Training | <input type="checkbox"/> o. Early Head Start |
| <input type="checkbox"/> d. Utility Assistance | <input type="checkbox"/> j. Even Start | <input type="checkbox"/> p. Child Care |
| <input type="checkbox"/> e. Housing Assistance | <input type="checkbox"/> k. Employment Services | <input type="checkbox"/> q. Other _____ |
| <input type="checkbox"/> f. Male Involvement | <input type="checkbox"/> l. Transportation Assistance | |

8. Which of the following **services** are unmet for your participants? (*Check all that apply.*)

- | | |
|--|---|
| <input type="checkbox"/> a. Transportation | <input type="checkbox"/> d. Parent Resource Library |
| <input type="checkbox"/> b. Mental Health | <input type="checkbox"/> e. Other (specify) _____ |
| <input type="checkbox"/> c. Male Involvement | <input type="checkbox"/> f. Other (specify) _____ |

9. Yes No Does your program have an **educational** newsletter for parents? If **Yes**, please report the following:

_____ Number of copies distributed per issue?

_____ Number of issues per year?

10. Yes No Does your program have a parent advisory board/council?

11. Yes No Does your program have a toy/book lending library?

12. Yes No Does your program have an open resource center/drop-in?

13. Yes No Does your program have a warm/hot line?

14. Yes No Does your program provide transportation for program participation?

15. Yes No Does your program have a parent support group?

16. Yes No Does your program provide child care for participants during any of the activities?

17. Yes No Has your program attended the 0-3 program standards workshop?

18. Yes No Has your program participated in the Infant/Early Childhood Mental Health Consultation workshop?

19. Program Staff: Indicate the number of personnel in the following categories:

(Use decimal to indicate Full-Time Equivalent (FTE): 1.5, NOT 1½ FTE; if a staff member is employed only half time, FTE = 0.5.)

	NUMBER OF PERSONNEL	FTE	
a.	_____	_____	Total professional personnel receiving salary from the 0-3 Prevention Initiative Grant, including d.
b.	_____	_____	Clerical/administrative support/child care staff for 0-3 Prevention Initiative Grant.
c.	_____	NA	Professional contractual personnel OTHER THAN reported in a. and b.
d.	_____	_____	Professional staff providing home visits.

20. Collaboration and Coordination of Services: (*Check all that apply.*)

- | | |
|--|--|
| <input type="checkbox"/> a. Department of Public Health | <input type="checkbox"/> n. University/Community College |
| <input type="checkbox"/> b. Department of Children and Family Services | <input type="checkbox"/> o. Park District |
| <input type="checkbox"/> c. Department of Human Services | <input type="checkbox"/> p. YMCA/YWCA |
| <input type="checkbox"/> d. Local Hospital and/or Clinic | <input type="checkbox"/> q. Public School District |
| <input type="checkbox"/> e. Church | <input type="checkbox"/> r. Women, Infants, and Children (WIC) |
| <input type="checkbox"/> f. Local Charity and/or Non-Profit Organization | <input type="checkbox"/> s. Early Intervention System |
| <input type="checkbox"/> g. Vocational School | <input type="checkbox"/> t. Even Start |
| <input type="checkbox"/> h. United Way | <input type="checkbox"/> u. Healthy Family |
| <input type="checkbox"/> i. Red Cross | <input type="checkbox"/> v. Head Start |
| <input type="checkbox"/> j. Salvation Army and/or Other Shelter | <input type="checkbox"/> w. Parent-Teacher Organization |
| <input type="checkbox"/> k. Shelter for Abused Women | <input type="checkbox"/> x. Television/Radio |
| <input type="checkbox"/> l. Food Pantry | <input type="checkbox"/> y. Other _____ |
| <input type="checkbox"/> m. Library | <input type="checkbox"/> z. Other _____ |