A.1. Develop a process for creating high quality Early Intervention Training Program (EITP) trainings	Q	Quarter 1		Quarter 2			Quarter 3			Quarter 4		
that emphasize evidence-based practices, typical and atypical child development, Child Outcome	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Process and adult-learning principles.											,	
A.1.1. Review existing rubrics to review training curriculum.	Х											
A.1.2. Adopt or develop a rubric that can be used to review content and use of adult learning												
practices.	\rightarrow	\rightarrow	\rightarrow									
A.1.3. Develop system to use review rubric effectively and on a regular basis.		\rightarrow	\rightarrow									
A.1.4. Select panel members to use rubric.		\rightarrow	\rightarrow									
A.1.5. Train reviewers on rubric selected to ensure fidelity of implementation.			\rightarrow									
A.1.6. Prioritize training curriculum and apply rubric.			\rightarrow									
A.2. Develop resource guides to support training curricula	Q	uarter	1	G	uarter	2	Q	uarter			Quarte	-
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
A.2.1. Prioritize the training curriculum in need of supporting resource guides			\rightarrow									
A.2.2. Develop or modify topical resource guides ensuring they reinforce strategies for												
implementation of evidence based practices (EBP).			\rightarrow									
A.2.3. Advertise widely the availability of resource guides that are linked to specific pieces of												
curriculum												
A.2.4. Include resource guides as handouts at appropriate EITP trainings												
A.2.5. Share resource guides with families and caregivers using EIC website and newsletters.												
A.2.6. Use resource guides as a support tool through Monitoring and TA activities with CFC and												
providers.												
A.2.7. Use resource guides when meeting with Innovation Zone partners and ensure their availability												
through all local partners' websites.												
A.3. Help IZ CFC Managers create leadership teams that will provide ongoing technical assistance	Q Julv	uarter Aug			uarter	2 Dec	Qu Jan	uarter Feb		Apr	Quarte	r 4 June
A.3.1. Survey CFC managers at 3 pilot zones about their use of Social Emotional (SE) consultant, Local		Aug	ocp	000	1101	Dee	Van	100	Ina		inay	Vulle
Interagency Council (LIC) and TA roles to support local staff and providers.												
A.3.2. Assist 3 pilot CFC managers to identify existing positions and personnel who work for the CFC	\rightarrow	\rightarrow										
for the local leadership teams.	\rightarrow											
A.3.3. Develop support mechanisms to insure parent participation in leadership team activities (e.g.,	\rightarrow	\rightarrow	\rightarrow									
PTIs, EIC, ICDD)	~											
A.3.4. Identify pilot CFCs' local TA providers that are utilized for support (in and out of EI).	►											
A.3.5. Designate El Partners to support the leadership teams.	\rightarrow	\rightarrow	Х									
A.4. Train and support leadership teams on their utilization of coaching/mentoring/professional	Q	uarter	1	G	uarter	2	Q	uarter	3	(Quarte	r 4
development strategies (including how to assess effectiveness of offerings and how to utilize	1	A	6				le ::	E a la	M	A	M	1
available data to inform future professional development opportunities)	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	war	Apr	Мау	June
A.4.1. Create guidelines for leadership team membership and responsibilities.	\rightarrow	\rightarrow	\rightarrow									

A.4.2. Identify the EITP personnel who have the skills to coach and mentor local leadership teams.		\rightarrow	X									, ,			
A.4.3. Ensure monitoring staff participate in leadership team trainings.															
A.4.4. Develop a training calendar and make available additional resources.															
A.5. Train local early intervention providers on typical infant/toddler development so that they can	Quarter 1		G	uarter	2	Quarter		3	Quarter		r 4				
implement the Child Outcomes process accurately	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June			
A.5.1. Develop a viable training calendar (face to face and online) and make available additional															
resources															
A.6. Leadership teams offer opportunities for early intervention providers to obtain training,	Quarter 1		Quarter 2			Quarter 3			Quarter 4						
reflective supervision, practice groups, and coaching to effectively implement the Child Outcomes															
Process and evidence-based intervention practices	July	Aug	Sep	Oct	Νον	Dec	Jan	Feb	Mar	Apr	Мау	June			
A.6.1. Establish ongoing early interventionists meetings to reflect and to practice how to implement															
the Child Outcomes Process															
A.6.2 Establish ongoing early interventionists meetings to reflect on their utilization of evidence-															
based intervention practices.															
A.6.3. Support peer to peer review processes to observe, critique, support and coach.															
A.6.4. Jointly develop a calendar of events with EITP and local CFC offices that reflect needs related															
to child outcomes, and family centered practices.															
A.6.5. Advertise a local calendar of training events (EI and additional community partners).															
A.7. Develop/ modify materials related to Child Outcomes and intervention materials that reflect	Quarter 1		Quarter 2		2	Quarter 3			Quarter 4						
recommendations and that are tailored to specific audiences (e.g. families/ caregivers, providers,															
CFC staff)	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	June			
A.7.1. Develop a guidance document that can be used to evaluate existing materials about Child															
Outcomes and intervention.			\rightarrow												
A.7.2. Identify a messaging rubric for existing and new materials.			\rightarrow												
A.7.3. Develop/revise all Child Outcomes materials and tailor messages for providers, stakeholders				►											
and families in multiple languages and literacy levels.															
A.7.4. Propose and develop a timeline that determines what Child Outcomes and intervention															
materials should be provided to families at different points in the system, e.g. intake, transition, etc.															
A.8. Create policy and procedures about Child Outcomes and evidence-based intervention practices.	Quarter 1		Quarter 2			Quarter 3			Quarter 4						
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	June			
A.8.1. Revise existing policies and procedures to clarify expectations and intent of the Child Outcome	\rightarrow	\rightarrow	\rightarrow												
Process.															
A.8.2. Develop policies and corresponding procedures for the use of evidence-based intervention															
practices.															
A.8.3. Provide training on the policies and procedures to CFC managers, staff and early															
interventionists.															
A.8.4. Update all manuals and guidelines and distribute widely.															
A.9. Create and implement policy/procedure to define requirements for "up to 20 hours" of EITP	Q	uarter	1	C	uarter	uarter 2 Quarter				3 Quarter 4					

training	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
A.9.1. Meet to review possible options to meet the legislative intent of the Rule.			\rightarrow										
A.9.2. Determine the number of hours to be required and topics to be included: Child Outcomes Process, child development, intervention practices, etc.													
A.9.3. Create a menu of training options that includes at least 3 sets of options for providers.			\rightarrow										
A.9.4. Develop and implement a phase-in plan with specific timelines.													
A.10. Revise payee/provider agreement and supporting documents to include language about new	Quarter 1			Quarter 2			Quarter 3			Quarte		er 4	
training requirements	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	June	
A.10.1. Clarify payee/provider agreement and include reference to new credential renewal training requirement.				•									
A.10.2. Widely advertise new language in payee/provider agreement.				•									
A.10.3. Update all provider supporting documents to include new credential renewal training requirement.				•									
B.1. Train local early intervention teams on evidence-based intervention (family capacity-building, family engagement, family decision-making, & family centered practices) practices for infants and	Quarter 1		Quarter 2			Quarter 3			C	r 4			
toddlers with delays or disabilities and their families	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	June	
B.1.1. EITP, Monitoring, and local level leadership teams meet to identify topics for the focus of training, reflective groups, coaching opportunities in each of the IZs.				•									
B.1.2. EITP/Local level leadership teams create a viable calendar of events.				•									
B.1.3. EITP/Local level leadership teams make intentional links or connections between EITP training opportunities and local level opportunities.				•									
B.1.4. CFCs explore opportunities to include other community partners' training and technical assistance events that support EBP into own calendar.				•									
B.2. Develop/modify materials related to evidence-based intervention practices (family capacity- building, family engagement, family decision-making, & family centered practices) utilizing	Quarter 1			Quarter 2		2 Quarter 3			3	Quarter 4			
recommendations for tailoring information to specific audiences (e.g. families/ caregivers, providers, CFC staff)	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	June	
B.2.1. El Clearinghouse and El Partners will propose an organizational structure for existing resources and identify additional resources if needed													
B.2.2. Develop a guidance document that can be used to evaluate existing materials about intervention practices													
B.2.3. Form a workgroup to review/develop consistent messages that reflect EBPs for all statewide materials.													
B.2.4. Develop/revise all intervention and public awareness materials and tailor messages for providers, stakeholders and families in multiple languages and formats.													

B.2.5. Determine what materials should be provided to families and caregivers at different points in						
the system to help them understand how intervention should work.						
B.2.6. Establish a process for coordinating ongoing communication to share consistent messages						
(newsletters, websites, social media outlets, Information Bulletins and any system updates).						
B.2.7. Identify groups to target for messaging, e.g. providers, CFCs, childcare centers, physicians,						
professional organizations, state agencies and universities.						
B.2.8. Identify an access point for each system stakeholders' information, e.g. Illinois Chapter of the						
American Academy of Pediatrics (ICAAP) for Physicians and Illinois Network of Child Care Resource						
and Referral Agencies (INCRRA) for childcare.						