Department of Family and Support Services

Chicago Early Learning

45-Day Requirements

- Welcome from Bea Nichols, Director Children's Services Division

- DFSS Health/FCE Monitoring Team

Overview

- 45-day priorities
  - Health
  - Education and Disabilities
  - Family and Community Engagement
  - Program Management
- Chicago Early Learning Programs (CEL) options (requirements)
- Question and Answer

Health Services

- **Beginning of the Program Year:**
- All children Birth to 5 years must have a complete and up-to-date physical exam, prior to attendance. The State of Illinois Certificate of Child Health Examination form is used to record results.
- Determine whether families have a medical or dental home (within **30 days** of enrollment) and follow up if a home is needed-HS/EHS
- Follow Illinois licensing standards PFA/PI
- Obtain physicals for home visiting children within **90 days** of enrollment
- Obtain dental exams (within **45 days** of attendance or home visit)-HS/EHS
- Conduct research-based developmental screenings (within **45 days** of enrollment):
- Birth to three programs: Ages and Stages Questionnaire 3 (ASQ-3)
- Preschool programs: Early Screening Inventory-Revised (ESI-R)
- All: Ages and Stages Questionnaire Social Emotional
- Continue to monitor and follow up on any missing medical, immunizations and dental information.

Toothbrushing

- Head Start programs should promote effective oral hygiene for all infants and children receiving services. Toothbrushing in group care settings can resume if the program can implement the following strategies and best practices:

- For toothbrushing at the classroom table, seat children with staff supervising the brushing. After brushing, clean and sanitize the table. If toothbrushing at the classroom table is not possible, children can brush at the sink with staff supervising. The sink should be cleaned and sanitized after each child finishes brushing.

- Encourage children to avoid placing toothbrushes directly on the classroom table or other surfaces.

- Wash hands with soap and water for at least 20 seconds before and after brushing or helping infants and children brush their teeth. If soap and water are not available, staff can use hand sanitizer that contains at least 60% alcohol. After children brush, ensure that they wash their hands with soap and water for at least 20 seconds, or, for children over age 2, use hand sanitizer that contains at least 60% alcohol.

- https://eclkc.ohs.acf.hhs.gov/publication/toothbrushing-head-start-programs-during-covid-19-pandemic

Nutrition Services

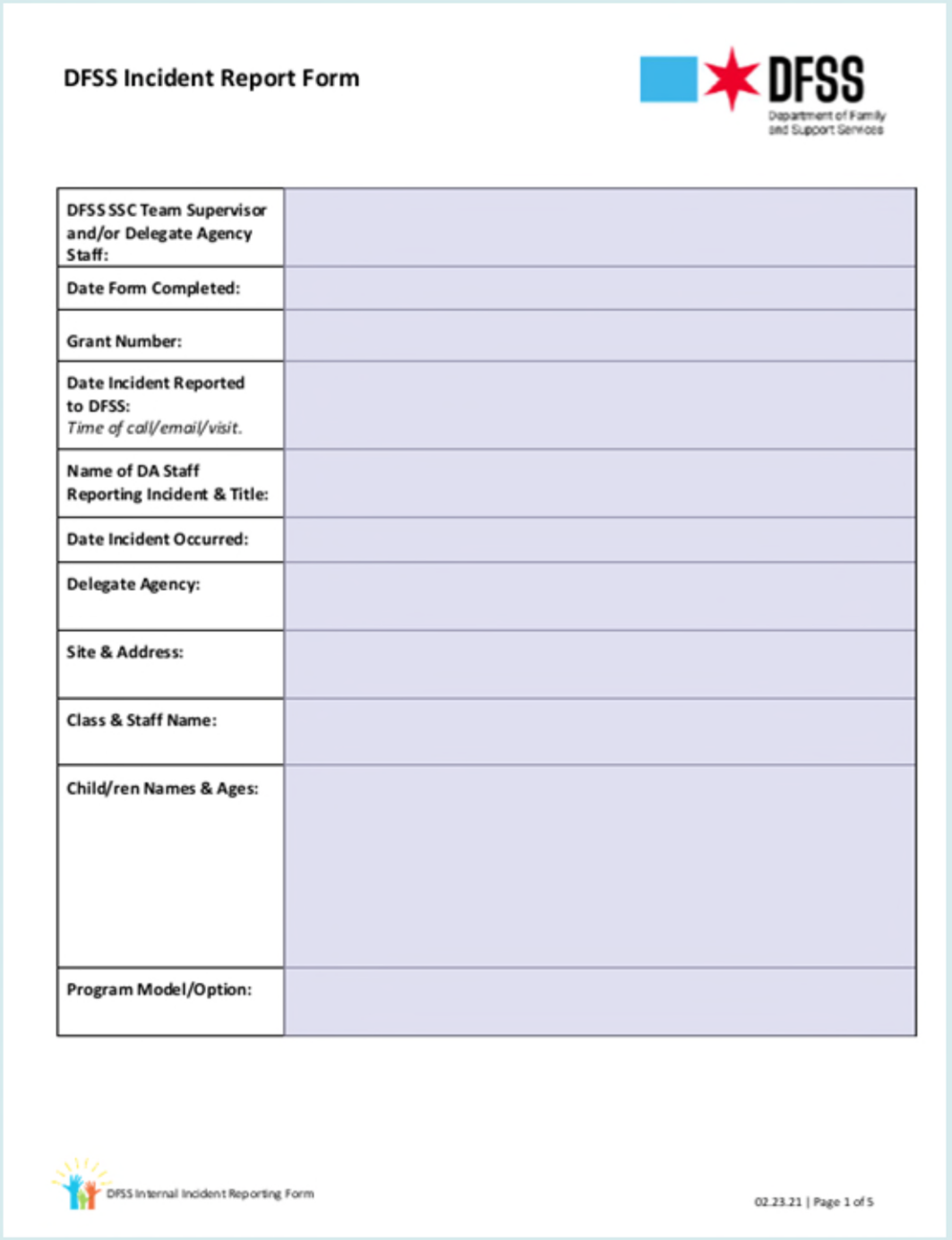
- Complete Nutrition Assessments (HS/EHS)
- Create a special care plan, if needed (HS/EHS)
- Growth Assessments
- USDA Contracts
- Plan and post Menus
- Classroom Food experiences

Mental Health and Well-being: First 45-days

- All agencies must create an environment of attitudes and behaviors of well-being throughout the program.
- Must develop contracts with qualified mental health providers and submit completed contracts to DFSS- HS/EHS
- Mental Health consultants must be licensed or certified mental health professionals and have knowledge of and experience in serving young children and their families.
- Allocate sufficient resources to mental health services in order to provide for the services outlined in the CELS Manual.
- Mental health services will include individual child and classroom observations, planning with parents about the mental health education program, crisis intervention and referrals, preparing both behavioral plans for individual children and classroom management plans.
- Continuity of Relationships (COR) model should be implemented in all birth to three classrooms in order to sustain teacher/child well-being.

Health & Safety Practices

- Licensable facilities used for CEL programming must have current DCFS and City of Chicago licenses, including socialization spaces
- License exempt facilities used for CEL programs must have a current DCFS exemption letter
- Conduct health-safety checks on your facilities indoor and outdoor spaces ensure staff are engaged in active supervision
- Implement a system for on-going preventative maintenance
- Report issues immediately to your assigned monitoring team lead at DFSS
- Report incidents affecting the health and safety of program participants ***immediately*** to your assigned monitoring team lead at DFSS



DFSS Incident Report Form

DFSS
Department of Family and Support Services

DFSS SSC Team Supervisor and/or Delegate Agency Staff:	
Date Form Completed:	
Grant Number:	
Date Incident Reported to DFSS: *Time of call/email/visit.*	
Name of DA Staff Reporting Incident & Title:	
Date Incident Occurred:	
Delegate Agency:	
Site & Address:	
Class & Staff Name:	
Child/ren Names & Ages:	
Program Model/Option:	

DFSS Incident Reporting Form

Active Supervision Resource

- Active supervision requires focused attention and intentional observation of children at all times. Staff position themselves so that they can observe all of the children: watching, counting, and listening at all times. During transitions, staff account for all children with name-to-face recognition by visually identifying each child. They also use their knowledge of each child's development and abilities to anticipate what they will do, then get involved and redirect them when necessary. This constant vigilance helps children learn safely.
- https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/active-supervision.pdf

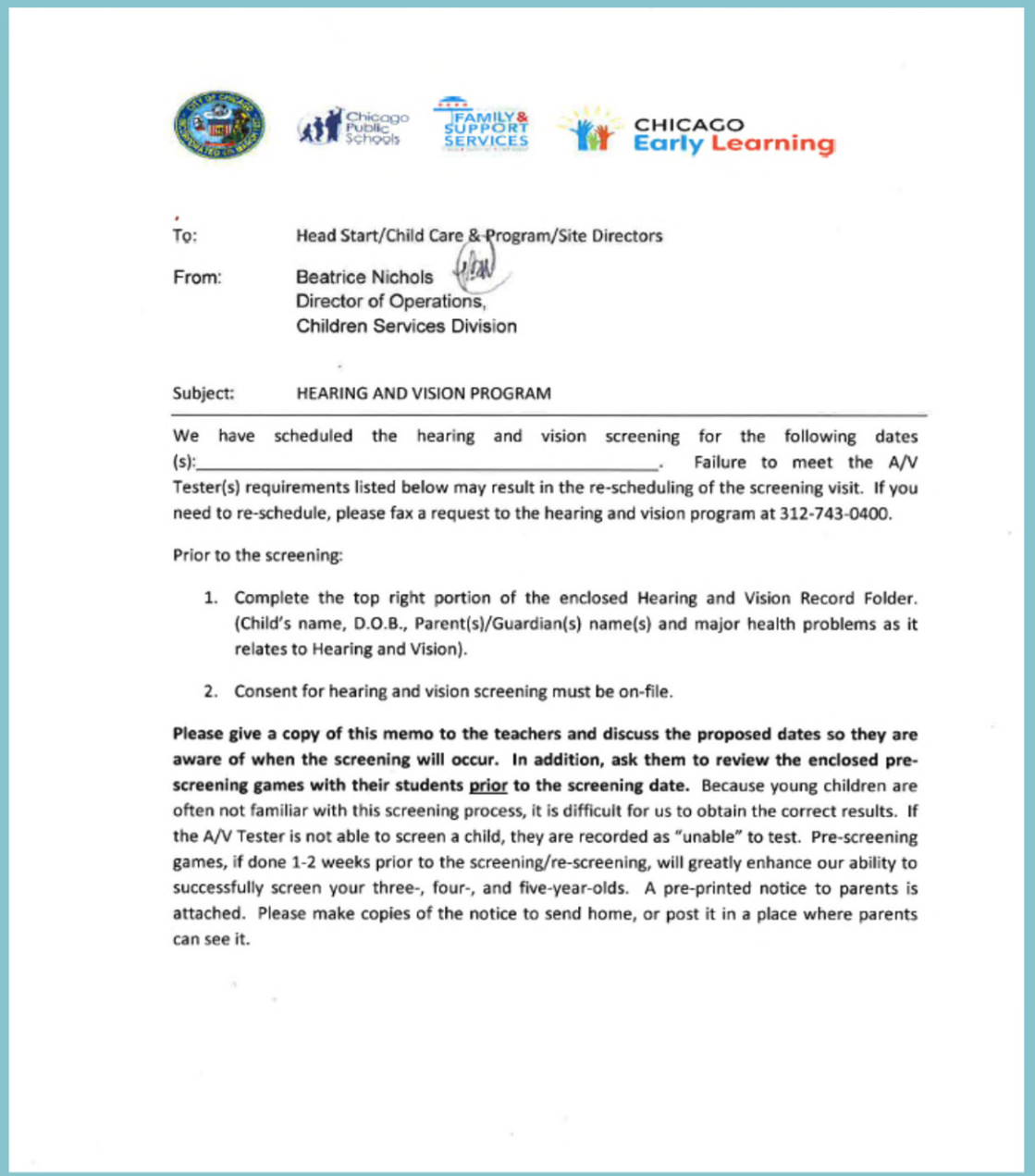
Family Engagement and Community Partnerships: First 45-Day Priorities

- Family Support Specialist/Worker must be hired.
- Family Partnership Agreement Process (FPA) all program options must offer parents opportunities to engage in family goal setting taking into consideration the family's willingness to engage in the process-HS/EHS/CCP/PI.
- Offer the family the opportunity to engage in the process and setting of goals (within the first 60 days of enrollment) – HS/EHS/CCP/PI.
- Make appropriate referrals and maintain contact with families on their caseload every 30 days.
- Implement Parent Orientation and share the Parent Handbook.
- Create community partnership agreements with local organizations-HS/EHS/CCP/PI.
- Parents As Teachers is the approved research-based curricula.

Family and Community Engagement

- Education services staff and parents should communicate regularly about a child's learning, development, routines, activities, behavior and progress. Parent-teacher conferences must be conducted.
- Programs must ensure staff are able to communicate effectively with children who are dual language learners (DLLs) either directly or through interpretation and translation, and to the extent possible, with families with limited English proficiency.
- Offer family engagement events for families to interact with each other.

Overview of Preschool Vision & Hearing Screening for Teachers and Parents – Illinois Department of Public Health (IDPH)



To: Head Start/Child Care & Program/Site Directors

From: Beatrice Nichols
Director of Operations,
Children Services Division

Subject: HEARING AND VISION PROGRAM

We have scheduled the hearing and vision screening for the following dates (s):_____. Failure to meet the A/V Tester(s) requirements listed below may result in the re-scheduling of the screening visit. If you need to re-schedule, please fax a request to the hearing and vision program at 312-743-0400.

Prior to the screening:

1. Complete the top right portion of the enclosed Hearing and Vision Record Folder. (Child's name, D.O.B., Parent(s)/Guardian(s) name(s) and major health problems as it relates to Hearing and Vision).

2. Consent for hearing and vision screening must be on-file.

Please give a copy of this memo to the teachers and discuss the proposed dates so they are aware of when the screening will occur. In addition, ask them to review the enclosed pre-screening games with their students prior to the screening date. Because young children are often not familiar with this screening process, it is difficult for us to obtain the correct results. If the A/V Tester is not able to screen a child, they are recorded as "unable" to test. Pre-screening games, if done 1-2 weeks prior to the screening/re-screening, will greatly enhance our ability to successfully screen your three-, four-, and five-year-olds. A pre-printed notice to parents is attached. Please make copies of the notice to send home, or post it in a place where parents can see it.

Scheduling

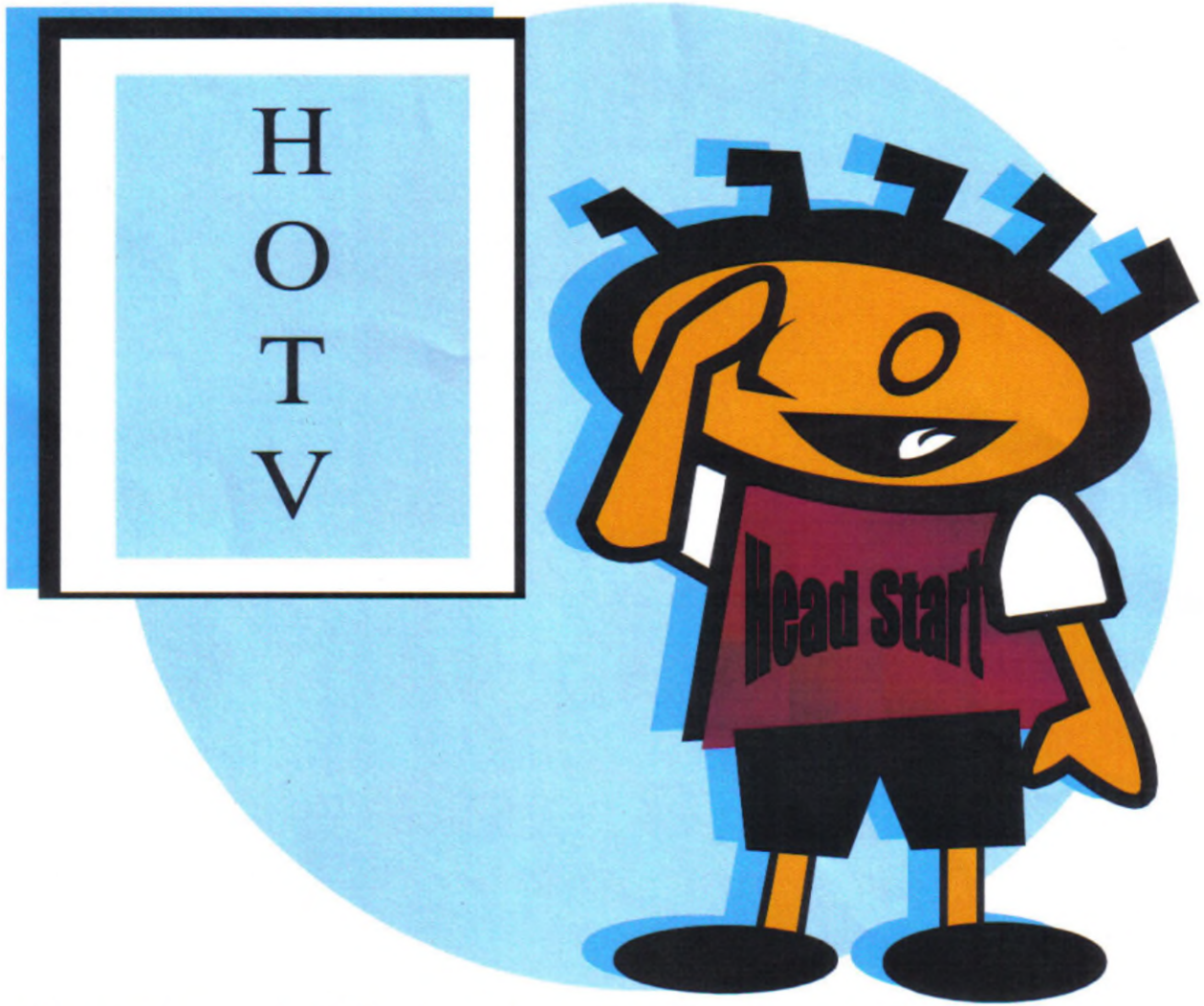
This is the cover letter that is sent to Chicago Early Learning programs indicating the date of service for their agencies' sites.

- Request for consent for hearing and vision should be on file.
- A helper to assist the technician during screenings.
- An appropriate location for screens to be conducted.

Orientation Packet

- This packet includes:
  - Cover letter with screening date
  - Class list
  - Practice Games
  - Hearing and Vision Screening record folders
  - Hearing and Vision Screening notice (to be posted)

Has your child played the "HOTV" game?



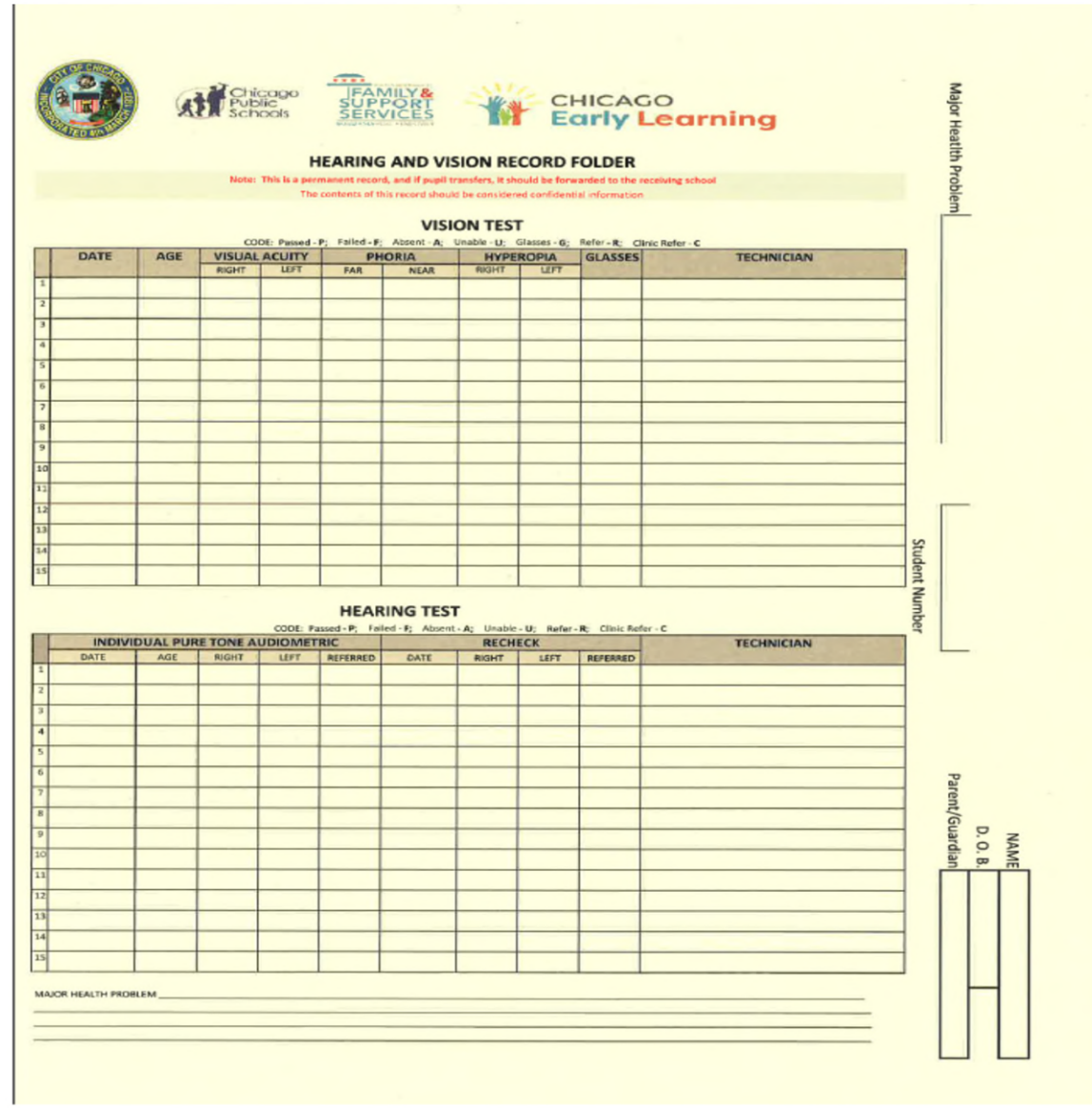
See your child's teacher for further information.

CYS Hearing and Vision Technicians

Chicago Early Learning Recording of Screening Results

Outcomes:

- Pass
- Unable/Fail
- Absent
- Referred



Chicago Public Schools · FAMILY & SUPPORT SERVICES · CHICAGO Early Learning

HEARING AND VISION RECORD FOLDER

Note: This is a permanent record, and if pupil transfers, it should be forwarded to the receiving school
The contents of this record should be considered confidential information

VISION TEST

CODE: Passed - P; Failed - F; Absent - A; Unable - U; Glasses - G; Refer - R; Clinic Refer - C

	DATE	AGE	VISUAL ACUITY		PHORIA		HYPEROPIA		GLASSES	TECHNICIAN
			RIGHT	LEFT	FAR	NEAR	RIGHT	LEFT		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

HEARING TEST

CODE: Passed - P; Failed - F; Absent - A; Unable - U; Refer - R; Clinic Refer - C

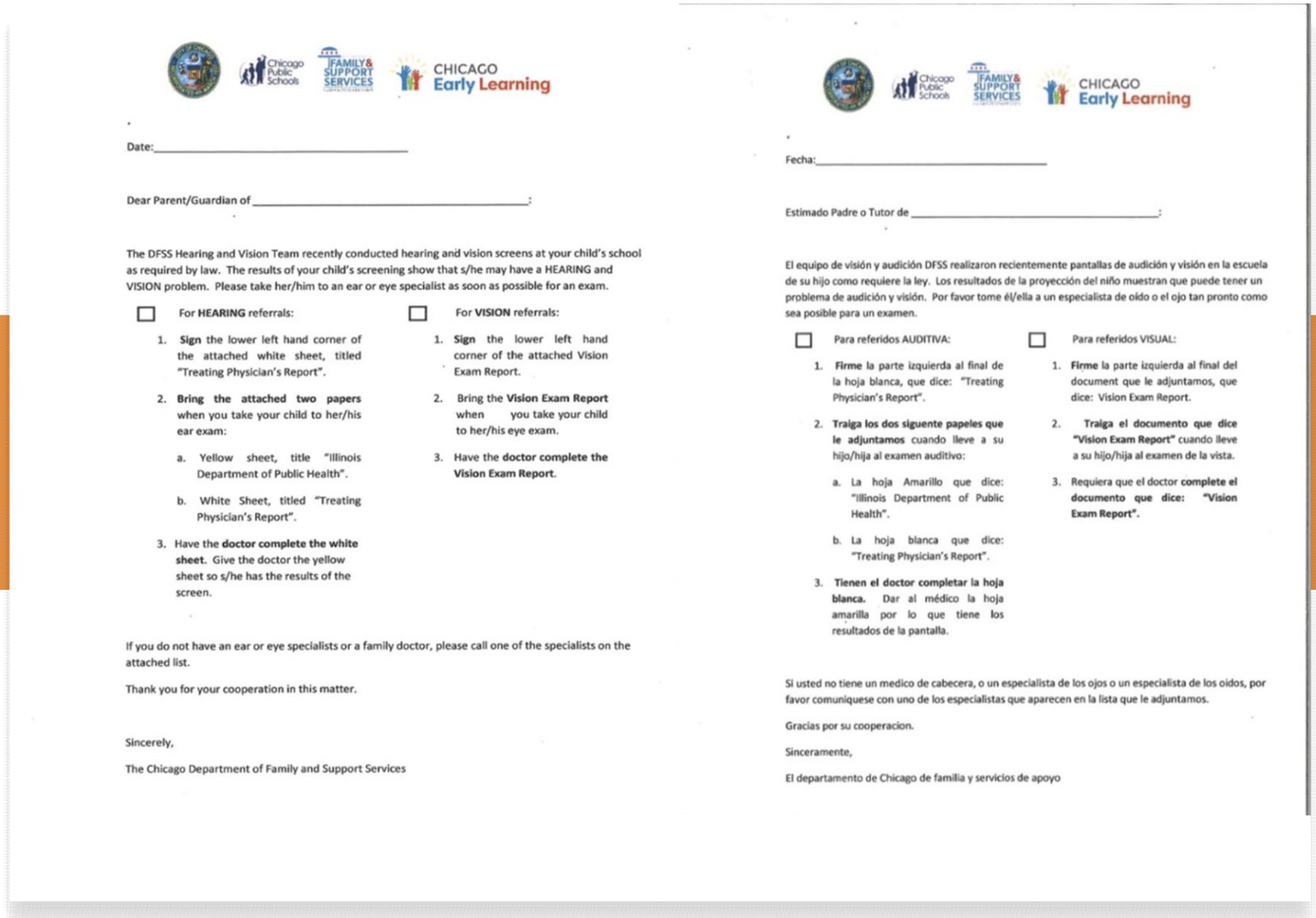
	INDIVIDUAL PURE TONE AUDIOMETRIC					RECHECK				TECHNICIAN
	DATE	AGE	RIGHT	LEFT	REFERRED	DATE	RIGHT	LEFT	REFERRED	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

MAJOR HEALTH PROBLEM _____

Major Health Problem

Student Number

NAME
D. O. B.
Parent/Guardian



Date:_____

Dear Parent/Guardian of _____:

The DFSS Hearing and Vision Team recently conducted hearing and vision screens at your child's school as required by law. The results of your child's screening show that s/he may have a HEARING and VISION problem. Please take her/him to an ear or eye specialist as soon as possible for an exam.

☐ For **HEARING** referrals:

1. **Sign** the lower left hand corner of the attached white sheet, titled "Treating Physician's Report".
2. **Bring the attached two papers** when you take your child to her/his ear exam:
   a. Yellow sheet, title "Illinois Department of Public Health".
   b. White Sheet, titled "Treating Physician's Report".
3. Have the **doctor complete the white sheet**. Give the doctor the yellow sheet so s/he has the results of the screen.

☐ For **VISION** referrals:

1. **Sign** the lower left hand corner of the attached Vision Exam Report.
2. Bring the **Vision Exam Report** when you take your child to her/his eye exam.
3. Have the **doctor complete the Vision Exam Report**.

If you do not have an ear or eye specialists or a family doctor, please call one of the specialists on the attached list.

Thank you for your cooperation in this matter.

Sincerely,

The Chicago Department of Family and Support Services

Fecha:_____

Estimado Padre o Tutor de _____:

El equipo de visión y audición DFSS realizaron recientemente pantallas de audición y visión en la escuela de su hijo como requiere la ley. Los resultados de la proyección del niño muestran que puede tener un problema de audición y visión. Por favor tome él/ella a un especialista de oído o el ojo tan pronto como sea posible para un examen.

☐ Para referidos AUDITIVA:

1. **Firme** la parte izquierda al final de la hoja blanca, que dice: "Treating Physician's Report".
2. **Traiga los dos siguente papeles que le adjuntamos** cuando lleve a su hijo/hija al examen auditivo:
   a. La hoja Amarillo que dice: "Illinois Department of Public Health".
   b. La hoja blanca que dice: "Treating Physician's Report".
3. **Tienen el doctor completar la hoja blanca.** Dar al médico la hoja amarilla por lo que tiene los resultados de la pantalla.

☐ Para referidos VISUAL:

1. **Firme** la parte izquierda al final del document que le adjuntamos, que dice: Vision Exam Report.
2. **Traiga el documento que dice "Vision Exam Report"** cuando lleve a su hijo/hija al examen de la vista.
3. Requiera que el doctor **complete el documento que dice: "Vision Exam Report".**

Si usted no tiene un medico de cabecera, o un especialista de los ojos o un especialista de los oidos, por favor comuniquese con uno de los especialistas que aparecen en la lista que le adjuntamos.

Gracias por su cooperacion.

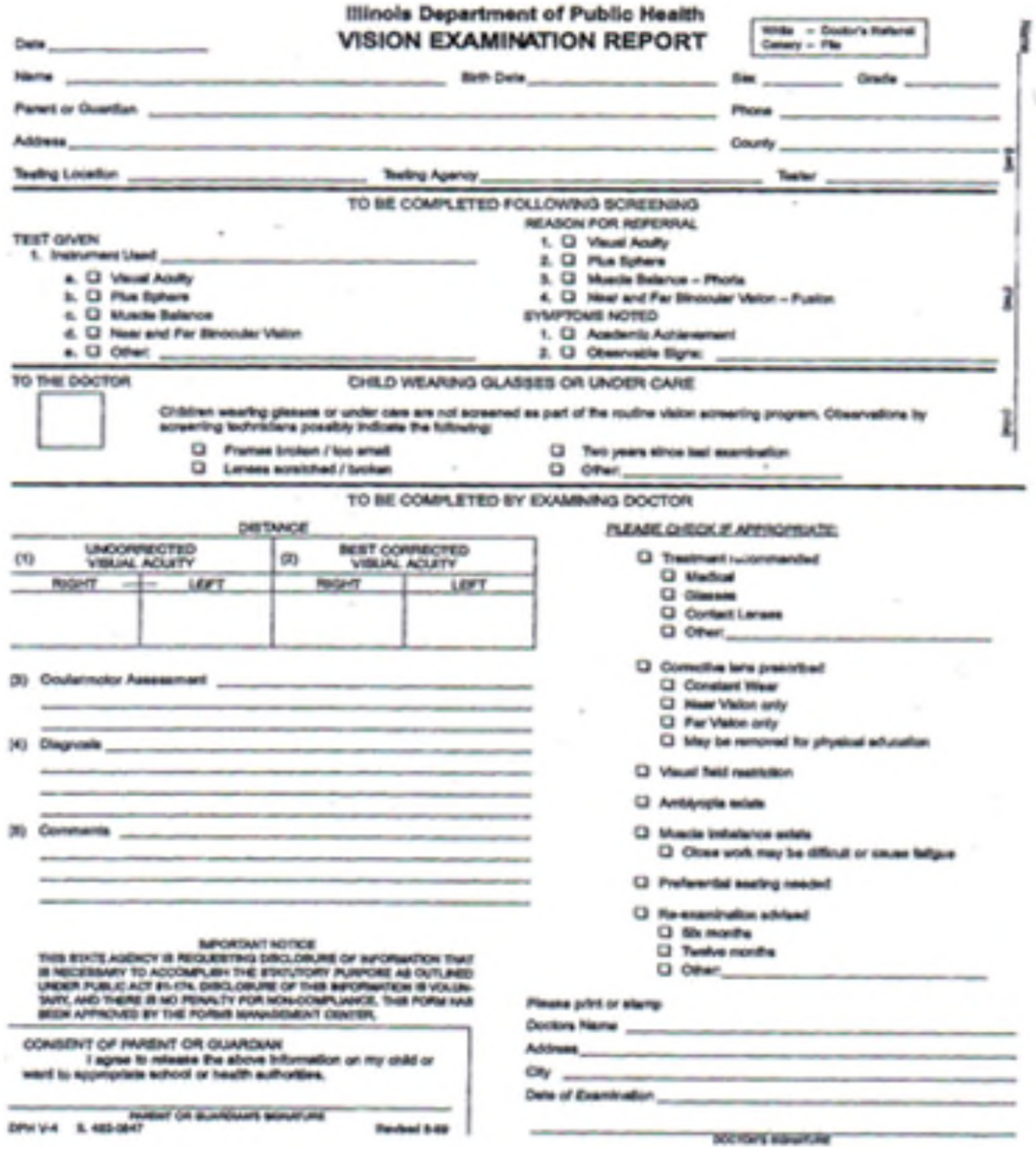
Sinceramente,

El departamento de Chicago de familia y servicios de apoyo

Cover Letter to Families for Vision & Hearing Referrals

Vision Referral: Follow-up

- Vision referral issued to the parent(s)
- Parent(s) is provided with a vision resource list
- Results entered into our database (CARES)
- Referral outcomes are returned to the site and technician for tracking and follow up purposes



Illinois Department of Public Health
VISION EXAMINATION REPORT

White – Doctor's Referral
Canary – File

Date _____

Name _____ Birth Date _____ Sex _____ Grade _____

Parent or Guardian _____ Phone _____

Address _____ County _____

Testing Location _____ Testing Agency _____ Tester _____

TO BE COMPLETED FOLLOWING SCREENING

TEST GIVEN
1. Instrument Used _____
   a. ☐ Visual Acuity
   b. ☐ Plus Sphere
   c. ☐ Muscle Balance
   d. ☐ Near and Far Binocular Vision
   e. ☐ Other: _____

REASON FOR REFERRAL
1. ☐ Visual Acuity
2. ☐ Plus Sphere
3. ☐ Muscle Balance – Phoria
4. ☐ Near and Far Binocular Vision – Fusion

SYMPTOMS NOTED
1. ☐ Academic Achievement
2. ☐ Observable Signs: _____

TO THE DOCTOR

CHILD WEARING GLASSES OR UNDER CARE

☐

Children wearing glasses or under care are not screened as part of the routine vision screening program. Observations by screening technicians possibly indicate the following:

☐ Frames broken / too small
☐ Lenses scratched / broken
☐ Two years since last examination
☐ Other: _____

TO BE COMPLETED BY EXAMINING DOCTOR

DISTANCE

	UNCORRECTED VISUAL ACUITY		BEST CORRECTED VISUAL ACUITY	
(1)	RIGHT	LEFT	RIGHT	LEFT

(3) Oculomotor Assessment _____

(4) Diagnosis _____

(5) Comments _____

PLEASE CHECK IF APPROPRIATE:

☐ Treatment recommended
  ☐ Medical
  ☐ Glasses
  ☐ Contact Lenses
  ☐ Other: _____
☐ Corrective lens prescribed
  ☐ Constant Wear
  ☐ Near Vision only
  ☐ Far Vision only
  ☐ May be removed for physical education
☐ Visual field restriction
☐ Amblyopia exists
☐ Muscle imbalance exists
  ☐ Close work may be difficult or cause fatigue
☐ Preferential seating needed
☐ Re-examination advised
  ☐ Six months
  ☐ Twelve months
  ☐ Other: _____

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 81-174. DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, AND THERE IS NO PENALTY FOR NON-COMPLIANCE. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

CONSENT OF PARENT OR GUARDIAN
I agree to release the above information on my child or ward to appropriate school or health authorities.

_____
PARENT OR GUARDIAN'S SIGNATURE

Please print or stamp

Doctors Name _____

Address _____

City _____

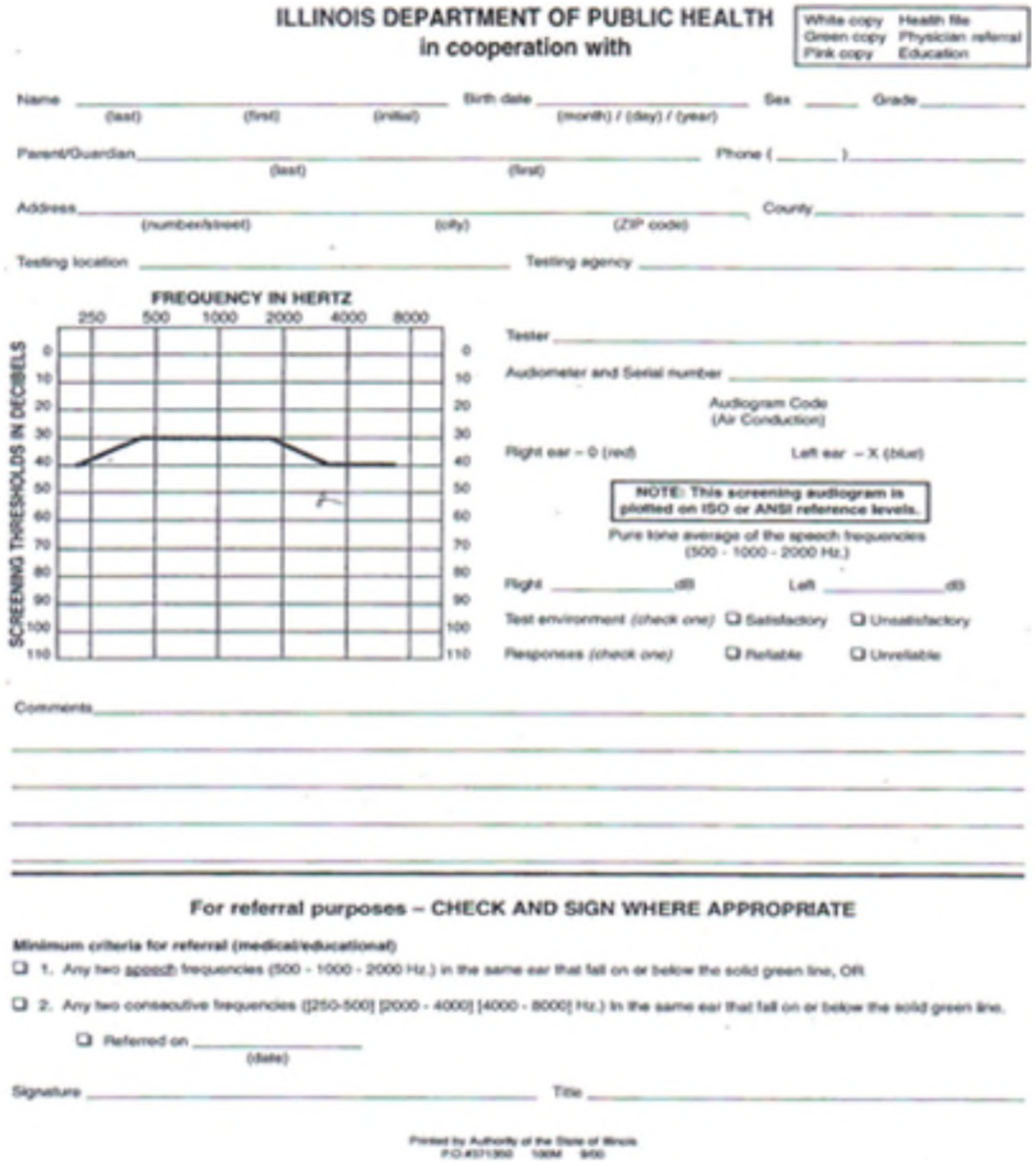
Date of Examination _____

_____
DOCTOR'S SIGNATURE

DPH V-4 IL 483-0847 Revised 5-89

Hearing Referral: Follow-up

- Hearing referral is issued to the parent(s)
- Parent(s) is provided with a hearing resource list
- Results entered into our database (CARES)
- Referral outcome are returned to the site and the technician for tracking and follow up purposes



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
in cooperation with

White copy Health file
Green copy Physician referral
Pink copy Education

Name _____ Birth date _____ Sex _____ Grade _____
(last) (first) (initial) (month) / (day) / (year)

Parent/Guardian _____ Phone (_____) _____
(last) (first)

Address _____ County _____
(number/street) (city) (ZIP code)

Testing location _____ Testing agency _____

FREQUENCY IN HERTZ
250 500 1000 2000 4000 8000

SCREENING THRESHOLDS IN DECIBELS
0 10 20 30 40 50 60 70 80 90 100 110

Tester _____

Audiometer and Serial number _____

Audiogram Code
(Air Conduction)

Right ear – O (red) Left ear – X (blue)

NOTE: This screening audiogram is plotted on ISO or ANSI reference levels.

Pure tone average of the speech frequencies
(500 - 1000 - 2000 Hz.)

Right _____dB Left _____dB

Test environment *(check one)* ☐ Satisfactory ☐ Unsatisfactory

Responses *(check one)* ☐ Reliable ☐ Unreliable

Comments _____

For referral purposes – CHECK AND SIGN WHERE APPROPRIATE

Minimum criteria for referral (medical/educational)

☐ 1. Any two speech frequencies (500 - 1000 - 2000 Hz.) in the same ear that fall on or below the solid green line, OR

☐ 2. Any two consecutive frequencies ([250-500] [2000 - 4000] [4000 - 8000] Hz.) in the same ear that fall on or below the solid green line.

☐ Referred on _____
(date)

Signature _____ Title _____

Printed by Authority of the State of Illinois
P.O.#3713850 10M $450

Developmental Screenings

- Programs must administer or obtain a current developmental and social-emotional screening within **45 days** of the child's first program attendance or home-visit for the program year to screen for developmental delays or concerns.
- Screenings for **returning** children can be conducted beginning as early as July 1st of every year and will be counted as meeting the 45-day requirement
- Children with a **current certified** IEP or IFSP are not required to be screened, however it is recommended if it is suspected as additional services may be needed
- Parents/guardians must give written consent to conduct screenings
- Parents/guardians must be provided information regarding the (a) purpose of the screening, (b) screening results and (c) how screening results will be used
- The following research-based developmental screening tools must be used as designed including frequency – *[Please refer to CELS 2.0 - Pages 88-91 for specific details regarding staff responsible for completing tools]*:
  - **Birth to three** – Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire: Social-Emotional (ASQ:SE-2)
  - **Three to five** – Early Screening Inventory-Revised (ESI-R) and Ages and Stages Questionnaire: Social-Emotional (ASQ:SE-2)

On Going Monitoring Systems

- It is important that all CELS programs have an effective system to monitor health and family services. Today, we've focused on priorities that must take place within the first 45 days of operation.
- DFSS-CSD will be offering additional information in these respective content areas. Look for upcoming training dates and topics via CSD electronic updates and CSD' Professional Development Pamphlet.

Resources

- Vision for Schools Program (VSP) https://vspglobal.com/cms/vspglobal-outreach/gift-certificates.html
- Caring for Our Children (CFOC) National Health and Safety Performance Standards https://NRCKids.org
- The Early Childhood Learning & Knowledge Center (ECLKC) **https://eclkc.ohs.acf.hhs.gov**
- Illinois Department of Children and Family Services Licensing Standards (IDCFS)
- CELS Manual 2.0
- Active Supervision

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/active-supervision.pdf

- Office of Head Start (OHS) Expectations for Head Start Programs in Program Year (PY) 2021–2022 ACF-PI-HS-21-04

https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-21-04


obrigado
Dank U
Merci
mahalo
Köszi
спасибо
Grazie
Thank you
mauruuru
Takk
Gracias
Dziękuję
Děkuju
danke
Kiitos