Preschool Expansion Grant
The Preschool Expansion Grant (PEG) is funded by a federal Preschool Development Grant (PDG) awarded to Illinois in December 2014. The goal of the program is to expand access to full-day early childhood education and comprehensive services to the most at-risk 4-year-olds in their communities. These programs provide comprehensive services to children and families, including high-quality family support and engagement opportunities, medical, dental and mental health services, inclusive classrooms with supports for both English learners and children with special needs, as well as a comprehensive Social Emotional Learning program. Along with these enhancements, PEG programs must engage in creating a Birth to 3rd Grade Continuum of Supports for both children and their families. These supports include both school level systems of support (curriculum alignment and access to school supports) and coordinated access to medical, mental, and dental health resources in the community. The PEG is a discretionary grant that is jointly administered by the U.S. Department of Education and the U.S. Department of Health and Human Services.

Note: Documents referenced throughout this manual are available on the Illinois State Board of Education (ISBE) Preschool Development Grant website.

Requirements
At minimum, a child must be 4 years old and from a family with income at or below 200 percent of the Federal Poverty Level (FPL). The child must turn 4 years old by September 1 in order to enroll in the program. Children who are age-eligible for kindergarten are not eligible for the program.

Eligibility and Weighted Priority Enrollment Form
PEG grantees are required to utilize the approved Eligibility and Weighted Priority Enrollment Form (Enrollment Form). This form must be kept in each student record for review upon request. Staff members completing the income verification portion of this Form must provide their signature assuring the income documentation indicated was reviewed.

Age Eligibility
Programs must prove the child is age eligible using any one of the following forms of evidence:

- Child’s birth certificate (copy is acceptable)
- Passport
- Court documents
- Medical records
- Visa
- Other governmental documentation

A child’s certified birth certificate is the preferred form of evidence to prove age eligibility. Programs should first ask families to produce the child’s birth certificate; if it is not available, the program can assist families with identifying other options for proving the child’s age. If the family is unable to produce any evidence, a written statement attesting to the child’s date of birth, signed by the parent or guardian, as well as a plan to obtain the documentation is required. In this case, programs should assist families in obtaining a certified birth certificate.

Income Eligibility
Programs must prove income eligibility for all participants enrolling in the program by documenting how family income was calculated using any one of the following forms of evidence:

- Pay stubs (two most recent, consecutive)
- Proof of WIC benefit
- Proof of Supplemental Nutrition Assistance Program (SNAP) benefit
- Proof of Temporary Assistance for Needy Families (TANF) enrollment
- Proof of Supplemental Security Income (SSI) benefit
- Proof the family receives Child Care Assistance Program (CCAP)
- Tax return (most recent)
- Wages and tax statement (most recent W-2)
- Verification/letter from employer
- Proof that parent is enrolled in Medicaid (a medical card with the child’s name does not prove income eligibility)
- Signed written statement from the family (provide form for families with no income)

Families derive income from many different sources and may need several options to prove income eligibility. The preferred ways to verify income eligibility, however, are through proof of enrollment in a public benefits program or pay stubs. Programs should first offer parents the opportunity to use proof of enrollment in a public benefits program or pay stubs to verify their income before offering other options. For parents that are not employed, programs should first work to obtain documentation of receipt of one of the public benefits listed above before utilizing a signed written statement from the parent, as this is the least preferred documentation.

As mentioned above, programs should encourage families to provide verification that they are enrolled in public benefits programs during the eligibility screening process. Evidence of enrollment in a public benefit program includes possession of a public benefits card with the family’s name printed on it (such as a Link card), a signed and dated letter from the administering agency, a referral from the administering agency that indicates the family is receiving a specific benefit, or contacting the administering agency directly after a release of information is signed by the family. Programs should document the evidence used for verification and use their best judgment in determining whether or not to accept evidence that appears questionable in some way.

If families present without proof of income or verification of public benefits at the time of the eligibility screening, programs should still assess the family for other eligibility, including priority selection factors, and accept provisional proof of income (such as a signed written statement from the family or only a single paystub, etc.) until the family is determined to have enough cumulative points from the selection factor assessment to enroll in the program. Programs must collect the appropriate documentation before or soon after the child begins attending the program, but may wait until that point in order to save time and work for both the program staff and family, particularly for families that don’t have enough points to enroll in the program.

Note: Verification of income must be completed no earlier than six months prior to the child’s first day of attendance in the PEG program. For example, programs that served a child at age 3 would need to do a new determination of income eligibility for the PEG program rather than relying on evidence of the family’s income at the time the child enrolled in the program for 3-year-olds.

**Household Size and Income**

For the purposes of determining income eligibility of a family for the PEG program, “family” includes all persons living in the same household who are:

- Supported by the parent’s or guardian’s income
- Related to the child’s parent(s) or guardian(s) by blood, marriage, or adoption
- The child’s authorized caregiver or legally responsible party

Programs should count income only from parents or guardians of the child, including unmarried parents residing in the same household. Income of adult siblings of the child who are residing with the family or unmarried partners of the parent who are not related to the child should not be counted. Income of a parent who does not reside in the household with the child should not be counted; however, programs should request information on child support, if applicable, and count that income toward the total household income. Non-resident parents should not be included in the total household size.

**Categorical Eligibility**
Children who are homeless and children who are in foster care are considered categorically eligible for PEG program. Income verification is not required (as it can be assumed homeless families have low income and children in foster care have no family income). If a program determines a child is homeless or in foster care, it must allow the child to begin attending the program without immunization and other medical records, birth certificates, or other documents, giving the family reasonable time to present these documents.

**Eligibility for blending and braiding**

If a program blends and braids funding with another funding stream, such as Head Start, the program must meet the most restrictive requirements of all funding sources. For example, if a PEG program blends funding with Head Start, all families must meet the Head Start income eligibility criteria and all children must meet the PEG age criteria.

**Active Recruitment**

As detailed above, PEG programs are designed to serve the most at-risk children and families. Identifying and enrolling these families requires an intentional effort to actively seek out and educate families experiencing challenging situations.

While many programs have regular success in attracting families for screening days or walk-in enrollment opportunities through fliers or passive recruitment, these families often present with fewer risk factors than the targeted population for this program. In order to fulfill the goal of the PEG, programs must develop and implement a comprehensive recruitment plan inclusive of the following components:

- **Assessment of Community Need**: The recruitment plan should be informed by the particular needs, challenges and opportunities of the community. Data from a variety of sources, including the Illinois Early Childhood Asset Map (IECAM), local community leaders, and others should be used to develop this plan. In addition, this assessment should provide an indication of where in the community priority families live and the location of services and institutions that currently serve them.

- **Identification of Barriers**: Programs should determine the specific barriers faced by parents in their community that prevent or delay enrollment of their children in early learning programs. Issues such as lack of knowledge, challenges obtaining documentation, challenges with transportation, or others should be noted and programs should identify opportunities to overcome these barriers.

- **Targeted, Multi-Pronged Recruitment**: Based on the assessment of community need, programs are expected to develop a portfolio of recruitment approaches to reach families through multiple methods and efforts. Some approaches to consider include:
  - Participation in or hosting of community events for families
  - Door-to-door canvassing
  - Newspaper or radio public service announcements
  - Close partnerships with potential referral sources
  - Recruitment efforts in parks, grocery stores, food pantries, laundromats, and other potential locations frequented by families

- **Education**: Many families, particularly those in the target population, may not have been previously exposed to messages about the importance of early education. Some may believe that children are too young to attend school at the age of 4. In order to engage these families in the PEG program, programs need to educate families, answer their questions, and allay their fears. In particular, programs should plan to help parents understand the following:
  - The impact of early education on brain development and later school success
  - The importance of socialization and social emotional learning
  - The program’s approach to curriculum and play-based learning
  - Developmental appropriate practice and how the program is designed to support young learners
  - Family support and the opportunities available for parent education and engagement

- **Follow Up**: Programs should secure multiple forms of contact information in order to follow up quickly and frequently with interested families. If families encounter barriers to enrollment, programs must provide
support, referrals, and assistance to overcome those barriers. This may include referrals to medical homes to obtain vaccinations or assistance obtaining a birth certificate.

**Priority Factors**

The PEG program is intended to serve the children with the highest needs in each community; therefore, programs are required to prioritize children by need as part of their recruitment, selection, and enrollment process for the program. Per Illinois’ application, PEG grantees will be expected to fill their slots with eligible children with very high needs, defined as eligible children who receive 25 or more points on the Enrollment Form.

- The highest priority selection factors for the program are: homelessness, child welfare involvement, disability (child has Individual Education Plan [IEP] for more than itinerant speech services or has been referred for special education evaluation), and family income at or below 50 percent of the FPL. These factors are weighted at 50 points.
- Other priority selection factors include: income at or below 100 percent of the FPL, caregiver with no high school diploma or General Education Diploma (GED), teen parent at the birth of first child, immigrant or refugee family, active duty military family, English not spoken in the home, and child displaying developmental delays for which a referral to special education is not indicated at the time of the screening. These factors are weighted at 25 points.
- Programs may select additional significant risk factors to incorporate into their Enrollment Form. These factors may be weighted at no more than 25 points and should be based on identified community needs.

**Documentation/evidence of priority selection factors**

All selection factors, with the exception of income, will be documented through a parent interview and questionnaire because producing evidence of many of the priority selection factors may prove onerous for both families and program staff. The responses from the parent interview and questionnaire will be used by program staff to complete the Enrollment Form. The parent questionnaire gathers all information needed to determine whether a parent/guardian is on active military duty, the age of the parents at the birth of the first child, whether the parent completed high school/GED, and whether English is spoken at home. The interview gathers additional information about homelessness, child welfare involvement, immigration and refugee status, as well as other more general information about the family’s strengths and challenges. If a program is serving the child during his or her “3-year-old year” and/or if the program has previously collected the needed information for the family, the program does not have to conduct a new parent interview for purposes of completing the Enrollment Form. However, as noted above, verification of income eligibility must be completed no less than six months before the child begins the PEG program.

Programs will also receive additional information through the child’s developmental screening, referral sources, and the income verification process that can be used to verify the presence of some of the selection factors without requesting additional documentation. If programs verify presence of selection factors through these other methods, the corresponding questions that assess for these factors on the parent questionnaire/interview should be skipped. For instance, if a local family shelter refers a family they are serving to a PEG program, that referral provides verification of the family’s homelessness and therefore the program does not need to ask the family the questions to assess for homeless in the parent interview. All programs must use a parent interview and questionnaire combination that includes at least all of the questions included on the sample form in this guidance document, and all programs must complete the Enrollment Form for every child enrolled. Programs may add additional questions to the parent interview as indicated by local or program needs.

- **Homeless Status**: If the family reports frequent/multiple moves, family members living in different places, a temporary living situation, or describes unsafe, very crowded, or substandard housing, they are very likely homeless and should receive 50 points on the eligibility form. If the family has been referred by a homeless service provider (e.g., shelter worker, McKinney-Vento liaison), this verifies the family is homeless.
- **Child Welfare Involvement**: If the family was referred by or has verified involvement with a child welfare agency, the child should receive 50 points on the eligibility form.
• Immigrant/Refugee Family Status: A family that has confirmed its status as a recent immigrant or refugee family should receive 25 points on the eligibility form. If the family was referred by a refugee services agency or other immigrant services agency, this verifies the family’s status as well.

• Children with Disabilities: PEG classrooms must include children with IEPs who meet the income requirements for the PEG program. Program monitoring will include an analysis of the percentage of children enrolled who have an IEP other than an IEP for speech only. The percentage of children with IEPs other than speech only should be no more than 30 percent in each classroom, and programs are strongly encouraged to include at least 9 percent of children with IEPs in each classroom. PEG program-eligible children who are referred for a special education evaluation should continue enrollment in the PEG classroom. The IEP team must consider the PEG classroom as the first option for educational placement for children who are found to be eligible for special education. Children with IEPs will have their services provided in the PEG classroom embedded in the activities and routines of the day as indicated in the IEP.
  - Note: Children with disabilities must meet the basic program eligibility requirements. They must be 4 years old on September 1 of the school year in which they are served, and their family income must be below 200 percent of the FPL.

Waiting List
In order to ensure that the most at-risk children are enrolled in the Preschool Expansion Program, programs are expected to develop a waiting list and undertake a selection process prior to enrollment. This process is detailed in the Weighted Eligibility Flowchart.

In general, children should be added to a waiting list as they are recruited and information should be collected to complete the Eligibility and Weighted Priority Enrollment Form. Point values from this form should be assessed and children should be prioritized according to these point values. Program enrollment must be determined based on these priority point values.

Reserving Slots
Per Illinois’ application rules, PEG programs must develop a local plan for ensuring that preschool services will be available to age-eligible children with especially high needs (e.g., children who are homeless or in foster care) even if those children do not present for screening and eligibility determination until after the school year begins. Each PEG program must work with its community partners to develop this plan based on past enrollment patterns, child mobility, prevalence of homelessness and foster care placement in the community, and other factors.

It is anticipated that most PEG programs’ plans will include reserving at least 5-10 percent of their program slots to be filled during the first two months of the school year. These slots would be filled immediately by any child who is homeless, in foster care, or otherwise demonstrates especially high needs. If the slots are still not filled by October 15, the program would enroll the highest-need children from the waiting list.

In addition, programs are expected to maintain contact with agencies serving homeless families and children in foster care throughout the year; if a homeless or foster child is identified as needing preschool services after all spots are filled, programs must make every effort to keep in contact with the family and place that child in a classroom as soon as an opening becomes available.

Establishing Referral Relationships
Programs are strongly encouraged to develop formal referral relationships with local providers that serve families that experience the priority selection factors, such as homeless service providers and McKinney-Vento liaisons, child welfare agencies, housing authorities, refugee resettlement agencies, and public aid offices. Not only will this ensure that programs are able to target the highest-need children for enrollment, but a formal referral relationship can also support the process of verifying eligibility for the PEG program. For example, the local TANF agency could refer families they serve directly to the PEG program using a mutually agreed upon standardized process that incorporates verification of the family’s receipt of TANF benefits. Programs are encouraged to develop referral
forms collaboratively with partners that incorporate verification of age, income, and selection factors to the largest extent possible.

**Comprehensive Family Services**
A key component of the PEG program is comprehensive services provided to children and their families. These services fall into four primary categories:

- **Mental Health**
  - Program should contract or collaborate with a qualified mental health provider or consultant. This individual should have experience working with young children and their families.
  - The consultant should provide training and education opportunities to parents and staff on relevant topics related to child mental health, child development, guidance and discipline, support for children with special needs, and self-care, among others.
  - The consultant should support the program in developing and implementing protocols for social emotional screening, general classroom observation, and other appropriate methods for identifying children in need of mental health supports.
  - The consultant should additionally work closely with program staff to identify children in need of individual observation and referral. This individual observation may be triggered by a score from a social emotional screening or concerns from teachers and parent/guardian. Support and education should be provided to parents to determine if a referral is appropriate for their child and to navigate this process.
  - As appropriate and required, individual consultation should be provided to children or parents as a bridge to long-term mental health services.
  - Mental health providers may also use a reflective case consultation approach, a model to support program staff in addressing the significant needs of children and families experiencing challenging circumstances. (See the link to Reflective Practice Guide under “Additional resources” at the end of this section.)

- **Health and Dental**
  - The program should have a referral relationship with local dentists and pediatricians.
  - Program staff should assist parents in establishing a medical and dental home for regular, ongoing preventative care and any required follow-up treatment.
  - The parent educator should ensure that children receive regular preventative care according to the Early and Periodic Screening, Diagnostic and Treatment schedule and any necessary follow-up treatment.

- **Family Support and Resource Referral**
  - Parent educators should conduct a family needs assessment with each family to identify family strengths, needs, and goals.
  - During the course of the year, parent educators should check in with families to assess the supports needed to meet their needs and attain their goals and to help celebrate progress.
  - Parent educators should make active and informed referrals to external agencies, including social service organizations, government subsidy programs, educational institutions, and others to support parents in overcoming barriers and achieving their goals.

- **Parent Education**
  - The program should design a robust menu of parent education opportunities designed to support parents in meeting the needs of their children and achieving ambitious family goals.
  - Parent input, collected through surveys, planning meetings or other sources, should be a guiding factor in determining the subject matter, format, and schedule of parent education opportunities.
  - Parents should have an opportunity to learn from and interact with experts in a variety of relevant fields, including:
    - child medical and dental health
    - mental wellness
    - family strengthening
In addition to formal meetings, programs should identify other opportunities for parent education, such as establishing a resource library, planning family field trips to cultural and educational institutions, or hosting community resource fairs for parents.

In designing these comprehensive services, programs should make sure that supports provided to families are both effective and sustainable. Developing a strong and clear Memorandum of Understanding (MOU) with service providers (including mental health/dental/medical providers) and referral partners (such as housing organizations, job training programs, GED programs, etc.) ensures that the process for referral is transparent and seamless for families. These MOUs should also clearly outline the types and intensity of services that families should expect to receive, ensuring that these align to family needs and program expectations.

To ensure sustainability, programs should work to develop a lasting relationship between a family and the resource/service provider that will be continuous and ongoing until a particular need is met or goal is achieved. For example, while a program may choose to work with a “dental van” to provide preventative dental care for children, it is critical that the families of children receiving this treatment are connected to a “dental home” where they can receive ongoing care and any necessary follow-up treatment. If a barrier to long-term support is identified, such as a lack of medical insurance, the program should assist the parent in signing up for available free and subsidized insurance options.

Each program should develop a written plan for family support and education that details how the program will support families holistically. This should include a clear strategy for collaborating with community institutions and organizations to assist families in a variety of key areas, including income supports, food pantries, housing, social services, and other services relating to health/mental health, domestic violence, substance abuse, adult literacy, education and training, and financial asset building.

**Family Engagement**

In addition to providing parent education and family support, PEG programs should intentionally take steps to engage parents as active stakeholders in the design, implementation, and success of the program.

The Head Start Parent, Family and Community Engagement Framework provides a strong starting point for programs in developing a clear strategy for integrating parent and family engagement meaningfully in the PEG program. This framework is built on seven family engagement outcomes:

- Family Well-being
- Positive Parent-Child Relationships
- Families as Lifelong Educators
- Families as Learners
- Family Engagement in Transitions
- Family Connections to Peers and Community
- Families as Advocates and Leaders

As a part of this parent engagement strategy, each PEG program is expected to cultivate group of parent leaders to serve on a Parent Advisory Council. This Council should be established with a meaningful role in influencing and recommending program design and continuous quality improvement.

Each program should determine the appropriate size of its Council based on the size of the program and should use multiple methods to actively recruit parents as members. Program staff should ensure that participation on the Council is both accessible and inviting to parents from a diverse range of linguistic and cultural backgrounds, work schedules, and family structures. In addition to parents, program teachers, staff, and administrators should serve as members of the group.

The Council should meet on a regular basis and should receive information from program staff about program performance, challenges, and successes. Appropriate information may include aggregate enrollment and attendance trends, selected program curricula, upcoming events, proposed policy changes, and the program’s continuous
quality improvement plan. Meetings should be structured to provide for both information sharing and substantive discussion, with recommendations from the group formally shared with the program’s administration after each meeting. A copy of the agenda, minutes, and any distributed materials should be retained by the program.

Participation in the Council should be an opportunity for parents to develop critical leadership and self-advocacy skills. The program should provide training to prepare and empower parents for this opportunity. Training may include an orientation to the policies and procedures of the PEG program, an overview of district/organization history and policies, parliamentary procedure, and an introduction to budgets and fiscal management.

When possible, the members of the Parent Advisory Council should be empowered to join staff members in attending community meetings as representatives of the program. Meetings of local community early childhood collaborations, such as the Innovation Zones, or meetings to discuss collaborations with local social service organizations are an excellent way to support parent leadership development and empower parents with community connections that will benefit their families beyond participation in the program.

In addition, the program should consider empowering parents with structured leadership roles, including chair, vice-chair, and secretary, to ensure that meetings are driven by and for the interests of parent members. Parent members of the Council should elect their peers for these roles. Specific orientation, training, and support for each role should be provided.

**Staffing**
In addition to Preschool for All (PFA) staff requirements, PEG programs are required to hire individuals to serve as parent educators and instructional leaders. Parent educators should work collaboratively with families, education staff, and community partners to ensure that the program meets the needs of the whole child and supports parents/guardians in addressing family needs and setting and achieving ambitious family goals. In particular, they should manage parent engagement and education efforts, implement delivery of comprehensive services, and provide supports to ensure consistent child attendance. The maximum caseload for parent educators is one per 100 children.

The instructional leader should support classroom education staff (teachers and teacher assistants) to refine their practices, improve instructional quality, and achieve mastery as early childhood professionals. In particular, this should include managing implementation of curriculum and supplemental curricular materials, collaborating with teaching staff to develop individual professional development plans, and providing ongoing observations, coaching, and support to teachers. The maximum caseload for instructional leaders is one per 10 classrooms.

**Salary Parity**
PEG programs are additionally expected to attain salary parity with educator salaries in the local public school district. School district salary scales are publicly available documents and should be consulted to determine the appropriate starting salary for teachers, based on level of education. This salary scale should be made available as evidence for the compliance monitoring process.

**Sample Schedule**
Preschool Expansion programs are required to offer a school day program at least the length of the local first grade day. In the majority of districts the school day for first grade children is at least six hours (360 minutes) long. The following model schedule is provided in an effort to ensure alignment with the requirements of the PDG and the Early Childhood Environment Rating Scale-Revised (ECERS-R) recommendations and best practice.

| 15 minutes: | Arrival and Quiet Centers |
| 5 minutes:  | Cleanup Time              |
| 15 minutes: | Whole Group Time          |
| 65 minutes: | Choice Time** (includes breakfast as a center) |
5 minutes: Cleanup Time
30 minutes: Gross Motor*
20 minutes: Small Group Time
5 minutes: Prepare for lunch
30 minutes: Lunch
60 minutes: Rest Time/ Quiet Centers
5 minutes: Cleanup Time
30 minutes: Gross Motor*
65 minutes: Choice Time** (includes snack as a center)
10 minutes: Clean up Time/Prepare for departure/Dismissal

*Gross Motor: One full hour of gross motor programming, at minimum, must be offered to all children daily.
**Choice Time: ECERS-R recommends choice time for a substantial portion of the day. For a six-hour program day, this is defined as two hours. If breakfast or snack are served as a center/on an open basis, five minutes must be added to the total choice time for each, increasing the total time to 130 minutes, as reflected in the schedule above.

Additional Resources

- **Build Initiative**
  - Preschool and School Readiness: Experiences of Children with Non-English-Speaking Parents

- **Community Organizing and Family Issues (COFI)**
  - Head Start Parent, Family and Community Engagement Framework
  - How We Got Johnny, Jada and Jose in Preschool

- **Illinois Children’s Mental Health Partnership (ICMHP)**
  - Issue Brief: Early Childhood Mental Health and Homelessness
  - Reflective Practice Guide

- **Illinois Department of Child & Family Services (DCFS)**
  - Teen Parent Service Network (TPSN)

- **Illinois Department of Human Services (IDHS)**
  - Parent Income Calculation Worksheet
  - Wage Verification form

- **Illinois Early Learning Project (IELP)**
  - How Can Teachers Support Young Learners in Military Families?

- **Illinois Governor’s Office of Early Childhood Development**

- **ISBE**
  - Early Childhood Special Education Services

- **National Association for the Education of Homeless Children and Youth (NAEHCY)**

- **National Center for Homeless Education (NCHE)**

- **National Center for Children in Poverty (NCCP)**
  - Trauma Faced by Children of Military Families

- **National Child Traumatic Stress Network (NCTSN)**
  - Continuing Education

- **Office of the United Nations High Commissioner for Refugees (UNHCR)**

- **US Department of Education (USDE)**
  - Preschool Development Grants

- **US Health and Human Services (USHHS)**
  - Birth to 5: Watch Me Thrive!
  - Child Welfare Information Gateway
  - Expanding Early Care and Education for Homeless Children
  - US Federal Poverty Guidelines
  - Working with Pregnant & Parenting Teens