



ATTACHMENT B
QUALITY CRITERIA FOR HOMEBASED ENGAGEMENT PROGRAMS

Recipients of Endowment Grants must work in partnership with other community entities to maintain the highest quality required by any entity in the partnership (i.e., Head Start/Early Head Start Performance Standards, Parents as Teachers Certification Standards)

QUALITY CRITERIA	INDICATORS
<p>Staff Qualifications</p>	<p>Each home-based program shall use one or more Home Visiting Specialists and may in addition use one or more Home Visitors who meet these qualifications:</p> <p><u>Home Visiting Specialist:</u> Minimum of bachelor's degree in:</p> <ul style="list-style-type: none"> • Early Childhood Education or Early Childhood Special Education, • Nursing including at least twelve (12) graduate or undergraduate hours in any combination of family-centered practices or child and youth development, • Child Development, • Sociology or Psychology including at least twelve (12) graduate or undergraduate hours in any combination of family-centered practices or child and youth development, • Social Work Including at least twelve (12) graduate or undergraduate hours in any combination of family-centered practices or child and youth development, <p><u>Home Visitor:</u></p> <p>Programs may employ a Home Visitor with an associate degree, or the equivalency in credit hours, with a detailed education plan, created in conjunction with a higher education institute, to meet the Home Visiting Specialist qualifications within four years of hire. The Home Visitor must still be supervised by a Home Visiting Specialist. Grant funds may be used to support the Home Visitor in obtaining their qualifying degree. See the Sixpence Grant Funds Use for Family Engagement (home-based programs) Staff Tuition Reimbursement Policy for guidance.</p>
<p>Professional Development</p>	<ul style="list-style-type: none"> • Any staff that does not have coursework related to infants or toddlers must complete training on the Nebraska Early Learning Guidelines Birth to Five (42 contact hours by NDE approved trainer) • Completion of all required training for the program's chosen curriculum and GOLD. • All staff must complete Home Visiting Core Practices and Principle On-line Training including; completion of all 7 on-line modules, activities workbook, and participation in the Sixpence study group within one year of employment. • All staff must annually complete Nebraska's Safe With You training, In subsequent years, staff may attend other child abuse neglect detection training.

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Intensity and Duration of Services	<ul style="list-style-type: none"> • Contact with each actively enrolled family <u>at least</u> three times per month for a total of <u>at least</u> 180 minutes per month. • At least two of the three contacts must be individual personal visits (i.e. in the home) totaling 120 minutes. Parent-child interaction must be included and documented on individual lesson plans to count as a home visit. If the third contact is a group event, documentation should reflect attendance and parent-child-home visitor interaction. • Program is designed to serve children for a minimum of 18 months, on a year-round basis.
Caseload	<ul style="list-style-type: none"> • Home Visiting staff have limited caseloads to spend adequate time with each family (at least 12, but no more than 15 children depending on program model and community/family characteristics).
Supervision	<ul style="list-style-type: none"> • Program Supervisor has specific training in Facilitating Attuned Interaction (FAN) reflective practice training, infant-toddler development, program management, and in the specific program model/curriculum within one year. • Home Visiting staff receive written and documented individual or group supervision at least weekly, including education, coaching, and an opportunity to reflect upon practice and problem-solving around clients needs. • Program Supervisor accompanies and provides feedback to Home Visiting staff on a minimum of: <ul style="list-style-type: none"> ◦ Two personal visits every six months (if full-time) during their first year for the total of four visits the first year; ◦ Two personal visits per year thereafter, (HoVRS video can be used in lieu of one physical visit.) • The ratio of supervisors is 1:6, or sufficient to provide ongoing individual support.
Curriculum	<ul style="list-style-type: none"> • Program staff trained on and utilizes an evidence-based/developmentally appropriate curriculum. • Curriculum includes a developmentally appropriate personal visit plan for EACH child and follow-up documentation. • Program approach is flexible and focused on families' needs to the benefit of the child's development.
Developmental Screening & Assessment	<ul style="list-style-type: none"> • Screen children for developmental delays within 45 days of program entry and at least every six months thereafter, using a research-based screening tool. • Refer all children identified through screening, assessment, or parent and/or staff concern for further assessment to the Early Development Network. • Program must complete ongoing observation-based assessments of children's development as required by Results Matter and UNMC-MMI; use results to develop individualized learning plans for children.

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<p>Family Partnerships</p>	<ul style="list-style-type: none"> • Active parental participation on the Advisory Committee. • Program must offer parent's opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress towards achieving them. • Program must have a Family Partnership Agreement, which builds upon information obtained from the family and other community agencies concerning preexisting family plans. Provider must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in any educational/service plans; i.e., IFSP. • Program must provide a handbook which includes written information about philosophy, policies and procedures. • Offer ongoing monthly group opportunities for parent engagement and education that include, but aren't exclusive to <ul style="list-style-type: none"> • car seat safety • safe infant sleep practices • child medical needs • prenatal care • abstinence from smoking alcohol, and drugs while pregnant • breast feeding • brain development • nutrition • physical activity/outdoor play • child and parental mental health/stress • trauma/toxic stress <p>If families aren't able to attend the group, information shall be shared individually.</p> <ul style="list-style-type: none"> • Program shall assist families in applying family and child services such as Child Care Subsidy, Medicaid, TANF, etc.

<p>Community Partnerships</p>	<ul style="list-style-type: none"> • Providers have a minimum of three written agreements with community organizations to promote the access of children and families to community services that are responsive to their needs. Examples are, (ESU, CASA, WIC, Behavioral Health, Library, Clinic, Food Pantry) • Partners are active members on the Advisory Committee. • A local early childhood advisory committee that includes early childhood professionals, families and community members is required. <ul style="list-style-type: none"> ○ If there is an Early Head Start/Head Start program that serves the community, that program must be provided with an opportunity to serve on the advisory committee. Additional representation might include the following: existing early childhood care and education providers, preschools, providers of early intervention and early childhood special education services, Planning Region Teams, Early Learning Connections Coordinators, resource and referral agencies, parents, and health and social service personnel. ○ An existing early childhood advisory group can meet the requirement for the advisory group if the representation includes those persons listed above and the mission of the group is expanded to encompass the purpose of this program. ○ Each organization represented on the local early childhood advisory committee must provide a statement specifying how they are involved in the grant, including any match that they intend to provide. ○ Meetings must follow Nebraska's Open Meeting Act, be held on a frequency, location, and time that is respectful of program and members, especially parents' needs.
<p>Administration</p>	<ul style="list-style-type: none"> • All programs/partners are expected to maintain records providing evidence of sounds, professional financial practices. • As stated in the district signed Grant Award Letter (GAL), reimbursements are to be submitted monthly. No Less than quarterly. • Program must have an attendance policy that reflects an attendance rate of 85%. Enrollment should not fall below the 85% vacancies must be filled within 30 days. • Program must maintain a system of documentation that reflects program practices and child and family progress. • Program must adhere to the Sixpence Transition Policy. • The district of enrollment is required an NDE Individual Student Identifier from Advisor to each child served by this grant, regardless of their anticipated home school enrollment. • All children served by the program must qualify under at least one of the identified risk factors: <ul style="list-style-type: none"> • Primarily speak/hear a language OTHER than English in their home • Qualify for child care subsidy or meet the USDA Food Program's free/reduce lunch income qualifications • A child born to a teenage parent (younger than 20 years of age at the time of birth) • Parent who has NOT completed high school or a GED • Born premature (<37 weeks)