

# REPORT TO THE IGA GOVERNING BOARD



**Collaboration for  
Early Childhood**  
*Strong Start, Bright Future*

 **CHAPIN HALL**  
AT THE UNIVERSITY OF CHICAGO

## ABSTRACT

The Collaboration for Early Childhood has a contract with the Village of Oak Park, Oak Park Elementary School District 97 and Oak Park River Forest High School District 200 to develop an integrated system of high-quality early childhood programs and services to benefit all children from birth to kindergarten age living in Oak Park and River Forest. Data collection and use of data are integral to the Contract for Services to better understand Oak Park's and River Forest's youngest children, monitor service delivery and usage, and measure impact.

The Collaboration presents this report to the IGA Governing Board to show the results of activity during the 2018-2019 school year. This is the fifth report about our progress on the indicators and corresponding data collection since contract initiation. We issued the initial report in May 2015.

*Submitted October 30, 2019*

# Collaboration for Early Childhood

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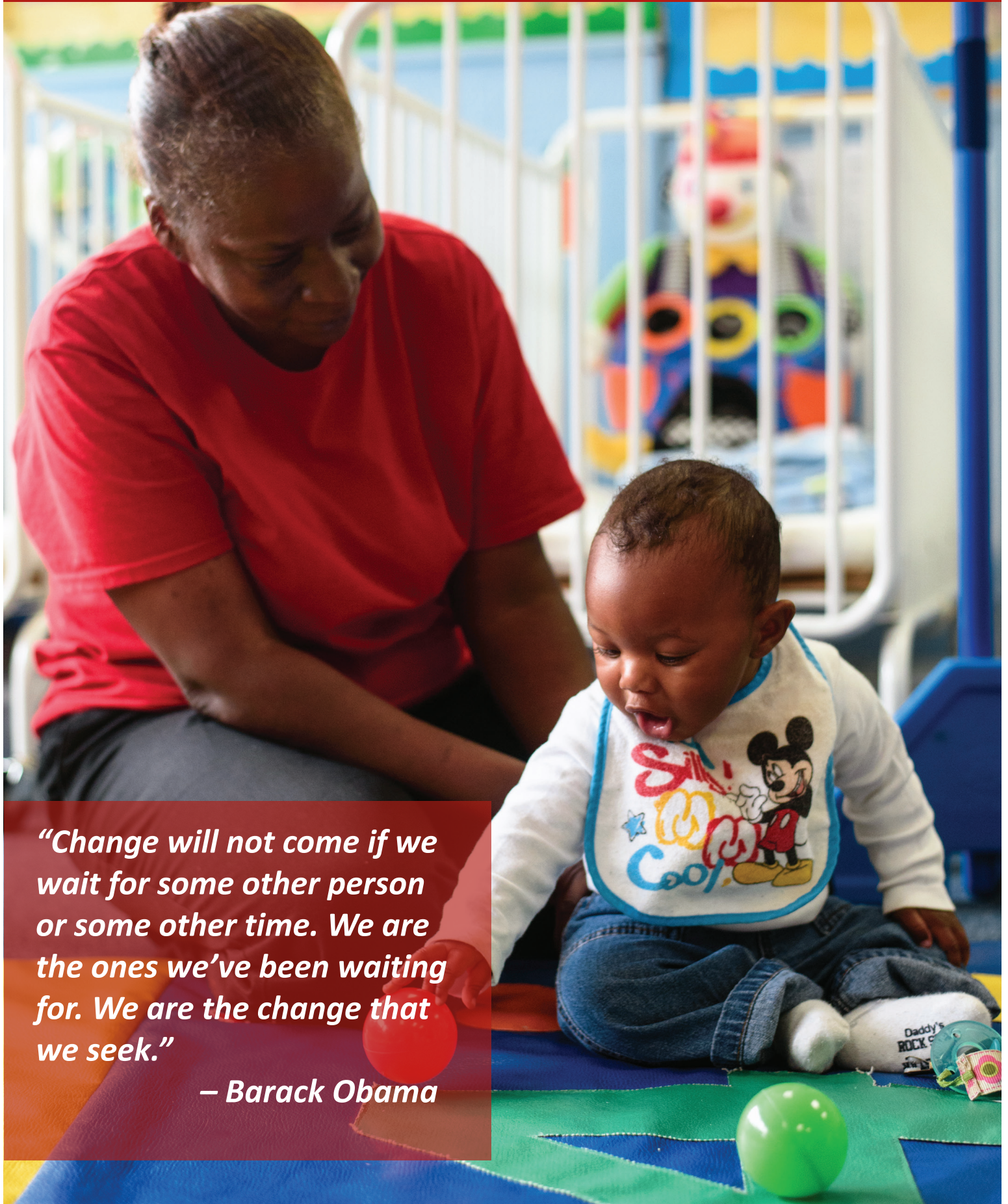
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*“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.”*

*– Barack Obama*

## Chapter 1. Introduction

Friends:

For those who have raised, educated or dedicated their careers to working with children, autumn is a time of reflection. We reflect on the end of the warm, balmy days of summer and the return to childhood school day routines. We remember leaf-crunching walks, fuzzy hats and mittens, and the magic that begins with Halloween and ends in the New Year. We see this as a time for taking stock in all that we love about our children, while looking forward to what this new year will bring for them. It is a season of hope.

Together, we all hope that our children will prosper and thrive. We hope that the teachers who care for our children will love them and see all of the potential that we see in them. We hope that when something goes unexpectedly, there will be a provider who can help us to understand how we can support our children. And we hope that along the way, we will be a strong voice in our children's success.

The Collaboration worked hard this year to be a source of hope and we are proud of what we have accomplished with the investment of the public entities in Oak Park and River Forest.

With your help:

- We provided hearing screening, vision screening, developmental screening and social emotional screening for over 1,900 children five and under in Oak Park and River Forest.
- We delivered robust family supports, resources and training to over 700 families. (You may have seen our parent ambassadors at community events throughout the year!).
- We supported training for all of Oak Park and River Forest preschool teachers and organized the Annual Symposium, which drew over 350 early education professionals.

### **We also listened to our community.**

Through a series of community listening sessions, we re-designed our Program Services Model, and sharpened our vision for our potential community impact. (See figure 1)

Because of this visioning work, we also:

- piloted and began a new fatherhood support group;
- partnered with the Oak Park Public Library to strengthen the early childhood resource collection;
- expanded our equity training for teachers; and
- hosted a movie screening for *No Small Matter* (A great movie about early childhood!)

### **And there is more planned.**

In the coming year, the Collaboration will:

- expand support for leadership around fatherhood work;
- increase outreach to pregnant mothers;
- expand mental health support for classrooms;
- partner with the Oak Park Township office to engage senior citizens in early childhood work;
- more effectively incorporate parent voice into our governance.

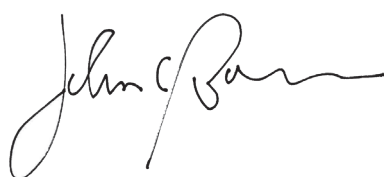
# Chapter 1. Introduction

**It is an exciting time to be engaged in early childhood. It is the right time to be engaged.**

Welcome to our yearly look at our progress towards our important mission, where we look at the data that we have collected in our work. In this reflective period, we outline our plans to ensure that our children continue to get to kindergarten ready to learn; and we make plans to enable our Village to continue to be a place of hope for young children and families.

It has been a fantastic year and we could not have done it all without the support of the Village of Oak Park, District 97 and District 200. We hope that when you review this report, you will feel pride in knowing that it was your investment that paved the way for the success of our youngest residents and served as a model across the State for how this work should happen.

Thank you for caring about children!



John C. Borrero  
Executive Director  
The Collaboration for Early Childhood



Figure 1: Collaboration Program Services Model





## Chapter 2: The Collaboration for Early Childhood: The History of a Community Effort



*“There is nothing in a  
caterpillar that tells you it’s  
going to be a butterfly.”  
– R. Buckminster Fuller*

## Chapter 2: The Collaboration for Early Childhood: The History of a Community Effort

The Collaboration for Early Childhood has, for 17 years, embraced the vision that all Oak Park children should arrive at kindergarten safe, healthy, ready to succeed and eager to learn. It is an ambitious vision. At the beginning of our work, our goal was that:

- all parents should have information about child development and available services in the community;
- all children should be provided with developmental screenings and follow-ups so that developmental delays and disabilities can be detected early and be appropriately addressed;
- parents should have access to intensive parent coaching services so that all families with children birth to three-years-old can have the opportunity to participate;
- there would be opportunities for all parents to participate in some kind of parent group or network;
- all children in Oak Park who needed preschool could attend preschool (either a part-day or an enriched full-day program), and that these programs would provide the educational experience needed for children to arrive at kindergarten ready to succeed;
- all early childhood teachers and child care providers in Oak Park would be engaged in ongoing, meaningful professional development, and that programs would take full advantage of state-level resources for quality enhancement.

We did not take these early ideological steps alone. In 2001, all the governing bodies in Oak Park helped to create the Collaboration. Through in-kind and direct financial support, they affirmed the vital role that high quality early learning and care experiences play in assuring the success of every child.

They committed resources to working with early care and education providers to weave a web of support for all parents of young children and to raise the skill level of early childhood staff and offer a continuum of services to all families with children birth to five.

Finally, the ability for this mindset to expand beyond our borders is a key part of our history. The Collaboration for Early Childhood became the model for the statewide Illinois Early Learning Council, which developed the Preschool for All proposal. Years later, as a former Illinois Senator, President Obama proposed a national early learning council, based on the Illinois prototype. And it began in Oak Park.

Early Childhood is important in Oak Park. It always has been. It always will be.

Year after year, 650 children begin their journeys through the school system in Oak Park, when they enter kindergarten. Oak Park dedicates significant energy and resources to narrowing the achievement gap in elementary, middle and high school, but a stubborn achievement gap persists.

An explosion of knowledge in the early childhood field over the past few decades has produced clear suggestions around narrowing the early “opportunity gap”. It required then, and requires today, developing a coherent, community-based system that provides families intensive, voluntary parenting coaching and support, ongoing support for parents’ involvement in their children’s education and high quality early education for at least two years before kindergarten.

## Chapter 2: The Collaboration for Early Childhood: The History of a Community Effort

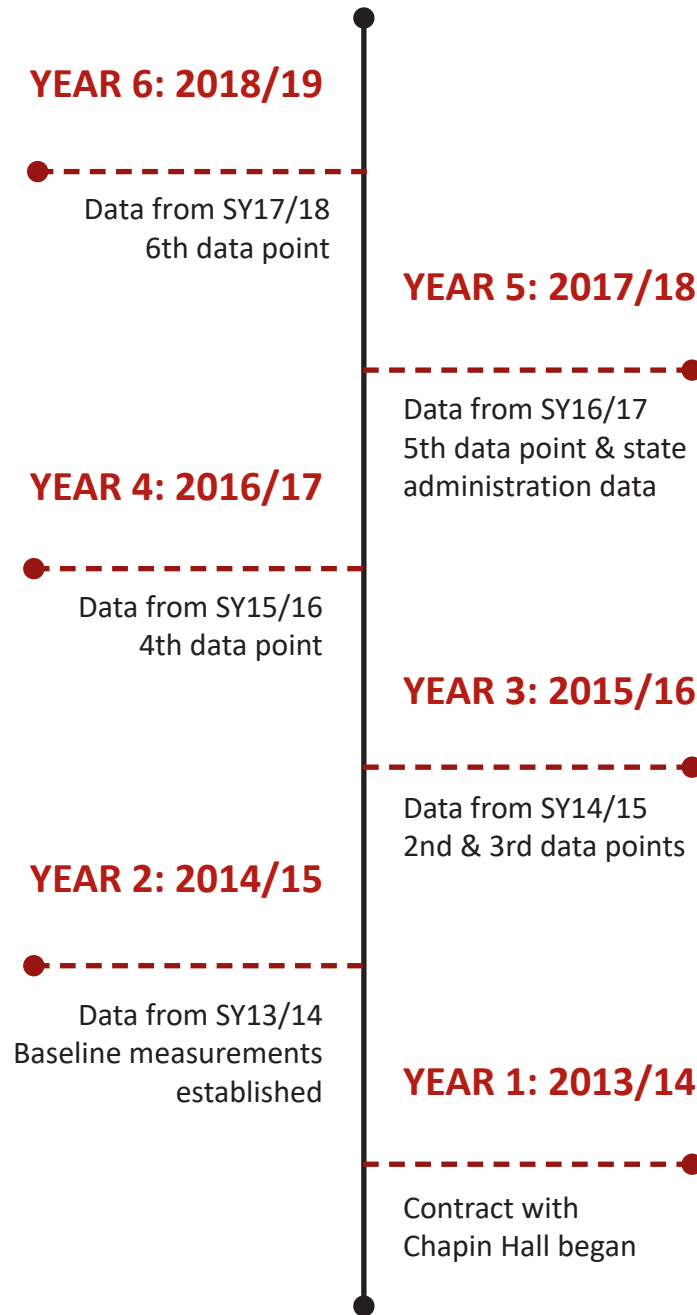
Quarterly, the Collaboration reports to the IGA on program activities through detailed data reports, progress reports, and financial reports. A complete list of documents from these quarterly meetings is available on our website (under Meeting Materials > IGA).

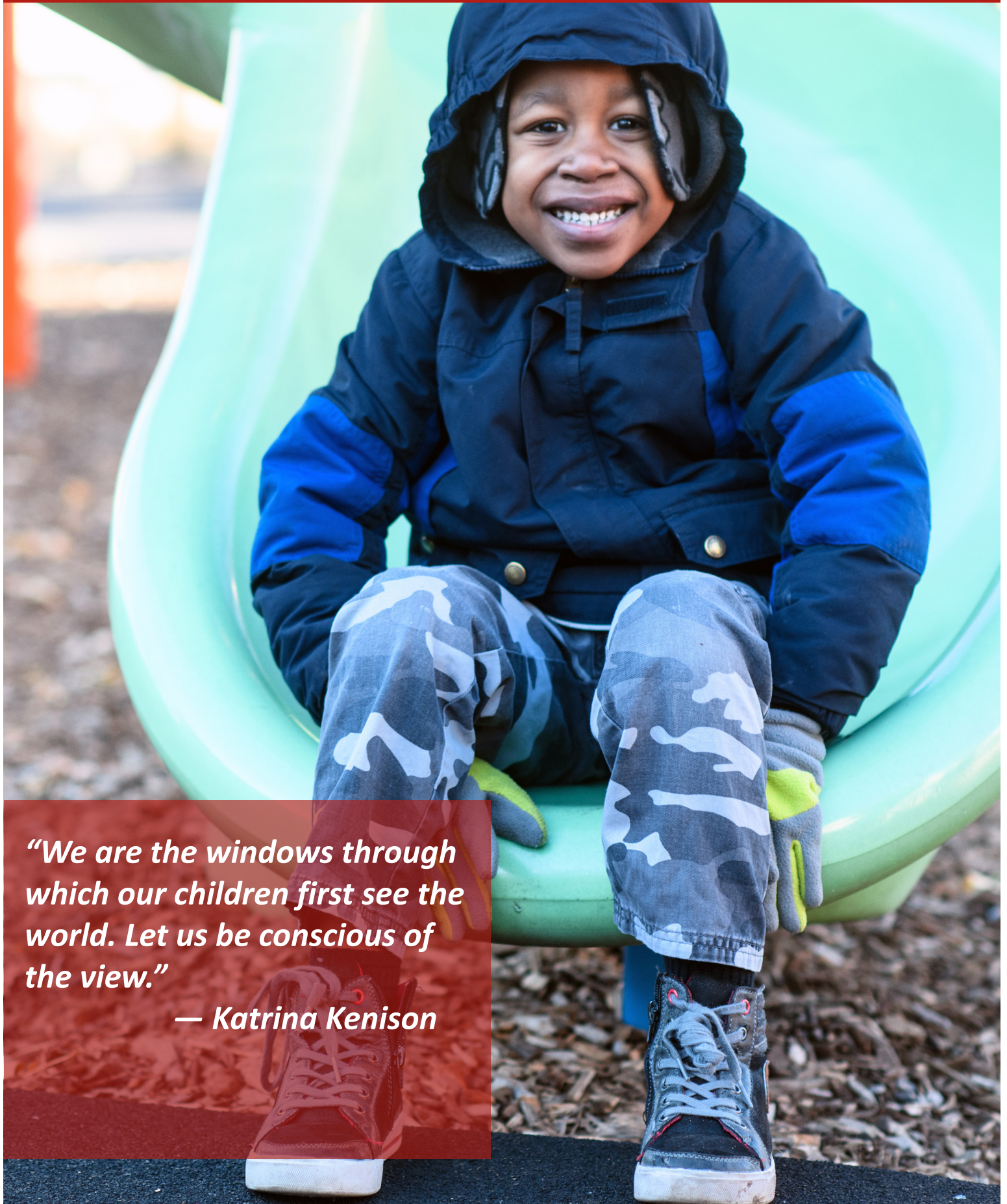
Our reporting schedule follows that in the Winter we present a plan for progress for the next year, in Spring we propose a budget for the fiscal year that starts July 1, in the Fall we present details from activities from the previous fiscal year. Complete financial statements and a progress report of activities are presented at each quarterly meeting of the IGA and Tri-Board.



# Chapter 2: The Collaboration for Early Childhood: The History of a Community Effort

## Reporting History





*“We are the windows through which our children first see the world. Let us be conscious of the view.”*

*— Katrina Kenison*

## Chapter 3: Who Are Our Children?

As with most research, the Collaboration's view of our community begins with an overview of the demographics of Oak Park and River Forest. Below, you will find data around age, race, ethnicity and socioeconomic status, and the interplay of these cultural factors in the lives of our children, as outlined by the U.S. Census Bureau. (The context for using these cultural factors as a lens for viewing children is outlined in the next two chapters.)

This data is derived from the American Community Survey (ACS) tables. The ACS tables are a subset of the indicators presented annually. Additional indicators are being generated in stages as the data becomes available.

As of October 2019, here are a few trends that we see:

### Oak Park

- There was a significant decrease in the number of children ages 0-5 (-20%) from 2009 to 2017.
- There was a significant decrease in the number of white children (-25%) from 2009 to 2017.
- There was a significant increase in the percent of children below the federal poverty level (FPL) from 2009 to 2017. This is driven by significant increases in the percentage below FPL for white children and children from two or more races.
- The percentage below FPL was very low for all children in 2009, and very low for white children through 2013.

### River Forest

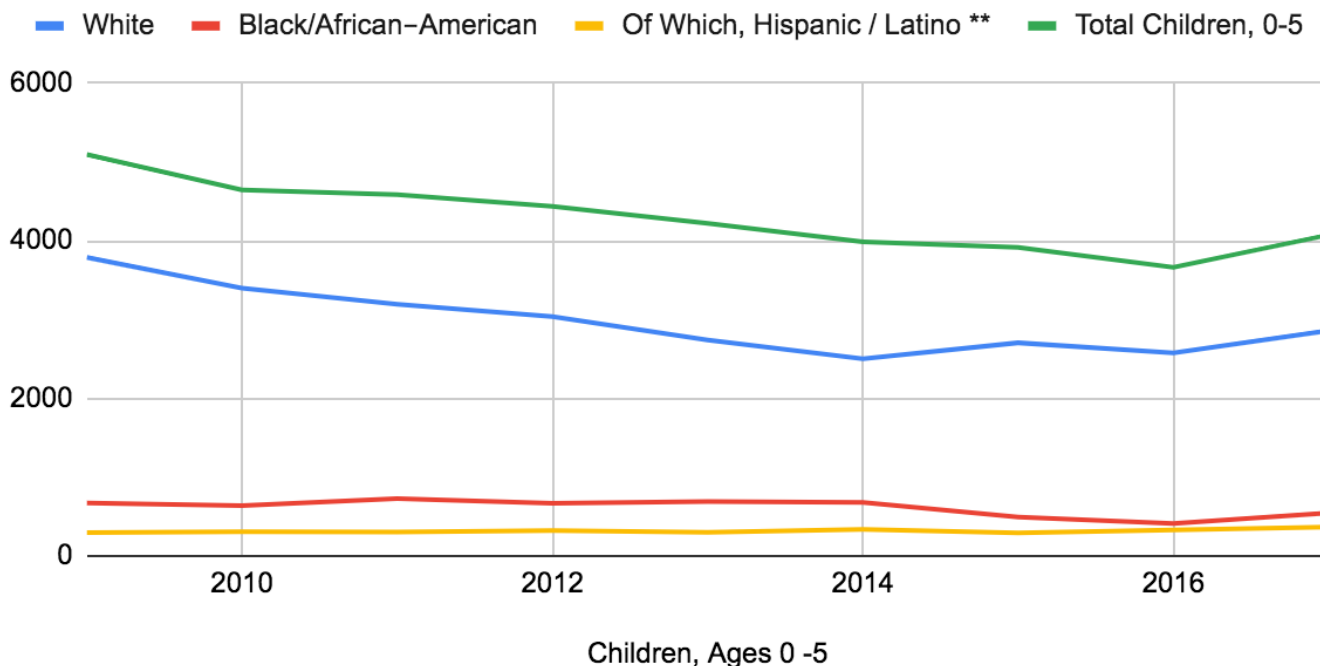
- The number of children ages 0-5 in River Forest is very small and changes to their population were not significant.

### Examining Fluctuations over Time

Within the data, it is also interesting to note changes over time in several of the indicators, as well as the interesting interplay of poverty and socioeconomics across racial and ethnic groups in Oak Park. The two charts below draw from more extensive ACS data (available upon request). The first chart outlines fluctuations in the 0-5 population in Oak Park according to race and ethnicity. The second chart outlines fluctuations in levels of children living in poverty in Oak Park according to race and ethnicity.

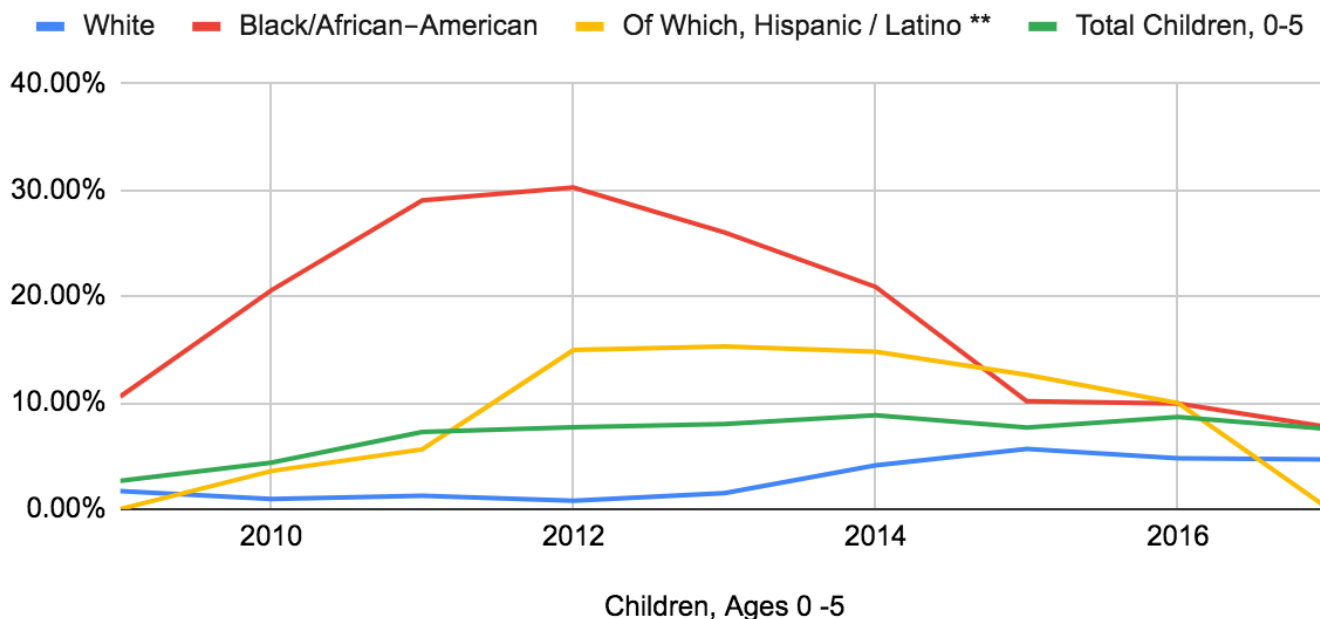
### Number of Children Age 0-5 in Oak Park, 2009-2017

ACS 2017



### Percent of Children Age 0-5 Below Poverty Line in Oak Park, 2009-2017

ACS 2017









*“The most sophisticated people I know - inside they are all children.”*

*– Jim Henson*

## Chapter 4: Beginning with Research

Chapter 3 outlined demographic information and how Census data can be used to better understand children who live in Oak Park and River Forest. Within that narrative, there was mention of the interplay of cultural factors in children. For example, there are measured differences in poverty level according to race and ethnicity. There are also differences in population size according to race and ethnicity. For this reason, the elements that contribute to each family's understanding of culture, and which influence a child's experience, present an important context for the work that must happen at the Collaboration for Early Childhood.

Culture includes many of the ways in which families are different from each other.

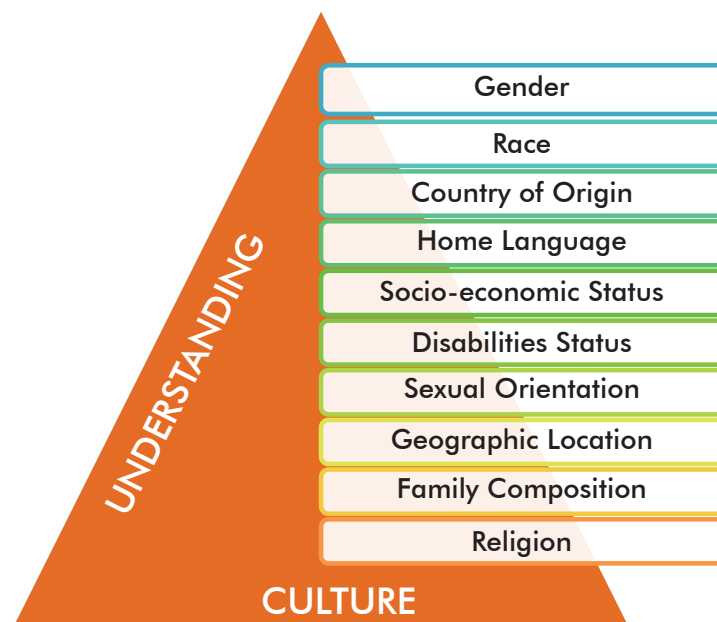
### UNDERSTANDING CULTURE

Some examples of cultural differences between people are seen in areas of gender, race, countries of origin, home language, socio-economic status, disabilities status, sexual orientation/gender identity, geographic location, family composition and religion.

At almost every level of society, there are differences in care and services between males and females, and different approaches around how to extend resources to each of these groups. Some studies show differences between people of different races or different countries of origin (ethnicity). Poverty status and salary level (for adults) have been shown to be strong indicators of access to information and services. Employing a cultural lens in early childhood work allows us to consider potential gaps in access and recognize populations that might need differentiated approaches in service and resource delivery.

Life situations can also impact access to resources and be experienced differently if contrasted across racial groups, ethnic groups and language groups. For example, a child with a disability, whose family is under-equipped to enroll their child into preschool services may be at risk of receiving less care or information than other children. Similarly, young children who are homeless or living in foster care may experience social isolation and be less connected to community agencies and resources.

The graphic below outlines several of the cultural elements that are represented in families that are enrolled in early childhood programs.



## Chapter 4: Beginning with Research

Sometimes an examination of cultural elements can lead to an intervention. For example, a group that is lacking services or access to resources may have one shared cultural element, such as language. In this case, a straightforward intervention would involve production of materials in the language that is shared by this group at a literacy level that is accessible to this group.

There may also be several elements that occur at once and contribute to a lack of access to services, such as language and family composition. Family composition is considered in situations where a child is cared for by a single parent or where there isn't a primary caretaker. Then, an intervention might include both language accessibility and consideration for the availability of a single parent, or messaging to reach the people who are engaged in caring for a child. For example, a child whose single mother speaks English might be approached with English language materials. But knowledge that this child is predominantly cared for by her Spanish-speaking grandmother would change the method of intervention and resource delivery to this family.

Our work is made easier when we are able to think about the needs of families and children using terms that accurately describe their perspectives and experiences.

### THE IMPACT OF LIFE EXPERIENCES

A child arrives at the door of an early childhood experience with more than just their innate culture. They also arrive with a set of *life experiences* also influenced by culture.

### ACES

Adverse Childhood Experiences (ACEs) are traumatic experiences such as, neglect, abuse and household dysfunction that occur prior to 18 years of age. ACEs are known to increase the risk of poor health outcomes for all races, ethnicities, and incomes. However, there are many adverse experiences that impact vulnerable populations due to higher rates of poverty and community stressors and experiences (such as high crime rates, higher rates of anxiety/depression, or substance use) which in turn increases family dysfunction, neglect and/or abuse. Research has shown that connections in the brain, which are vulnerable during early years of life, can be damaged during times of extreme and repetitive stress also known as “toxic stress”— which is similar to stressors experienced with ACEs.

The good news is children are not doomed to poor outcomes as a result of ACEs, with intervention and safe nurturing relationships, and environments, and responsive caregiving, resilience can be fostered.

### TRAUMA-INFORMED PRACTICE

Trauma-informed practice is an organizational or system-wide approach to addressing trauma or ACEs. It is treating people in a way that builds a healing and therapeutic environment. Trauma-informed practice uses a family-centered lens that weaves practices into a culture that supports resilience. Building responsive caregiving requires systems-level intervention which includes awareness, trainings, supports and treatments around trauma. Organizations work with families in a way that assumes some people have “trauma histories” and apply universal precautions that infuse therapeutic practices when interacting with all families entering that system.

In its work going forward, the Collaboration seeks to espouse a cultural lens in its outreach and service delivery, to better reach populations that may not be receiving materials and resources today. Some of this work may involve:

- creating materials that are available to different linguistic communities;
- training staff and volunteers to engage in outreach in a manner that considers the impact of trauma on the populations that we serve;
- providing targeted outreach to programs that serve under-resourced families, but who might not be enrolled in publicly funded programs.
- continuing to lead equity and cultural knowledge trainings for preschool leaders, to enhance their skills in engaging families from all backgrounds;
- stronger support for families who have children with disabilities, and who are engaged in the process of navigating the service delivery system;
- fostering community-wide dialogues around the impact of culture on each family's experience and access to the resources needed for their children to arrive at kindergarten ready to thrive.







*“Be the change that you wish to see in the world.”  
– Mahatma Gandhi*

## Chapter 5: Moving From Research to Practice

What can be done to consider cultural factors in the work of the Collaboration for Early Childhood? The graphic outlines the work that the Collaboration seeks to accomplish in Oak Park and River Forest.

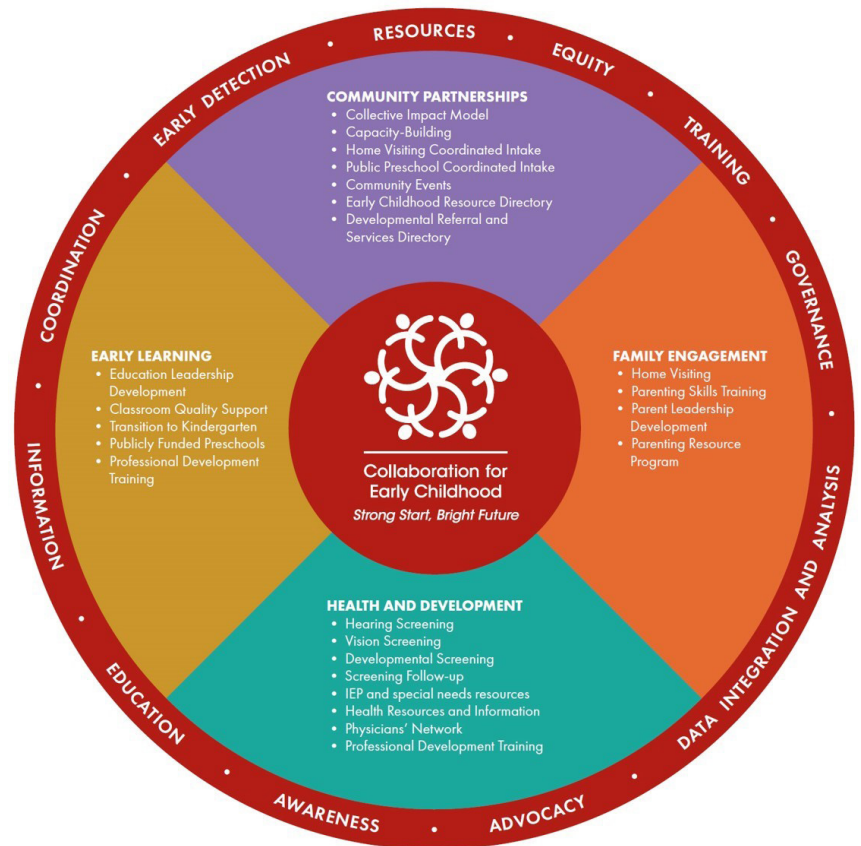
A good first step towards engaging in culturally responsive practice is understanding some of the significant steps taken in cultural research, which inform our work. Many prominent researchers have contributed to our understanding of cultural influences in the lives of children and families. This research can be seen in the context of our existing service delivery model.

### FAMILY ENGAGEMENT

Family Engagement refers to the work that is done under the auspices of the Collaboration to empower families to be effective leaders in the education of their children. Ranging from the importance of family voice to family experiences of culture, this arm of cultural inquiry has been well established within early childhood research.

**Dr. Geneva Gay** is a researcher at the University of Washington whose work focuses on understanding the influence of culture on educational experience. Geneva Gay makes a case for using culturally responsive teaching to improve the school performance of underachieving students of color. She combines insights from multicultural education theory, research, and classroom practice to demonstrate that African, Asian, Latino, and Native American students will perform better, on multiple measures of achievement, when teaching is filtered through their own cultural experiences and frames of reference. Dr. Gay's work helps us to understand the breadth of cultural experience that Oak Park families can bring into the classroom.

**Dr Luis C. Moll** is a professor in the Language, Reading and Culture Program of the Department of Teaching, Learning and Sociocultural Studies, College of Education, University of Arizona. His main research interest is the connection among culture, psychology and education. He offers that families have abundant knowledge that programs can learn and use in their family engagement efforts and that students bring with them funds of knowledge from their homes and communities that can be used for concept and skill development. Dr. Moll reminds us that families are a key contributor to the knowledge that is shared with children in early childhood and that they play a vital role in supporting educational change in Oak Park.





### HEALTH AND DEVELOPMENT

Health and Development refer to the efforts of the Collaboration to view child success as influenced by indicators of good health and the extent to which a family is supported by the health services community. A relatively new field, there has been a boom in medical and mental health research which points to gains in early childhood.

**Dr. Jack Shonkoff** is an American pediatrician, a Professor at Harvard T.H. Chan School of Public Health and Harvard Graduate School of Education and a Professor of Pediatrics at Harvard Medical School. He contributed to the production of the landmark report “From Neurons to Neighborhoods: The Science of Early Childhood Development” and has been very influential in negotiating the boundaries among scholarship, policy, and practice focused on young children and their families. Dr. Shonkoff’s work supports the notion that early childhood efforts are best supported by a community of health and education providers and a network of relationships, all working together towards the success of each child. His work undergirds much of the efforts to form a sense of community among pediatric providers in Oak Park.

**Dr. Walter Gilliam** is a Professor of Child Psychiatry and Psychology at the Yale University Child Study Center, and Director of the The Edward Zigler Center in Child Development and Social Policy. Dr. Gilliam has conducted extensive research involving early childhood education and intervention policy analysis, ways to improve the quality and mental health of prekindergarten and child care services, early childhood mental health consultation, early childhood expulsions and suspensions, and the impact of early childhood education on school readiness. Dr. Gilliam’s work calls for the Collaboration to consider external factors that affect children’s behavior and makes preschool more likely to be expelled from school. It is from Gilliam’s work that the case for Early Childhood Mental Health Consultation in Oak Park is made.

### EARLY LEARNING

Early learning refers to the Collaboration’s work to influence the success of the preschool classroom experience, in areas of teacher quality, classroom experience and teacher training. Both teacher training and classroom environment are rich areas of cultural research, where so much of a child’s success relies upon the relationship with her/his teacher.

**Dr. Gloria Ladson-Billings** is an American pedagogical theorist and teacher educator on the faculty of the University of Wisconsin–Madison School of Education. Her work focuses on the role of adults in valuing cultural diversity in children. In her research, she suggests reframing the idea of the racial achievement gap as one of educational debt. Among her main points was that the term “racial achievement gap” unfairly constructs students as defective and lacking. She suggests moving to a discourse that holds systems (instead of children) accountable. Dr. Ladson-Billings reminds us that a teacher’s perspective and training has an enormous impact on the success and advancement of children in Oak Park.

**Dr. Marilyn Cochran-Smith** is a Professor of Teacher Education for Urban Schools at the Lynch School of Education, Boston College. A teacher education scholar and practitioner, Dr. Cochran-Smith is widely known for her work on teacher education research, practice and policy, and for her commitment to teacher education for social justice. Dr Cochran-Smith advocates for strong reflective practices and promoting change in early childhood by impacting higher education and the teacher training that is developed by the Collaboration.

### COMMUNITY PARTNERSHIP

Community Partnership refers to the Collaboration's efforts to engage the entire community in the success of our children, leveraging resources from other agencies to support children and families on their journeys to kindergarten. Several cultural researchers have shared insights into forming effective community partnerships, outlining the importance of recent brain research and the demonstrated impacts of a community-wide approach to early care and education.

**Dr. James Heckman** is a Nobel Prize winning American economist who is currently at the University of Chicago, where he is a Professor of Economics. Professor Heckman argues that the best way to reduce deficits is to invest in quality early childhood development for disadvantaged children. It creates better education, health, social and economic outcomes that increase revenue and reduce the need for costly social spending. Heckman's work supports the ideology behind the creation of the Collaboration and why it is an important responsibility of the entire community. Dr. Heckman played a direct role in the formation of the Collaboration for Early Childhood.

**Dr. Paulo Freire** was a Brazilian educator and philosopher who is best known for his influential work, *Pedagogy of the Oppressed*, which is generally considered one of the foundational texts of the critical pedagogy movement. Freire believed education could not be divorced from politics and that the acts of teaching and learning are considered political acts in and of themselves. Dr. Freire's legacy of work contextualizes much of the work of the Collaboration in how education is a means of promoting social change.

**Early Brain Research.** The last 2 decades have seen an explosion of early brain research. Research on how the brain develops and functions not only offers insights for educators, families, and policy makers but also provides a strong foundation for uniting our efforts. Brain science robustly reinforces the concept that the early years are a special time of promise and vulnerability and that consistently warm relationships are as important as nutritious food. Brain research confirms that all children have enormous potential which is greatly influenced by their environments.



Collaboration for  
Early Childhood  
*Strong Start, Bright Future*

**CULTURAL RESEARCH and the  
COLLABORATION FOR EARLY CHILDHOOD**



**James Heckman:**  
Investment in early childhood creates better education, health, social and economic outcomes that increase revenue and reduce the need for costly social spending.



**Brain Architecture Research:**  
Scaffolding, impact of adversity, internalization of knowledge, social interaction.



**Paulo Freire:** Critical pedagogy, social justice, systems of oppression.



**Marilyn Cochran-Smith:** Teacher education, reflective responsive practice.



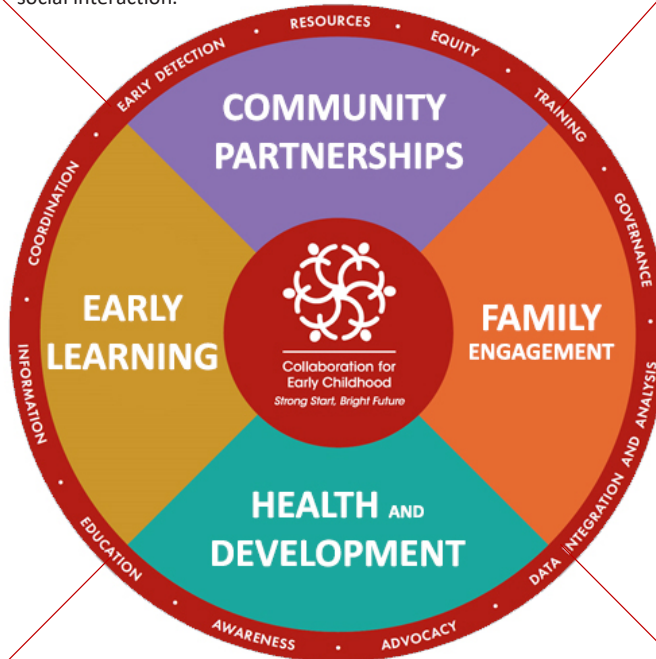
**Geneva Gay:** Continuum of cultural experience, lenses of cultural understanding.



**Gloria Ladson-Billings:** Culturally responsive teaching, deficit perspectives, teacher qualities.



**Luis Moll:** Funds of knowledge, family engagement, bilingualism.



**Jack Shonkoff:** Provider/physician engagement, continuity of care, developing adult capacity.



**Walter Gilliam:** Mental health support, understanding children's behavior, suspension, expulsion avoidance.





*“You can’t connect the dots looking forward; you can only connect them looking backwards.”*

*– Steve Jobs*

## Chapter 6: Key Findings / Areas of Inquiry

Towards the goal of preparing Oak Park and River Forest to thrive in Kindergarten, the Collaboration engages in inquiry around the potential paths and obstacles to success in this transition. There are multiple measures used. The following are highlights from larger data sources, formed around four key questions pertaining to kindergarten readiness. These areas of inquiry pertain to Kindergarten readiness, Parent preparation and identification of obstacles to kindergarten readiness.

### Key Question #1: Do screening efforts identify obstacles to kindergarten readiness?

Screening is a preliminary process for identifying, from all the children, those who may be at risk of future difficulty in school (e.g., inability to meet academic expectations) and those who may have special needs in learning.

The Collaboration for Early Childhood engages in screening of children age five and under attending preschool in Oak Park and River Forest. The purpose of this screening effort is to determine whether obstacles exist for children related to developmental progress, social and emotional growth, hearing ability and vision.

### Highlights:

- In 2019, 1,969 Oak Park and River Forest children were screening for developmental concerns and social/emotional issues.
- This number represents a 10% increase from the 2018 number (1,781)
- 653 children scored as “monitor” or “refer” on the developmental screen.
- 169 children scored as “monitor” or “refer” on the social/ emotional screen.
- 1,435 children were screened for vision issues.
- 1,375 children were screened for hearing issues.
- 52% of children who were referred for further assessment due to concerns identified through the vision screening received treatment.
- 61% of children who were referred for further assessment due to concerns identified through the hearing screening received treatment.

### AREAS FOR FURTHER INQUIRY AROUND SCREENING

What prevents families from seeking treatment for concerns raised in hearing and vision screenings?

What other forms of health screening are available to families in our community?

## Chapter 6: Key Findings / Areas of Inquiry

### Key Question #2: Do tests show that Oak Park and River Forest children are ready to succeed when they enter Kindergarten?

The Kindergarten Readiness Test (KRT) assists schools and educational professionals in determining a student's readiness for beginning kindergarten. Is it administered at the end of preschool or before the third full week of kindergarten.

Students entering kindergarten are generally presumed ready to begin formal instruction in the development of reading, mathematics, and language skills. However, at this age students vary considerably in terms of development of underlying competencies, which are essential for such early school learning. The fundamental purpose of the KRT is to determine the extent to which each of the underlying competencies has been developed so that instruction can be modified to meet the needs of each student.

The KRT tests for competency in the following areas:

1. Letter Recognition
2. Visual Discrimination
3. Phonemic Awareness
4. Listening Comprehension
5. Vocabulary
6. Numbers and Operations
7. Measurement
8. Geometric Concepts

### Highlights:

- In 2019, 94% of preschoolers who attended publicly funded schools took the Kindergarten Readiness Test upon entry to kindergarten.
- This number is greatly increased from 2014, when 77% of preschoolers who attended publicly funded preschools had taken the Kindergarten Readiness Test upon entry to kindergarten.
- In 2019, 82% of preschoolers who attended publicly funded schools were scored as proficient in the areas tested by the KRT.
- This number is a great improvement over the last three years, where proficiency levels were 72%, 68% and 63%, respectively.

### AREAS FOR FURTHER INQUIRY AROUND KINDERGARTEN READINESS

What other measures can be compared to KRT results?

How do these statistics compare to the general population?

(Data secured later in the school year will give a broader sense of KRT scores for all D97 students, and will also correlate scores to socio-economic status.)

### **Key Question #3: Are parents who need intensive support able to take part in parent education and support services? Do these parents benefit from home visiting services?**

Home visiting is a service delivery strategy that connects expectant parents and parents of young children with a designated support person—typically a trained nurse, social worker, or early childhood specialist. Services are voluntary and provided in the family’s home or at a location of their choice. Easterseals has been the contractor for home visiting services for the Collaboration for Early Childhood since 2016.

#### **Easterseals Home Visitors:**

- Gather family information to tailor services
  - Screen parents for issues like postpartum depression, substance misuse, and domestic violence
  - Screen children for developmental delays
- Provide direct education and support
  - Provide knowledge and training to make homes safer
  - Promote safe sleep practices
  - Offer information about child development
- Make referrals and coordinate services
  - Help pregnant women access prenatal care
  - Check to make sure children attend well-child visits
  - Connect parents with job training and education programs
  - Refer parents as needed to mental health or domestic violence resources

#### **High-priority families for home visiting include:**

- Families with low incomes
- Pregnant women under 21
- History of child maltreatment or prior involvement with the child welfare system
- History of substance abuse or in current need of substance abuse treatment
- Current tobacco use in the home
- Children with low student achievement
- Children with developmental delays or disabilities
- Individuals who are serving or have served in the military



### Highlights:

- Since 2016, Easterseals has had 141 referrals with an enrollment rate of 47%. (According to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, long-term national retention rates for home visiting programs average between 10% and 20%)
- They have made 200 referrals for additional services including Early Intervention.
- The percentage of families retained for 2018/2019 was 68%.
- As of September 2019, Easterseals serves 35 families with 52 children who live in Oak Park and River Forest.

### **AREAS FOR FURTHER INQUIRY IN HOME VISITING**

What methods can be used to attract more pregnant mothers?

How do we continue to engage fathers?

What enhanced supports can be offered to families with children who have disabilities?



### **Key Question #4: Do parents in the Oak Park/ River Forest community respond to family engagement efforts? Do they have access to resources and support?**

Family engagement is defined as parents and school staff working together to support and improve the learning, development, and health of children. Engagement in schools is a shared responsibility in which schools and other community agencies and organizations (such as the Collaboration for Early Childhood) are committed to reaching out to engage parents in meaningful ways, and parents are committed to actively supporting their children's learning and development. This relationship between schools and parents cuts across and reinforces children's health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community.

Engaging parents in their children's school life is a promising protective factor. Research shows that parent engagement in schools is closely linked to better student behavior, higher academic achievement, and enhanced social skills.

### **Highlights:**

- Community Ambassadors have become leaders in outreach within Oak Park. From October 2018 through June 2019, they engaged approximately 700 caregivers and handed out more than 500 early childhood resources bags.
- There were 8,154 unduplicated visitors to the Collaboration's website in fiscal year 2018/2019.
- Approximately 3,000 Early Childhood Resource Directories were distributed to families in fiscal year 2018/2019.
- In total there were 15 parenting workshops offered in this fiscal year, at six different locations with 142 participants.

### **AREAS FOR FURTHER INQUIRY IN FAMILY ENGAGEMENT**

What strategies will help the Collaboration to continue to attract and engage fathers?

How can engagement efforts include pregnant mothers, and providers of prenatal care?



## Closing Thoughts

The world of children is complex.

In the short 1,2, 3 years that a child has been alive, her experience has already been impacted by factors in society, which may have already affected her ability to achieve and arrive at the doors of Kindergarten ready. Although a range of supports is available for families and children, a community of agencies and stakeholders is needed to ensure that these services reach and support our families. Throughout our history, the Collaboration has been a leader in this community effort to support children and families.

Research has given us a lens through which to view and understand the experiences of our families and address obstacles to achievement. Cultural research has taught us that there are best practices in how we work with families, teachers and the community. These practices minimize obstacles that children and families might encounter because of their experiences related to their cultures. Data completes our picture, and helps us to see who is being served and what gaps may exist in our service delivery system. Each step forward illuminates the next potential series of steps. Each realization leads us to wonder.

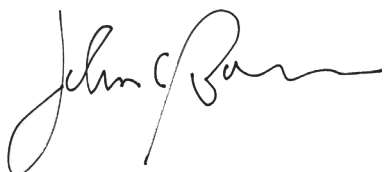
More families than ever before have worked with the Collaboration. But, we wonder: who **isn't** being reached? Are we reaching pregnant mothers? Are we reaching fathers? Are we reaching grandparents? Are we reaching all of the different variations of family that exist in Oak Park and River Forest?

We have strong preschool programs. Still, we wonder how we can help our community understand our deeper need for early childhood mental health support. How do we help programs to understand the need for support in understanding children's social and emotional needs? How do we help turn the tide on the issue of teacher retention and the epidemic of attrition, which makes it so difficult to build local capacity?

Are we as connected to referral services as we could be? Are there areas of growth for us in engaging health providers? How can we offer families genuine opportunities to engage in leadership in the Collaboration and in the community? Successes and realizations lead us to wonder.

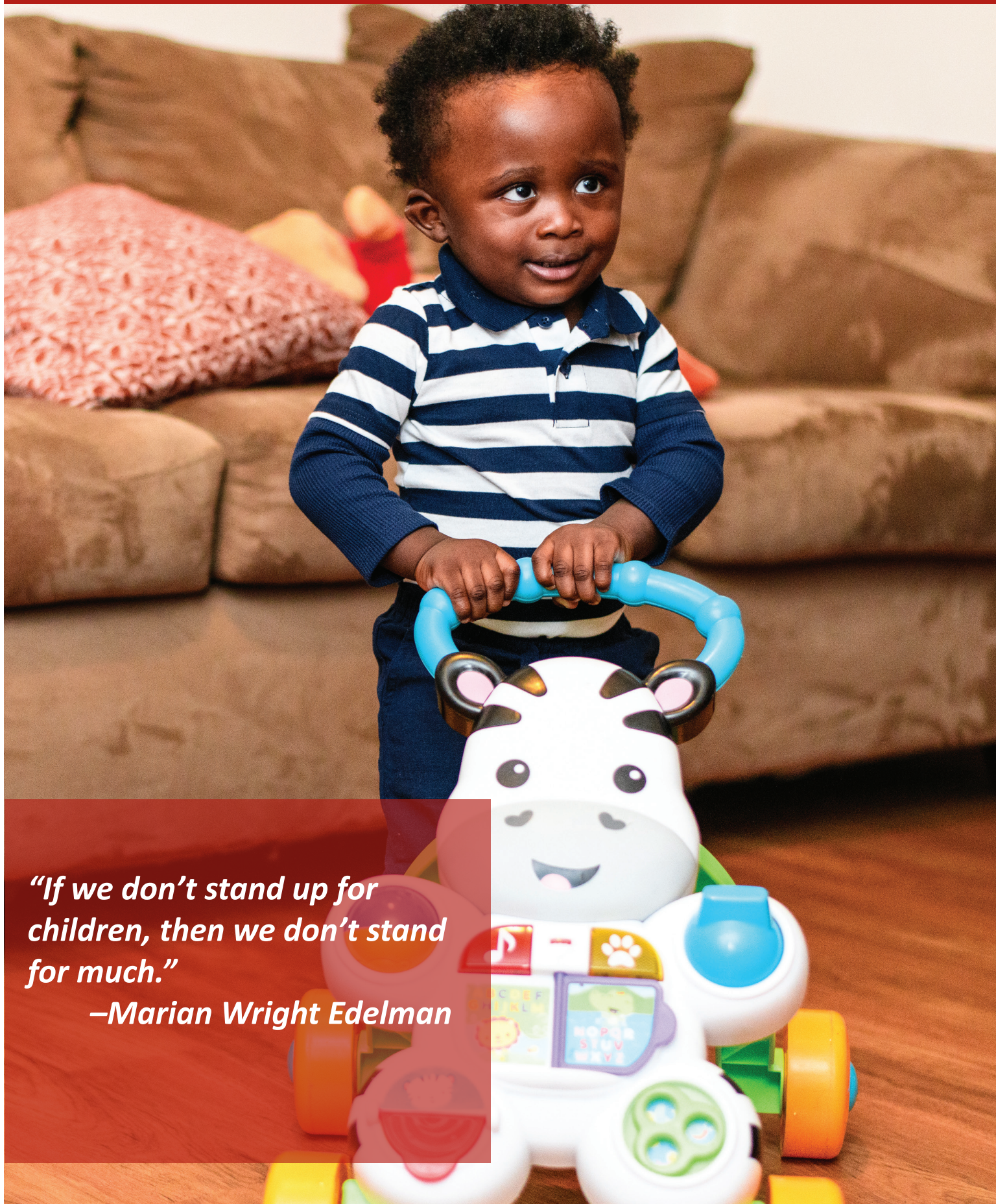
These questions, and many others, speak to the work that the Collaboration has to do, as we continue to refine our vision and re-evaluate our path and mission. Through it all, the Collaboration is grateful for the support of public entities in being able to lead this journey in Oak Park and River Forest. It is our goal to understand what we accomplished yesterday, so that we can work towards a better tomorrow for all of our children.

With families and children walking hand in hand with us, we look forward to the journey to come.



John C. Borrero  
Executive Director  
The Collaboration for Early Childhood





*“If we don’t stand up for children, then we don’t stand for much.”*

*—Marian Wright Edelman*









# Appendix A









## Appendix A: Reporting History

### Data Scorecard

This data scorecard is meant as a quick reference for progress made in two distinct areas: progress on the measure itself, and progress on data collection efforts.

-  A green circle conveys solid progress and/or stability on both the measure and data collection.
-  A green circle with a hole in the center indicates that the measures are in the range of where like them or that a slight backward movement needs to be understood or addressed. For data collection, it indicates that we have advanced our efforts as far as we can at this time.
-  A yellow circle conveys room for improvement in either the measure or data collection.
-  A transparent circle is a placeholder for data that will be reported on in November.

This reporting period is remarkably similar to last year. Our data collection remains steady, as does our progress in our program activities.

	Measure	Source	Progress on Measure	Progress on Data Collection
Child #1	Percent of children identified through screening as needing assessment or services that receive them.	IDHS		
	<ul style="list-style-type: none"> <li>• The Developmental Screening program has maintained its high number of screenings.</li> <li>• There will always be Early Intervention data that we are not able to access (i.e. private insurers). We believe that data collection is as good as we can achieve in the foreseeable future.</li> </ul>			
Child #2	Percent of children in Oak Park / River Forest Preschool for All & Head Start demonstrating age-appropriate proficiency in each domain of development according to the Illinois Early Learning Standards.	GOLD		
	<ul style="list-style-type: none"> <li>• We will report more on this in November.</li> <li>• More students have scores, however we know there are more low-income children who could benefit from enrolling in PFA/HS.</li> </ul>			
Child #3	Percent of children entering kindergarten demonstrating age-appropriate proficiency in the Kindergarten Readiness Test (KRT).	D97		
	<ul style="list-style-type: none"> <li>• Overall proficiency has increased. we have more accurate scores now that the participation rate has increased.</li> <li>• Data collection is strong and we will report more on this in November.</li> </ul>			

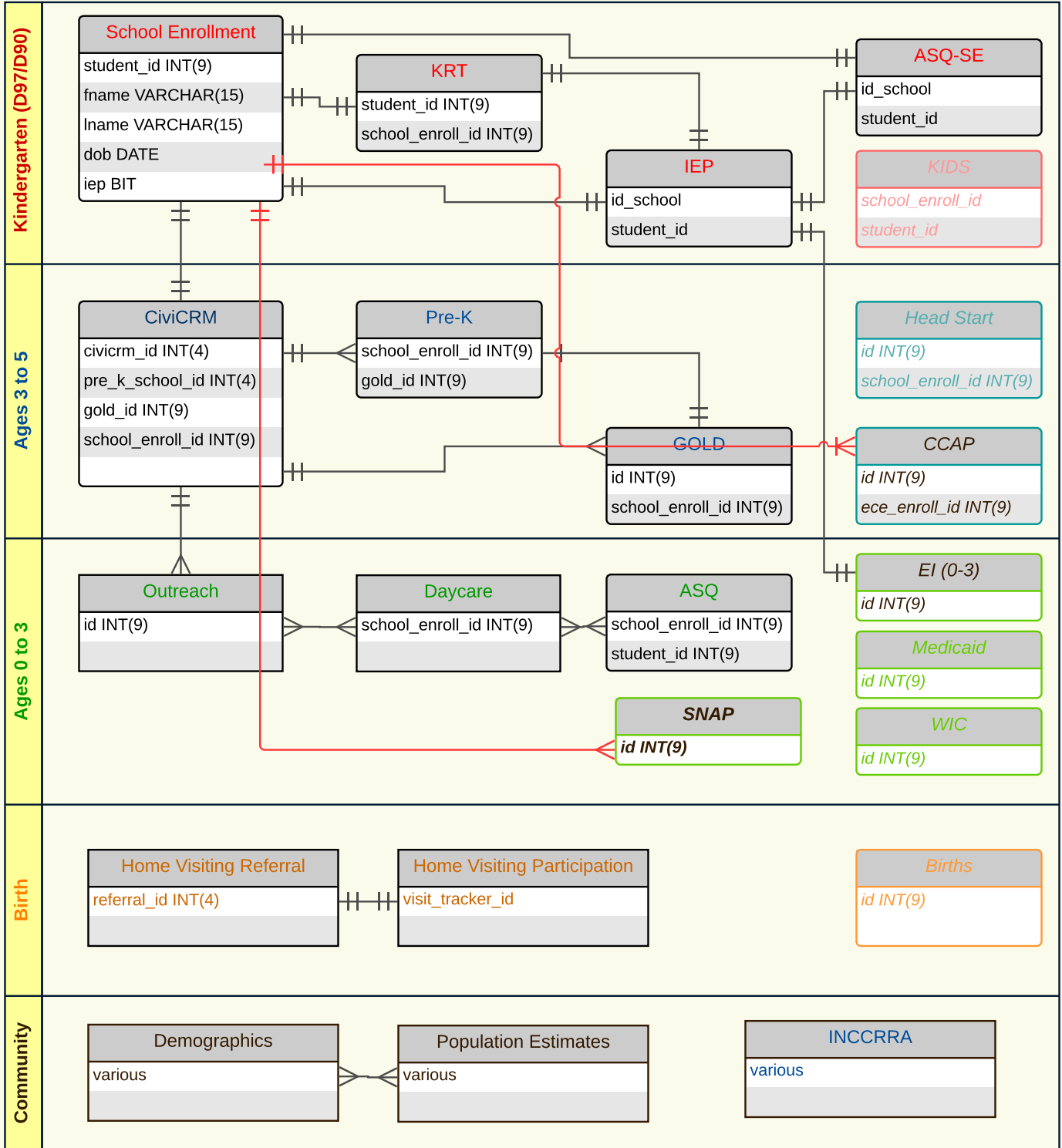
# Data Scorecard Continued

	Measure	Source	Progress on Measure	Progress on Data Collection
Service Delivery #1	Kindergarteners receiving free/reduced lunch have attended a PFA/HS/ NAEYC accredited program, or program in ExceleRate GOLD Circle of Quality	D97		
	<ul style="list-style-type: none"> <li>The percent of low income students who attended preschool in OP/RF remained steady and there is still room to improve the percent of low income students who attend high-quality preschool.</li> <li>Data collection for preschool history is strong, thanks to D97's registration system with input from the Collaboration.</li> </ul>			
Service Delivery #2	Teen parents and families receiving up through All Kids Level 1 health insurance for kids under age 3 are referred to intensive parent education program.	IDHS and Home Visiting Agencies		
	<ul style="list-style-type: none"> <li>The three home visiting programs increased their own recruitment capacity and the Village Nurse handled coordinated intake. However, there is still a paucity of referrals from social service agencies and WIC.</li> <li>We do not have a solid source for the number of births to teen moms or children enrolled in All Kids.</li> </ul>			
Service Delivery #3	Percent of referred parents choosing to participate in the intensive parent education program.	Home Visiting Agencies		
	<ul style="list-style-type: none"> <li>The rate of new families who engaged after being referred stayed high.</li> <li>Data on home visiting from two of three programs comes to the Collaboration in aggregate rather than with detail on referrals and engagement.</li> </ul>			
Service Delivery #4	Percent of K & 1st grade students with Individual Educational Plans (IEPs) receiving services in early childhood (if in Oak Park / River Forest in early childhood).	District 97 and District 90		
	<ul style="list-style-type: none"> <li>A low percentage of children with IEPs in kindergarten is neither positive nor negative. We are not looking to influence the number of IEPs. We will report on this indicator in the addendum report for November 2019.</li> <li>Data provides a useful history of early childhood services, with a breakout of speech/language services, as well as preschool experience.</li> </ul>			
System Level #1	Number of families with kids under 5 who are in the voluntary database.	Collaboration		
	<ul style="list-style-type: none"> <li>We continue to increase the number of families who receive parent information.</li> <li>Strong relationships with partners have increased data collection of outreach efforts.</li> </ul>			
System Level #2	Percent of teachers and directors in Oak Park early childhood programs who exceed minimum state educational requirements for their role.	INCCRRA and Collaboration		
	<ul style="list-style-type: none"> <li>We will report on this indicator in the addendum report for November 2019.</li> </ul>			
System Level #3	Percent of teachers and child care providers reporting more than the state-mandated 20 hours of continuing professional education each year.	INCCRRA and Collaboration		
	<ul style="list-style-type: none"> <li>We will report on this indicator in the addendum report for November 2019.</li> </ul>			
System Level #4	Percent of preschools, child care centers, and homes engaged in the Illinois Quality Rating System (ExceleRate), and improve their scores each year	ExceleRate and Collaboration		
	<ul style="list-style-type: none"> <li>The percent of centers that engaged in ExceleRate remains consistent and it continues to be a challenge to encourage family child care providers to engage.</li> <li>Data is collected via self-reports from centers and family child care providers. The state agency that oversees ExceleRate limits what is publicly available about progress on scores. We do not anticipate that this will change in the near future.</li> </ul>			

Collaboration for Early Childhood Report to the IGA Governing Board, October 24, 2018

Oak Park Collaboration for Early Childhood

# Integrated Database Schema 2018



## Appendix B



## Appendix B: Demographic Child Data, 2018

U.S. Census Bureau, 2015 American Community Survey  
 The 2016 Federal Poverty Level (FPL) is defined as \$24,250 for a family of four.

Children Ages 0 - 5, Oak Park	2015	2016	2017	% Change 2013-2017
White	2,704	2,575	2,857	-24.58%
Black/African-American	493	413	546	-18.63%
American Indian/Alaskan Native	0	0	0	-100.00%
Asian	208	190	139	-48.90%
Hawaiian / Pacific	0	0	0	NA
Other Race*	127	126	109	-3.54%
Two or More races	381	359	422	76.57%
<b>Total Children, 0-5</b>	<b>3,913</b>	<b>3,663</b>	<b>4,073</b>	<b>-20.03%</b>
Of Which, Hispanic / Latino**	293	331	368	23.91%

Children Ages 0 - 5, Oak Park	% below FPL 2015	% below FPL 2016	% below FPL 2017	% Change 2013-2017
White	5.7%	4.8%	4.66%	2.97%
Black/African-American	10.1%	9.9%	7.69%	-2.89%
American Indian/Alaskan Native	NA	NA	0.00%	0.00%
Asian	8.2%	8.9%	13.67%	13.67%
Hawaiian / Pacific	NA	NA	NA	0.00%
Other Race*	23.6%	26.2%	0.00%	0.00%
Two or More races	13.1%	28.7%	26.78%	26.78%
<b>Total Children, 0-5</b>	<b>7.7%</b>	<b>8.7%</b>	<b>7.54%</b>	<b>4.89%</b>
Of Which, Hispanic / Latino**	12.6%	10.0%	0.00%	0.00%

Children Ages 0 - 5, River Forest	2015	2016	2017	% Change 2013-2017
White	548	483	511	-26.58%
Black/African-American	91	78	30	-84.38%
American Indian/Alaskan Native	0	0	0	NA
Asian	36	32	42	NA
Hawaiian / Pacific	0	0	0	NA
Other Race*	0	40	29	NA
Two or More races	129	111	111	217.1%
<b>Total Children, 0-5</b>	<b>804</b>	<b>744</b>	<b>723</b>	<b>-21.67%</b>
Of Which, Hispanic / Latino**	59	58	70	268.42%

Children Ages 0 - 5, River Forest	% below FPL 2015	% below FPL 2016	% below FPL 2017	% Change 2013-2017
White	0.0%	0.0%	0.00%	-9.6%
Black/African-American	0.0%	0.0%	0.00%	0.0%
American Indian/Alaskan Native	NA	NA	0	NA
Asian	41.7%	28.1%	19.05%	NA
Hawaiian / Pacific	NA	NA	0	NA
Other Race*	NA	0.0%	0.00%	NA
Two or More races	0.0%	0.0%	0.00%	0.0%
<b>Total Children, 0-5</b>	<b>1.9%</b>	<b>1.2%</b>	<b>1.11%</b>	<b>-6.2%</b>
Of Which, Hispanic / Latino**	0.0%	0.0%	0.00%	0.0%

\* "Other Race" includes all other responses not included in the white, Black or African-American, American Indian or Alaskan Native, Asian, and Native Hawaiian or Other pacific Islander race categories described above. Respondents reporting entries such as multiracial, mixed, interracial, or a Hispanic or Latino group (for example, Mexican, Puerto Rican, Cuban, or Spanish) in response to the race question are included in this category

\*\* Children identified as Hispanic/Latino may be from any of the race categories above; \*\*\* The ratio of the household income to the federal poverty threshold

## Appendix B: Demographic Child Data, 2018

Children Ages 0 - 5, Oak Park and River Forest	2015	2016	2017	% Change 2013-2017
White	3,252	3,058	3,368	-24.89%
Black/African-American	584	491	576	-33.26%
American Indian/Alaskan Native	0	0	0	-100.00%
Asian	244	222	181	-33.46%
Hawaiian / Pacific	0	0	0	NA
Other Race*	127	166	138	22.12%
Two or More races	510	470	533	94.53%
<b>Total Children, 0-5</b>	<b>4,717</b>	<b>4,407</b>	<b>4,796</b>	<b>-20.28%</b>
Of Which, Hispanic / Latino**	352	389	438	38.61%
Children Ages 0-5, Oak Park and River Forest	% below FPL 2015	% below FPL 2016	% below FPL 2017	% Change 2013- 2017
White	4.7%	4.0%	3.95%	1.03%
Black/African-American	8.6%	8.4%	7.29%	-0.94%
American Indian/Alaskan Native	NA	NA	NA	NA
Asian	13.1%	11.7%	14.92%	14.92%
Hawaiian / Pacific	NA	NA	NA	0.00%
Other Race*	23.6%	19.9%	0.00%	0.00%
Two or More races	9.8%	21.9%	21.20%	21.20%
<b>Total Children, 0-5</b>	<b>6.7%</b>	<b>7.4%</b>	<b>6.57%</b>	<b>3.21%</b>
Of Which, Hispanic / Latino**	10.5%	8.5%	0.00%	0.00%
Ratio of Income to FPL for Children Ages 0-5* Oak Park	2015	2016		% Change 2013-2017
Children below 125% of FPL**	332	351	401	90.95%
Children below 185% of FPL	492	500	575	12.30%
Children below 400% of FPL	1,141	1,112	1265	0.56%
<b>All Children, ages 0-5</b>	<b>3,913</b>	<b>3,663</b>	<b>4073</b>	<b>-20.03%</b>
Ratio of Income to FPL for Children Ages 0-5* River Forest	2015	2016		% Change 2013-2017
Children below 125% of FPL**	25	19	18	-73.13%
Children below 185% of FPL	25	26	27	-59.70%
Children below 400% of FPL	221	150	98	-9.26%
<b>All Children, ages 0-5</b>	<b>804</b>	<b>744</b>	<b>723</b>	<b>-8.83%</b>

400% of FPL = income bracket for Preschool for All

185% of FPL = qualification for Free/Reduced Price Lunch

125% of FPL = qualification for state subsidies such as the Supplemental Nutrition Assistance Program (formerly known as food stamps)

\* The ratio of the household income to the 2015 poverty threshold



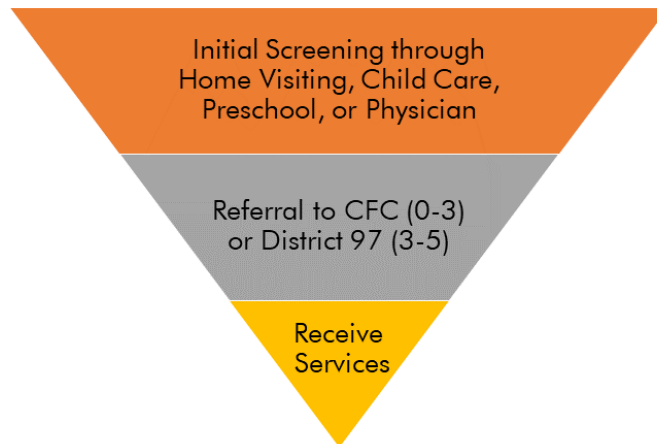




## Appendix C



**Child Outcome 1:  
Children identified through screening as needing assessment or services receive them.**



**Submeasure 1: Number of children screened**

The ASQ-3 is a global developmental screening tool and the ASQ: SE-2 is a social-emotional screening tool. They do not provide diagnosis, rather they offer a valuable perspective on where the child is developmentally in relation to their age. The results may indicate that additional evaluation is warranted. The Collaboration strives to ensure as many children as possible are screened at regular intervals, at least once per year, prior to kindergarten entry.

The ASQ screening tools can be completed by parents or other caregivers in a variety of settings. Medical practices make them available to families, as do preschools and child care programs, home visitation programs or even the public library. While caregivers (parents, guardians, grandparents, etc.) complete the screening questionnaires, early learning and health professionals review the completed questionnaires and should share the screening results with caregivers soon after screening completion.

Recently, the Collaboration has made it easier for families to share their results across providers. For instance, if a caregiver completes a screening for the child’s preschool program, the caregiver can give permission for the completed screening to be shared with their doctor, also in the ASQ Online system. This service has been received very positively by both families and providers. It means the family doesn’t have to complete the screening questionnaire multiple times within a close time period and important information about the child is shared among those who are supporting families.

	2016-17	2017-18	2018-19
Total children receiving ASQ-3 <b>or</b> ASQ: SE-2	1,806	1,787	1,969
Total children receiving ASQ-3 <b>and</b> ASQ: SE-2	1,524	1,509	1,575
Total children receiving ASQ-3	1,726	1,711	1,830
Total children receiving ASQ:SE-2	1,604	1,585	1,714
Hearing screenings	1,353	1,313	1,375
Vision screenings	1,411	1,367	1,425

1. JAMA Pediatrics, September 2018, Volume 172, Number 9.

This year our goal was to maintain or increase by up to 5% the number of children who receive a developmental screening. The increase to 1,969 represents a 10% increase in the number of children who received either a developmental screening (ASQ-3) or a social-emotional screening (ASQ: SE-2).

The program has become established in the community. The number of locations offering screenings has remained steady and more staff have been trained on the tool. The Collaboration's Community Ambassadors have been providing materials about the importance of screening to more and more families this year as well (see System Level Outcome 1). These things may have combined to provide steady gains in the number of children screened.

### **Submeasure 2: Number (percent) of children referred for assessments receive them.**

- The Collaboration created custom fields in the ASQ system to document the follow-up process.
- 81% of programs participating in the ASQ use the Collaboration's follow-up fields in the ASQ web application to monitor activities for children in response to screenings.
- Collaboration documentation shows that 19 children were referred to Early Intervention for further evaluation.
- 653 children scored as "monitor" or "refer" (for further evaluation for additional support services) on the ASQ:3 questionnaire and 169 children scored as such on the ASQ:SE-2 questionnaire.
- In order to streamline this complex data collection effort more efficiently, we are in the process of working with Chapin Hall to revise code to streamline ASQ:3 and ASQ:SE-2 screening scores and to determine counts of screening score results matched to the documentation of appropriate follow-up activities.
- 52% of the children who were referred for assessments due to concerns identified through the vision screening were assessed and received treatment.
- 61% of the children who were referred for assessments due to concerns identified through the hearing screening were assessed and received treatment.

### **Submeasure 3: Number (percent) of children assessed are found eligible for services, and Submeasure 4: Number (percent) of children identified as eligible for services receive them.**

- These are not submeasures where we should be setting a target. We monitor and record this number, which varies from year to year.
- There will be updates to this section in the November 2019 IGA report.

**This outcome will be updated in the November 2019 IGA report.**

**Child Outcome 2: Percent of children in Oak Park and River Forest Preschool for All and Head Start (PFA/HS) who demonstrate age-appropriate proficiency in each domain of development in accordance with the Illinois Early Learning Standards.**

Proficiency is measured using the Teaching Strategies GOLD assessment system, which is administered by teachers in fall, winter, and spring in Preschool for All and Head Start classrooms. It is an observation-based portfolio assessment. The scores discussed in this report are based on spring scores. The GOLD assessment has 38 objectives across 8 domains. The Preschool for All committee, with the guidance of a researcher at Loyola University who studies preschool transitions to kindergarten, identified 10 of these objectives as representative of proficiency in the different domains.

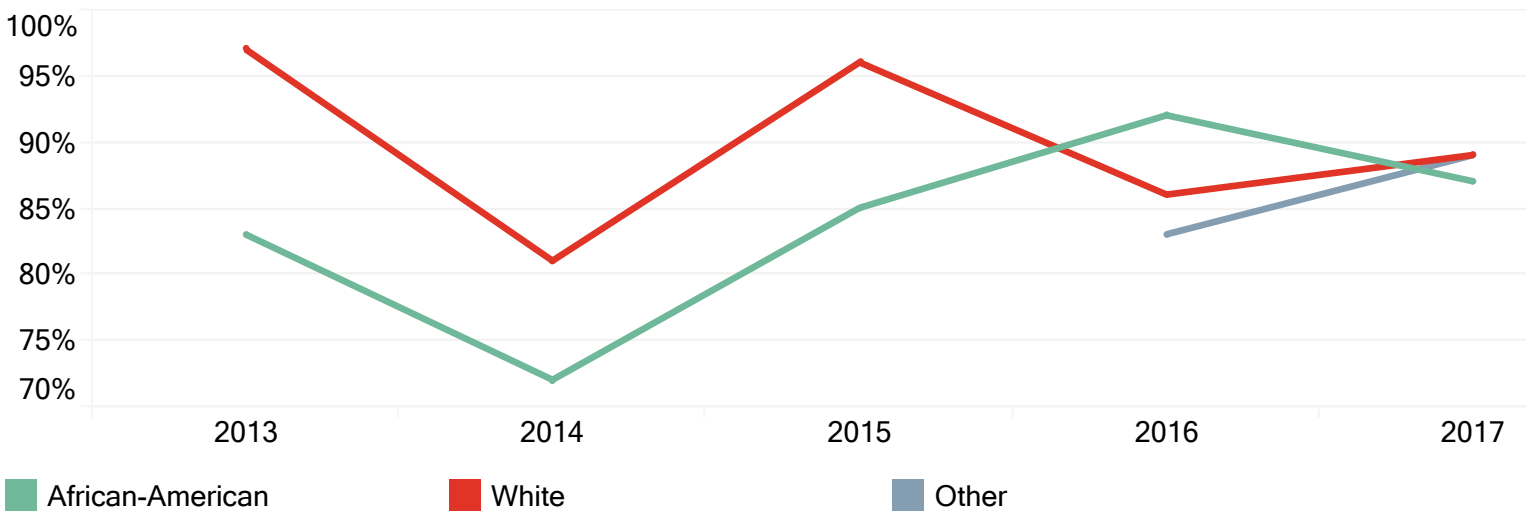
The GOLD assessment is used by teachers to adjust their instruction at regular intervals, and Collaboration staff analyze it to identify topics for professional development. For example, the GOLD was used to determine the need for a training series with Erikson Institute’s Early Math Collaborative on how to teach math concepts to preschoolers.

In Spring 2017, the number of students with complete assessments increased by 16%, from 82 in Spring 2016 to 95 in Spring 2017. As the Collaboration has coached the teaching staff on the importance of completing scores for all 10 of the target objectives, the number of completed assessments has increased. Low income children as a group are doing as well (88% proficient) as the total group of children enrolled in PFA/HS children for whom we have complete scores.

**Proficiency on Teaching Strategies GOLD**

<b>PFA/HS Children Enrolled in District 97 Kindergarten</b>	<b>Spring 2015</b>	<b>Spring 2016</b>	<b>Spring 2017</b>
% (number) of Students Proficient or Advanced	89% (of 47 students)	87% (of 82 students)	89% (of 95 students)
% (number) of FRPL Students Proficient or Advanced	NA	89% (of 24 students)	88% (of 25 students)

## Percent of PFA/HS Students Proficient on Teaching Strategies GOLD, By Race



\* "Other" could not be broken out due to small number (under 10 in previous years). "Other" includes all other responses not included in the White, Black or African-American, American Indian or Alaskan Native, Asian, and Native Hawaiian or Other pacific Islander race categories described above. Respondents reporting entries such as multiracial, mixed, interracial, or a Hispanic or Latino group (for example, Mexican, Puerto Rican, Cuban, or Spanish) in response to the race question are included in this category. Children identified as Hispanic/Latino may be from any of the race categories above.

- 95 out of 110 PFA/HS students (86%) had complete GOLD scores. While this rate has gone up significantly each year, we continue to have a goal of 100% of all students having complete GOLD scores.
- Compared to last year, of all students who took the GOLD, the percent of white children increased significantly from 43% to 56%, the percent of African-American, and "Other" race category slightly decreased from 29% to 24% and from 28% to 20% respectively. This may be a result of fewer African-American children in Oak Park.
- White students had a proficiency rate of 89%, up from 86% the previous year, while the proficiency of African-American students dropped from 92% to 87%. In part, this may be due to the increased number of children who have complete records, which may have led to a more complete picture of children in the program.
- The Collaboration has a goal that over a five-year period (by 2022), we will see 95% or more of all students meet or exceed proficiency standards.

### **Child Outcome 3: Percent of children entering kindergarten demonstrating age-appropriate proficiency in the kindergarten readiness assessment administered by District 97.**

We rely on the Kindergarten Readiness Test (KRT) for assessing the proficiency of children entering kindergarten. The KRT is administered to incoming kindergarten students over the summer and goes through the third week of school.

The KRT participation rate for children enrolled in public preschool remains at a high level due to the Collaboration's onsite assessment in these programs.

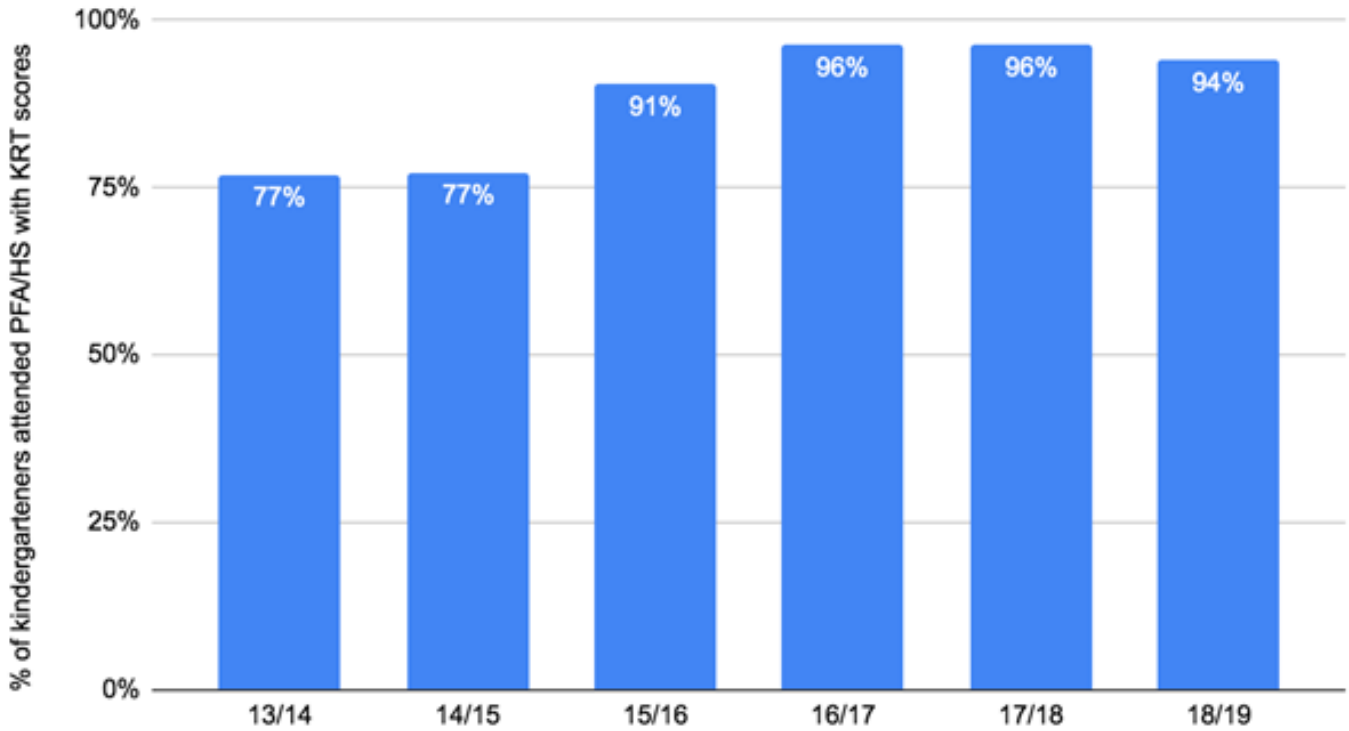
For students attending Preschool for All or Head Start, the Collaboration administers the KRT during the Spring before kindergarten and these results inform additional interventions like summer enrichment activities with District 97.

Our goal has been to have over 90% of public preschool students take the KRT and this has been achieved for the past four years. The Collaboration has brought the same KRT testers into the programs each Spring, which allows for a more familiar environment to the student and consistent assessment from the testers. Some reasons why a student may not take the KRT is because they have an IEP, or the parent did not sign a permission form. The KRT testers make multiple attempts to complete the assessment with a student if they are not available on the primary day.

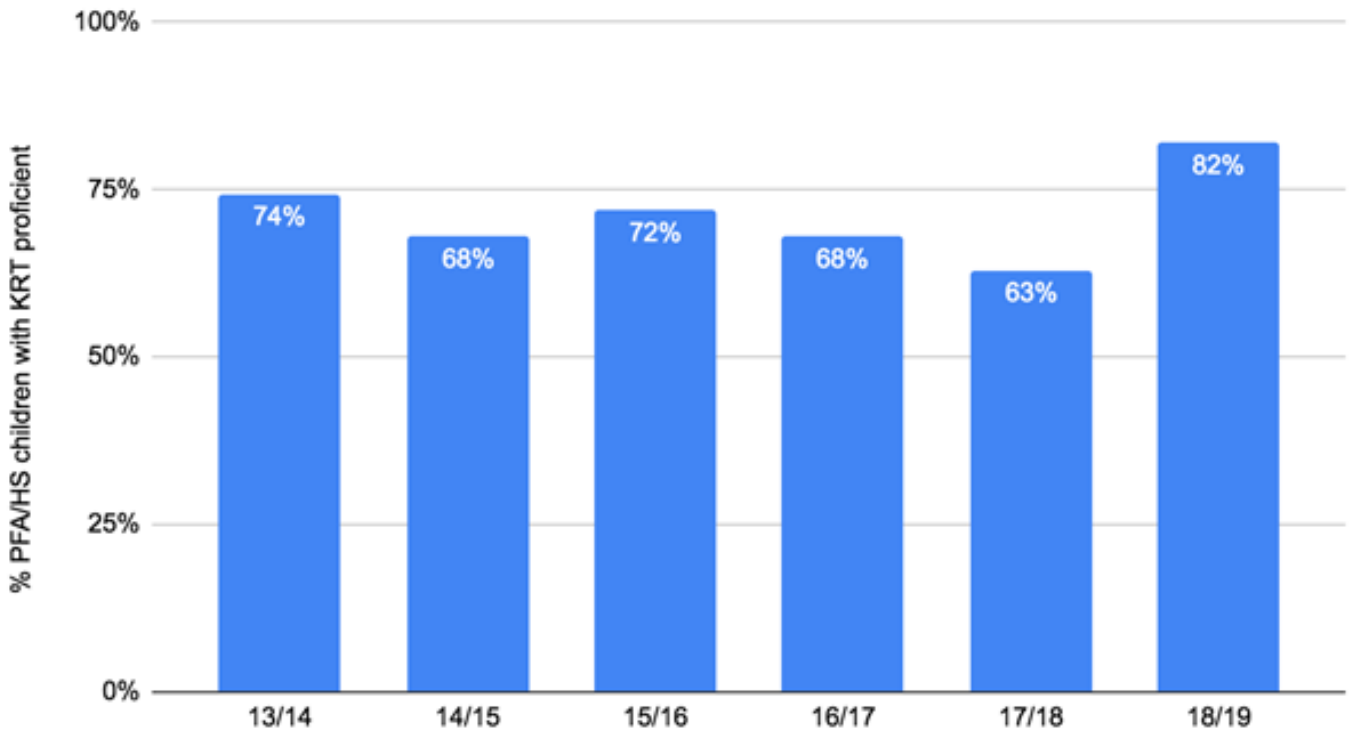
While we are very encouraged to see an increase in the KRT proficiency rate for public preschool students this year, it is important to know that each cohort of students is different and fluctuation is not unusual.

The November IGA report will have additional details on KRT proficiency for all District 97 kindergarteners and will include income status.

### % of Preschool for All students with KRT scores



### % of Preschool for All students with KRT proficiency



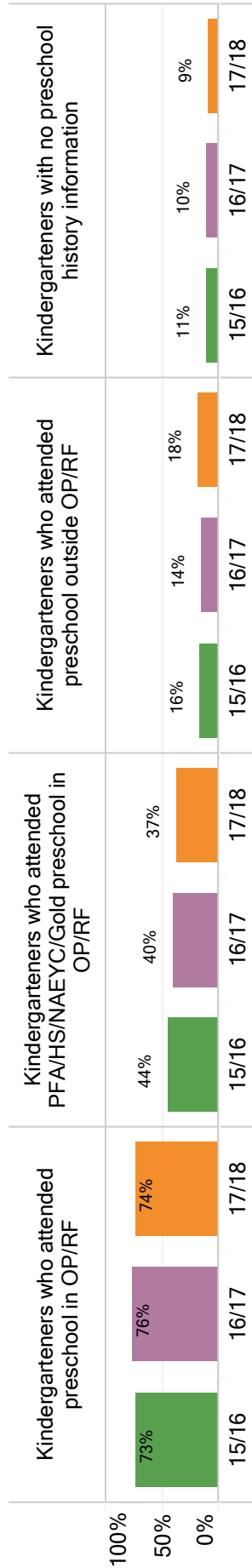


**This outcome will be updated in the November 2019 IGA report.**

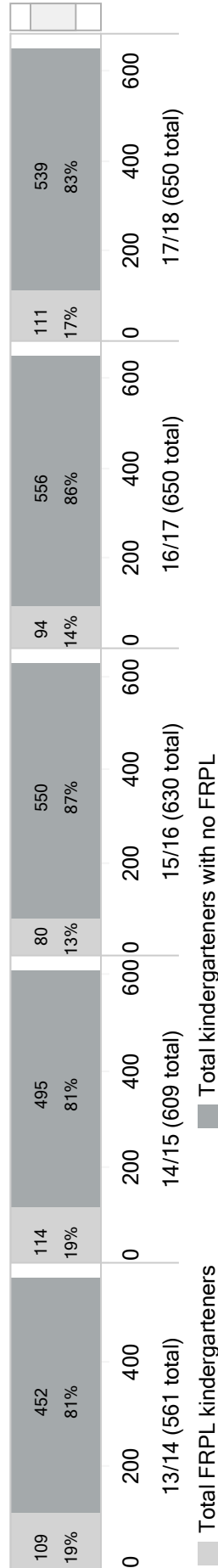
**Service Delivery Outcome 1: Kindergarten students with Free and Reduced Price Lunch (FRPL) assistance have a history of participation in a PFA/HS/NAEYC accredited program, or a program meeting the Illinois Quality Rating System (ExceleRate) Gold Circle of Quality.**

Sub-measure: What percent of kindergarten students with an IEP were enrolled in one of the programs described above?

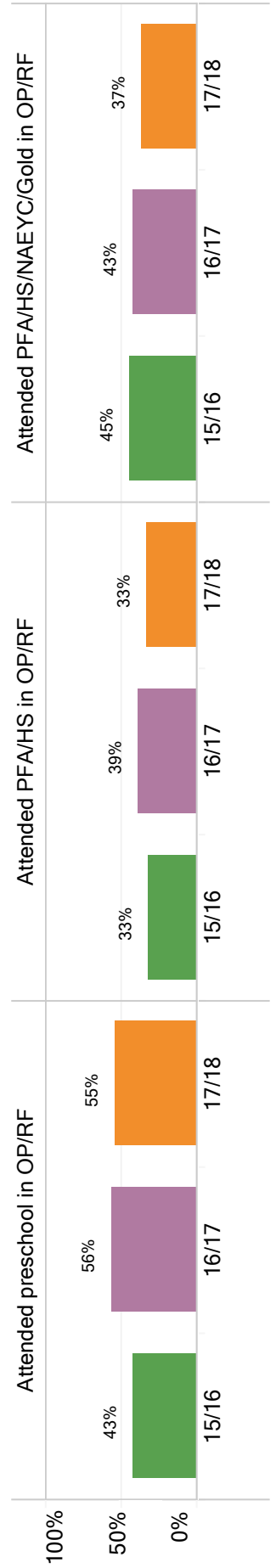
Preschool History and Quality Program Participation



Free/Reduced Price Lunch (FRPL) Status



FRPL Preschool History



## Service Delivery Outcome 2: Teen parents and families receiving up through All Kids Level 1 health insurance for their child under age 3 receive referral to intensive parent education program.

This measure continues to be difficult to obtain due to the limitations of available data on the number of parenting teens and the number of families receiving All Kids health insurance. However, we now have three programs operating in Oak Park, and all are providing some level of reporting to the Collaboration about the number of families who have been referred to their programs. These numbers are currently aggregated and are counted manually by two of the three programs.

Teen or Non-Teen Parents	Teen-June 2016	Non-Teen-June 2016	Teen-June 2017	Non-Teen-June 2017	Teen-June 2018	Non-Teen June 2018	Teen-June 2019	Non-Teen June 2019
Number of families in Oak Park and River Forest receiving up through All Kids Level 1*	Not avail	Not avail	Not avail	Not avail	Not avail	Not avail	Not avail	Not avail
Number of families referred to Easterseals, Hephzibah or New Moms for parenting support	Not avail	36	*	63	*	47	*	31

\*Also includes families who qualify for All Kids Assist and All Kids Share, which is managed by the Illinois Department of Healthcare and Family Services. To qualify, families must meet income requirements based on their family size.

- We do not have a good source of data for the number of teen parents, or the number of families participating in All Kids Level 1 health insurance. Further, we have few referrals from service agencies and those that do refer often will not disclose the family income.
- The Village of Oak Park's Nurse Family Case Manager has traditionally been the main source of referrals. This position was vacant from December 2014 until summer 2017, then it was vacant again for a few months during this reporting period. The position has once again been filled.
- Nurse family case management services were not offered during fiscal year 2016/17. This reduced the number of low income families that were referred to the programs. Nurse Family Case Management historically has been the primary source of referrals for low income families.

### Service Delivery Outcome 3: Percent of referred parents who choose to participate in the intensive parent education program.

Easterseals, Hephzibah and New Moms offer the Parents as Teachers parent education model program. The Easterseals program, funded by the Collaboration, combines Parents as Teacher program requirements with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) requirements and standards.

Easterseals became our contractor as of January 2016 and they started enrolling families in March 2016. Easterseals has accomplished tasks related to family engagement, community leadership, and program growth. Home visiting staff monitor child development and parenting effectiveness, offering resources and guidance to families.

The numbers reported in the chart below are aggregated and are counted manually by two of the three programs.

	June 2016	June 2017	June 2018	June 2019
Number of families referred for home visiting	36	63	47	31
Number of families who actively engaged as new families in the home visiting program funded through the Collaboration.	20	35	32	21
Percentage of referred families who engaged in the program.	56%	56%	68%	68%
Total number of families engaged in the home visiting pro-grams in Oak Park and River Forest.	72	86	66	71

The number of referrals includes one of the three home visiting programs.

The total number of families engaged in home visiting includes the families who engaged in home visiting via the new coordinated intake process as well as via direct contact with families.

Coordinated Intake is an initiative of the Collaboration for Early Childhood, Easterseals, Hephzibah and New Moms that is designed to make it easy for social service providers, physicians, hospitals and child care providers to refer families by providing a single point of entry for home visiting programs in Oak Park.

During FY18-19, home visiting coordinated intake received 31 referrals from six referral sources. Twenty-three referrals were sent to a home visiting program in Oak Park or River Forest, of that, 10 successfully enrolled in a program spot at Easterseals or New Moms (plus two more outside OP/RF referrals to New Moms). Even with vacancies in the Public Health Nurse role, FY18-19 marks the Collaboration’s first complete year organizing and coordinating this effort.

Home visiting program partners continue to meet monthly while the Home Visiting Task Force meets quarterly and parents are asked to participate at two meetings per year. Task Force partners are from RUSH, Beyond Hunger, Oak-Leyden Developmental Services, Housing Forward, Strive for Success, CEDA WIC, Thrive, CFC #7 and IWS Children's Clinic. Task Force meetings are essential to strengthening relationships with referral sources.

Since February 2016, Easterseals has had 141 referrals with an enrollment rate of 47%. Typically, home visiting programs can expect an enrollment rate of around 15%. All families are contacted within two days of referral. They offer initial visits in their home or in the Easterseals office, based on the family's comfort level. They have seen more drop-ins in their new location on Oak Park Avenue.

Over the same time period, Easterseals has served 71 families and 95 children. They have made 200 referrals for additional services including Early Intervention. 24 of the 95 children have received Early Intervention services. They also do depression screening and domestic violence screening for adults in their families and have provided referrals as well.

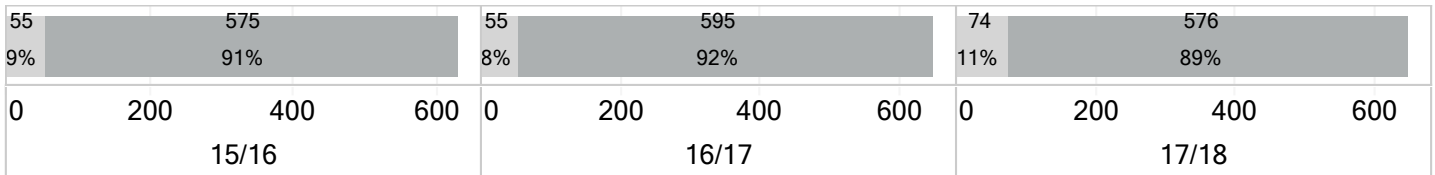
**This outcome will be updated in the November 2019 IGA report.**

**Service Delivery Outcome 4: Percent of kindergarten and 1st grade students with Individual Educational Plans (IEPs) who have documentation of receiving services in early childhood (if they lived in Oak Park or River Forest during their early childhood years).**

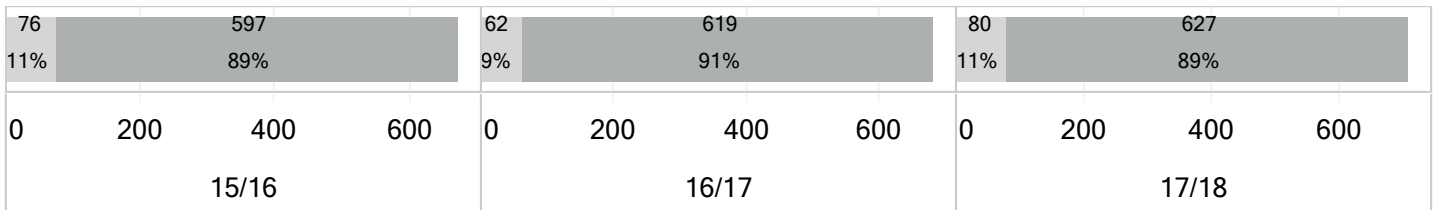
The data collection in this area has improved significantly over the last three years and we will work with District 97 to ensure this progress continues.

The goal of the special education system is to serve all children who need special services. A low percentage of children with IEPs in kindergarten does not indicate success or failure to provide services to children. We analyze the children who received IEPs or Early Intervention support prior to kindergarten to determine if they do in fact have fewer IEPs as they progress through elementary school.

**Kindergarten Students with IEPs**



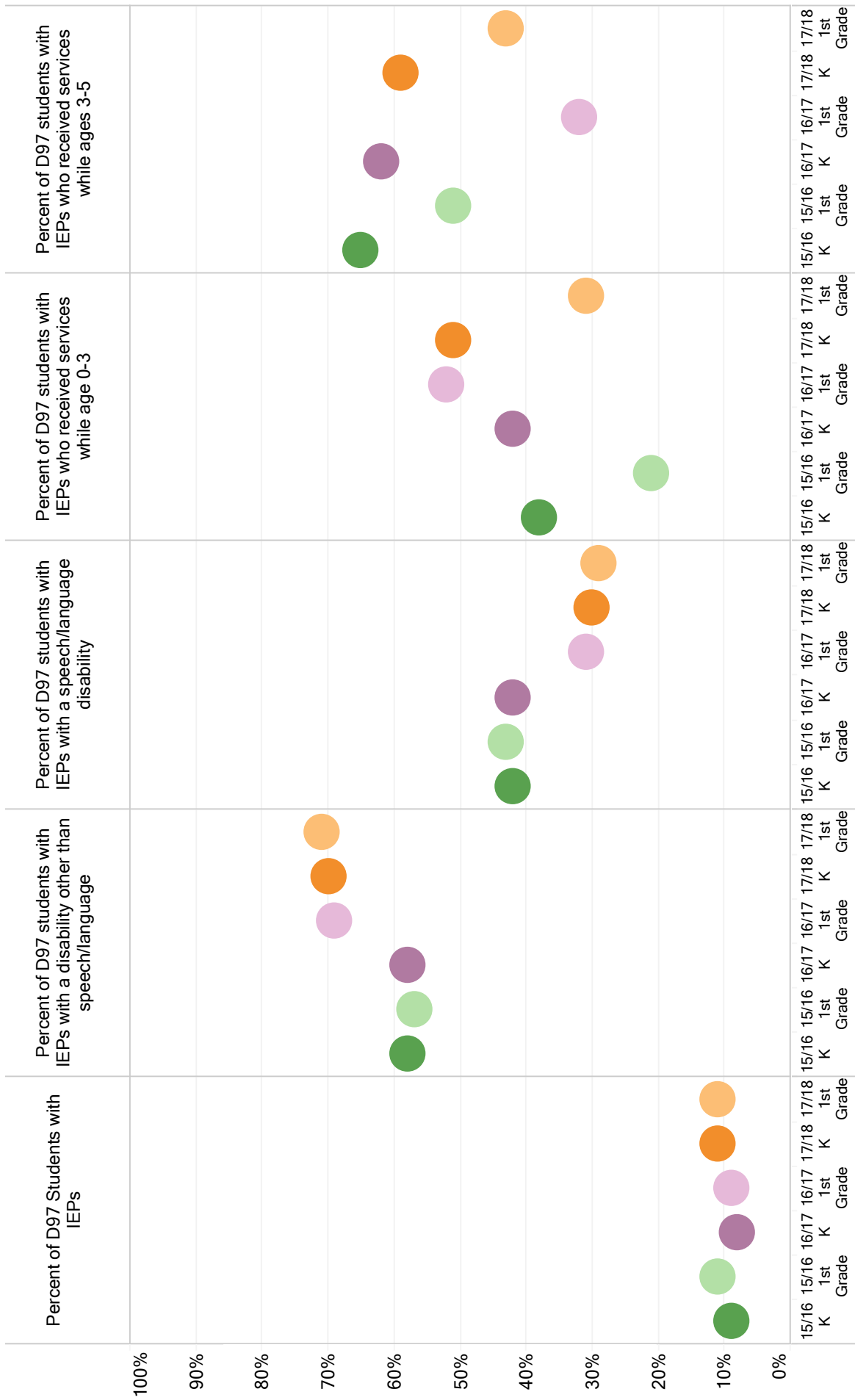
**First Grade Students with IEPs**



■ Number of students without IEPs  
■ Number of students identified with IEPs in D97

- The number of students with IEPs for the 2016/17 incoming kindergarten class grew from 55 in kindergarten to 80 in first grade. However, the total number of students in this class also grew so that the percentage of students in this cohort with IEPs slightly increased about from 8% to 11%.
- Of the kindergarten students with an IEP who received services due to a developmental delay when they were age 0-5, 100% attended preschool and 65% of these children attended a program run by District 97.

# Service Delivery Outcome 4 continued



## System Level Outcome 1: Estimate the Collaboration’s connection with all families in Oak Park and River Forest with children under five via direct and indirect measures.

- Estimated percent of families with children five and under touched by Collaboration services.
  - Direct: Number of families reached through collaboration-sponsored outreach activities and services who provide information voluntarily and are included in our database.
  - Indirect: Counts of information distributed, subscribers to information (social media, other open distribution channels).

	June 2016	June 2017	June 2018	June 2019
Number of people in Oak Park and River Forest	63,199	63,199	63,199	63,199
Number of families with children < age 6 in Oak Park and River Forest	3,448*	3,448*	3,448*	3,448*
<b>Direct: Oak Park/River Forest participants in the voluntary database:</b>				
Number of children enrolled in publicly funded preschool (Preschool for All and Head Start)	202	212	199	190
Number of children participating in the developmental screening program	1,586	1,806	1,787	1,969
Number of families participating in the Parents As Teachers home visiting parent education program	67	53	44	47
<b>Indirect: Families receiving information or support through the Collaboration’s efforts**:</b>				
Number of families receiving outreach materials from the Parenting Resource Program	912	2,700**	7,500**	3,500**
Number of people on the Collaboration’s email list who receive early childhood information	942	1,808	2,577	2,624
Number of unduplicated visitors to the Collaboration’s website	5,911	7,925	9,213	8,154
Number of people following the Collaboration’s Facebook page for parenting resources and information about early childhood	309	465	616	781
Number of printed Early Childhood Resource Directories distributed	10,000	2,500	10,000	3,000

\* Source: U.S. Census Bureau, 2010 Decennial Census; table P20. Updates to this number are not available until the next census.

\*\* Many of the indirect counts are duplicated since people encounter our materials in many ways.

## **Community Outreach**

Community Ambassadors have been leading community outreach throughout the year. From October through June 2019, they engaged approximately 700 caregivers in conversations and handed out more than 500 early childhood resource bags.

Parents from year one and year two of our parent leadership training came together to engage in the team-building process of the Community Organizing & Family Issues (COFI) model. The team engaged with the community through outreach and one-on-one surveys. In total, they talked to 106 community members, including parents, grandparents, and caregivers. They hosted a community presentation to share findings from their surveys and discussed with everyone their goals moving forward.

## **Monthly Parent Workshops**

In partnership with First United Nursery School, New Moms and other community partners, a variety of parent workshops were offered to all caregivers of young children. In total, there were 15 workshops at 6 different locations with 142 participants. Workshop topics included:

- Potty Training
- Using Positive Guidance with Young Children
- Kindergarten Readiness
- Preschooler Health
- Choosing Child Care
- Winter Break Ideas
- Nutrition and Eating Healthy on a Budget
- Family Support topics
- Developmental Screening 101
- Fun Family Activities for Kids with Special Needs

## **Home Visiting**

During FY18-19, Easterseals showed an enormous amount of flexibility in meeting families when they are available. Fathers were present at 31% of visits and staff continues to engage fathers through a special Dad's newsletter and quarterly in-person meetings. The program attrition rate is 6% (calculated by dividing the number of families who stopped services before completion by the total number of families).

Staff assisted families with a number of referrals to local resources including, memberships to Wonder Works Children's Museum, Sarah's Inn, and Preschool for All programs. Each year families, complete a Parents as Teachers Satisfaction Survey. By the end of the fiscal year, 35 parents had completed the survey.

The results were overwhelmingly positive:

- "Activities in the visits strengthen my relationship with my child"
  - 100% reported agree or strongly agree
- "This program motivates me to try new parenting strategies"
  - 100% reported agree or strongly agree
- "My parent educator helps me find useful resources in my community"
  - 100% reported agree or strongly agree



## System Level Outcome 2: Percent of teachers and directors in Oak Park early childhood programs who have above minimum state educational requirements for their role.

Submeasure: Percent of teachers and directors who hold or who increase their level of an Illinois Early Childhood Certificate.

**This outcome will be updated in the November 2018 IGA report.**

All survey respondents	2016 #	2017 #	2018 #	2016 Above minimum requirements	2017 Above minimum requirements	2018 Above minimum requirements
Number (%) of directors	21	26	28	14 (67%)	19 (73%)	22 (79%)
Number (%) of assistant directors	16	6	10	10 (63%)	<10	<10
Number (%) of teachers	127	125	116	95 (75%)	113 (90%)	98 (84%)
Number (%) of assistant teachers	57	75	62	52 (91%)	66 (88%)	53 (85%)
Number (%) of early childhood professionals in Oak Park & River Forest responding to survey	221	232	216	171 (77%)	201 (87%)	181 (84%)

The Collaboration for Early Childhood’s annual workforce survey was open from July through October with regular reminders and incentives to child care professionals to complete the survey. The survey was administered via email as an online form and offered on paper to those who requested it. It was also available in Spanish, although no one elected to take it in Spanish. A consultant visited most child care programs in person and made multiple communication attempts to solicit responses.

While last year we saw a 5% increase in the number of survey participants, this year we saw a decrease of 7%. We are confident that 216 was the highest possible number of survey responses we could receive.

## System Level Outcome 2 continued

Illinois Early Childhood Credentials	2016	2017	2018
Have submitted a Gateways Credential Application	136 people 59%	142 people 59%	145 people 67%
Have a Gateways Illinois Director's Credential	21 people Level 1 5% Level 2 2% Level 3 2%	23 people Level 1 4% Level 2 2% Level 3 2%	27 people Level 1 8% Level 2 2% Level 3 0%
Have a Gateways Infant Toddler Credential	24 people Level 2 7% Level 3 2% Level 4 0.4% Level 5 2%	23 people Level 2 5% Level 3 1% Level 4 2% Level 5 1%	39 people Level 2 6% Level 3 5% Level 4 1% Level 5 3%
Have a Gateways Early Childhood Education Credential	86 people Level 1 10% Level 2 3% Level 3 6% Level 4 5% Level 5 13% Level 6 0.4%	104 people Level 1 13% Level 2 4% Level 3 5% Level 4 7% Level 5 12% Level 6 2%	117 people Level 1 23% Level 2 4% Level 3 7% Level 4 6% Level 5 11% Level 6 3%
Have an Illinois State Board of Education Professional Educators License (PEL)	59 people 25%	63 people 26%	45 people 21%

[This outcome will be updated in the November 2018 IGA report.](#)

Across the board, it is encouraging to see an increase in the number of people who hold the credentials listed above. In particular, there was a jump in the number of people who hold an Infant Toddler Credential, which involves more requirements than the Early Childhood Education Credential.

Since Race to the Top funds ended at the end of 2017, early childhood providers now pay \$50 to apply for a credential so we are encouraged that there continues to be a high rate of people who hold credentials, which demonstrates a commitment to professional development and providing high-quality child care.

Due to cuts in the state budget, there is only one Professional Development Advisor (PDA) for the entire state for this full year. (Previously there were up to 50 PDAs for the state.) The PDA provides coaching and advice to early childhood providers on their career path and educational goals. To supplement this advice, the Collaboration's Professional Development staff offers mentoring and guidance on obtaining credentials.

**System Level Outcome 3: Percent of teachers and child care providers reporting more than the state-mandated 15 documented hours of continuing professional education each year.**

[This outcome will be updated in the November 2018 IGA report.](#)

All License Categories	Number			Less than 15 hours			15 hours			16-19 hours			20 or more hours		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
Directors	21	26	28	<10	<10	<10	<10	<10	<10	<10	<10	<10	14	15	20
Assistant directors	16	6	10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Teachers	127	125	116	37	29	24	22	17	15	25	20	<10	43	59	69
Assistant teachers	57	75	62	25	33	25	10	<10	<10	<10	<10	<10	19	28	25
Total	221	232	216	68 (31%)	65 (28%)	55 (25%)	37 (17%)	30 (13%)	23 (11%)	34 (15%)	31 (13%)	18 (8%)	82 (37%)	106 (46%)	120 (56%)

Licensed Centers Only	Number			Less than 15 hours			15 hours			16-19 hours			20 or more hours		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
Directors	19	21	23	<10	0	<10	<10	<10	<10	<10	<10	<10	14	14	18
Assistant directors	15	6	<10	<10	0	<10	<10	<10	<10	<10	0	0	<10	<10	<10
Teachers	109	89	96	26	16	15	20	12	14	24	16	<10	39	45	61
Assistant teachers	44	57	53	12	16	17	<10	<10	<10	<10	<10	<10	19	28	24
Total	187	173	180	42 (22%)	32 (10%)	36 (20%)	34 (18%)	23 (13%)	21 (12%)	33 (18%)	27 (16%)	15 (8%)	78 (42%)	91 (53%)	108 (60%)

## System Level Outcome 3 continued

The minimum requirement for staff at DCFS-licensed centers and homes is 15 credit hours per year. Staff at centers who have ExceleRate Silver or Gold ratings must have 20 or more credit hours per year.

Our goal was to look at people who previously reported less than 15 hours and see if they increased their hours over time. Fifty-five percent of people at this level increased their hours between 2015 and 2017, exceeding our goal of 20%.

We continue to be encouraged with the marked increase in the number of providers who completed 20 or more credit hours. This seems to be a sign that professionals are committing to increase their training more than is required by the state. The other side of this coin is that there is a decrease in the number of people who have a lower number of credit hours.

There were 89 people who took the survey in both 2015 and 2017. We will look more at the subset of early learning providers who have taken our workforce survey over multiple years to see how they've improved their qualifications. For instance, 43% of these providers increased the number of professional education hours in that time frame, 32% decreased their number of hours, and 25% had the same number of hours. We plan on looking at these numbers more by whether providers were employed by the centers who participated in our offerings and by other factors. We can also see where else they go for professional development. This analysis informs our coaching and mentoring work as well as our training programs.

The Professional Development Committee will look at the group of providers who took the survey over multiple years to compare credentials over time and see whether providers are working toward improving their qualifications. We will also look at where providers are receiving their professional education hours. The breakout of these data is too small to report on here.

Of all survey responders, 71% attended a Collaboration for Early Childhood workshop or training, and 81% of those who took the survey in multiple years attended our workshops or trainings.

The Collaboration has conducted this workforce survey over the past five years to report on these outcomes as a measure of the quality of child care available in Oak Park and River Forest. While the credentialing system is handled by the State of Illinois, their data has not been available to us. However, in October 2018, Chapin Hall, our research partner, received data from the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). We are excited to dive into this new source to see how it compares to our own survey. It's important that we have access to either zip code or city level data in order to understand our local environment. Over the next few months, we will conduct a crosswalk of the INCCRRA data and our own survey to determine whether we need to make adjustments to what we plan to administer in July 2019 or whether what INCCRRA provides will meet our needs to learn about and improve the early childhood workforce in our community.

**System Level Outcome 4: Percent of preschools, child care centers, and homes that are engaged in the Illinois Quality Rating System (ExceleRate) and improve their scores each year.**

	June 2016	June 2017	June 2018	June 2019
<b>Center-Based Programs</b>				
Number of licensed and exempt preschools and child care centers.	44	46	44	45
Number of licensed preschools and child care centers.	27	29	27	28
A. Number (%) of licensed and exempt preschools and child care centers who engaged in the ExceleRate program.	24 (55%)	20 (43%)	21 (48%)	22 (49%)
B.1. Number (%) of licensed and exempt preschools and child care centers engaged in ExceleRate and have received a score.	12 (27%)	15 (33%)	14 (32%)	14 (31%)
B.2. Number (%) of licensed preschools and child care centers engaged in ExceleRate and have received a score.	10 (37%)	15 (52%)	13 (48%)	13 (46%)
C. Number (%) of licensed and exempt preschools and child care centers involved in ExceleRate that improved their scores.	0 (0%)	4 (9%)	6 (14%)	6 (13%)
D. Number (%) of centers initially involved with ExceleRate and choosing NAEYC-accreditation	—	4 (9%)	4 (9%)	4 (9%)
<b>Family Child Care Providers</b>				
Number of licensed family child care homes.	36	34	34	34
A. Number (%) of licensed family child care homes that engaged in ExceleRate.	19 (53%)	10 (29%)	14 (41%)	14 (41%)
B. Number (%) of licensed family child care homes engaged in ExceleRate who received a score.	0 (0%)	2 (6%)	2 (6%)	2 (6%)
C. Number (%) licensed family child care homes engaged in ExceleRate who improved their scores.	1 (3%)	1 (3%)	0 (0%)	0 (0%)

1 The number of unlicensed family child care providers is unavailable.

## System Level Outcome 4 continued

This year the number of centers that engaged in ExceleRate held steady. There is a cohort of four child care programs that have completed the Bronze level of ExceleRate and are working on becoming rated as Silver. They are on track and the process goes through 2020.

While this year no new family child care providers decided to engage in the extensive process of ExceleRate, 24 home providers did engage with the Collaboration by attending professional development opportunities such as the Symposium, trainings and our regular Family Child Care Providers Roundtables.

### Engaged in ExceleRate

A program that maintains a Bronze, Silver or Gold Circle of Quality in the Illinois ExceleRate System or NAEYC Accreditation, within a given fiscal year, is counted as engaged for that year.

### ExceleRate Green

A Green rating means a center has had a DCFS license for at least one year. This is a requirement for engagement in ExceleRate.

#### 1. **Engaging in ExceleRate while having a Green Circle of Quality**

Within a given fiscal year, a program that is engaged in ExceleRate must accomplish 50% of the following items:

- Complete and submit the “ExceleRate Licensed Center Application.”
- Connect with an Action for Children Quality Specialist.
- Attend ExceleRate Illinois Orientation. (This is required for the program administrator.)
- Attend ECERS-3. (This is attended by the administrator and 50% of staff.)
- All staff are able to pull up and review their Illinois Gateways Professional Development Record (PDR) to create a Professional Development Plan (PDP).
- All staff submit official transcripts to Gateways to Opportunity.
- All staff complete and submit applications for Gateways credentials.
- Help staff attain Credentials and trainings based on program needs for Circle of Quality (Professional Development Advising).
- 50% of staff must complete 50% of Bronze Circle trainings.

For a non-licensed program to be counted as engaged in ExceleRate they must apply and receive a DCFS license within the fiscal year.

#### 2. **Engaging in ExceleRate while having a Bronze Circle of Quality**

Once a program receives a Bronze Circle of Quality, a program can be counted as engaged by completing the yearly required report called a Continuous Quality Improvement Plan (CQUIP).

Programs that achieve the Bronze Circle of Quality can hold it for three years. During the three years, the program will need to complete an annual report every 12 months, updating program information and working towards achieving the Silver Circle of Quality. The Bronze Circle of Quality cannot be renewed.

#### 3. **Engaging in ExceleRate while having a Silver or Gold Circle of Quality**

## System Level Outcome 4 continued

Working towards and/or maintaining an ExceleRate Silver or Gold Circle of Quality is a process with too many parts to describe here. Once a program has a Silver or Gold rating, it can be counted as engaged if a minimum of 50% of requirements are completed within a fiscal year. Programs receive checklist of requirements that cover the areas of teaching & learning, family & community engagement, leadership & management, and qualifications & continuing education.

### 4. Family Child Care Providers

The same percentages apply to Family Child Care Programs using the Family Child Care Program ExceleRate checklists.







**Collaboration for  
Early Childhood**  
*Strong Start, Bright Future*

123 Madison Street, Suite 209  
Oak Park, IL 60302  
(708) 613-6122  
[www.collab4kids.org](http://www.collab4kids.org)