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 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 sixth report about our progress on the indicators and corresponding data collection since contract initiation. We issued the initial report in May 2015.

Submitted December 05, 2019

Collaboration for Early Childhood

Annual Data Report: 2019

"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 1900 children under five 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

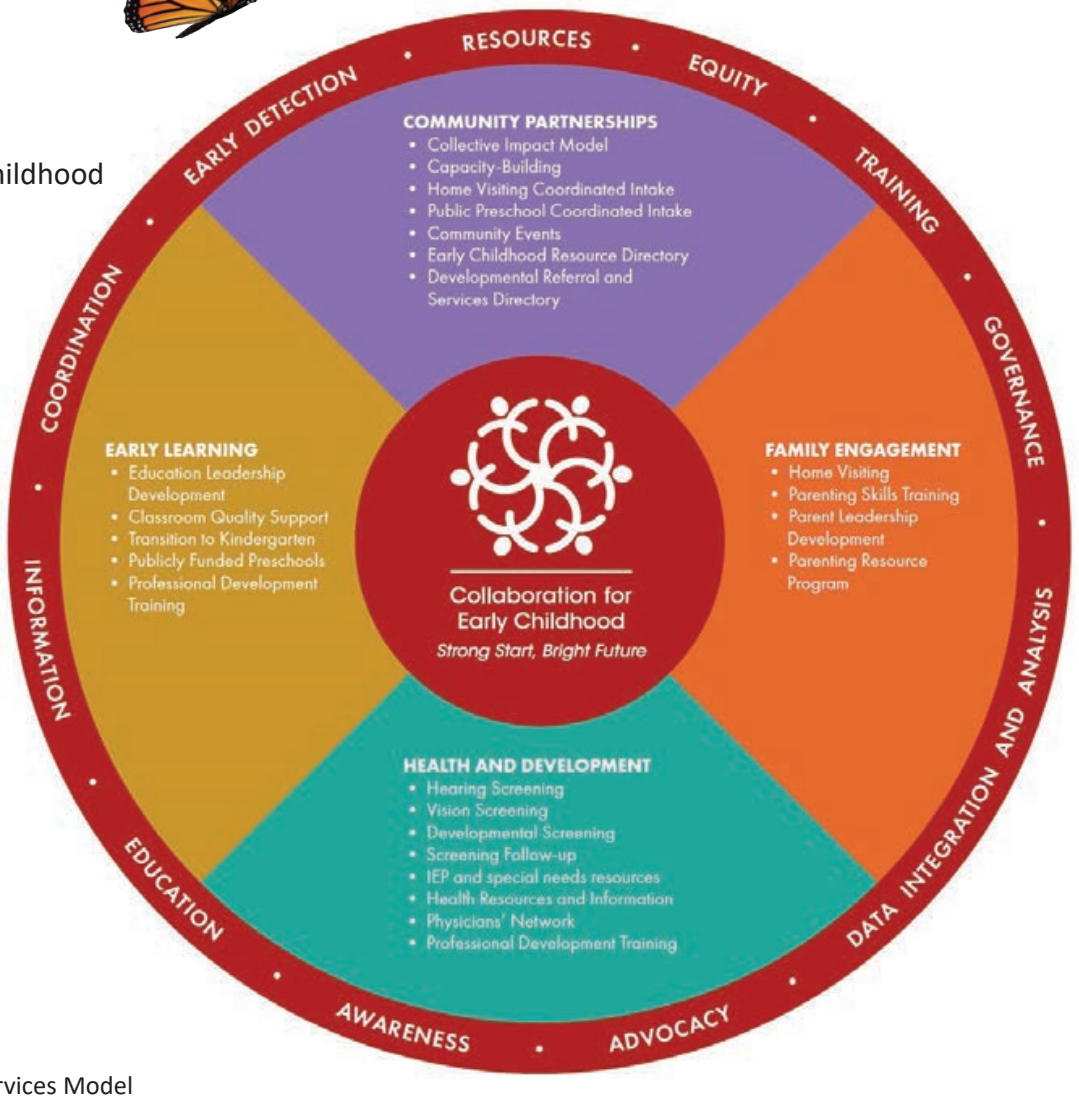


Figure 1: Collaboration Program Services Model

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 about services available in the community;
- all children should be provided with developmental screening and follow-up so that developmental delays and disabilities could 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 could 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.

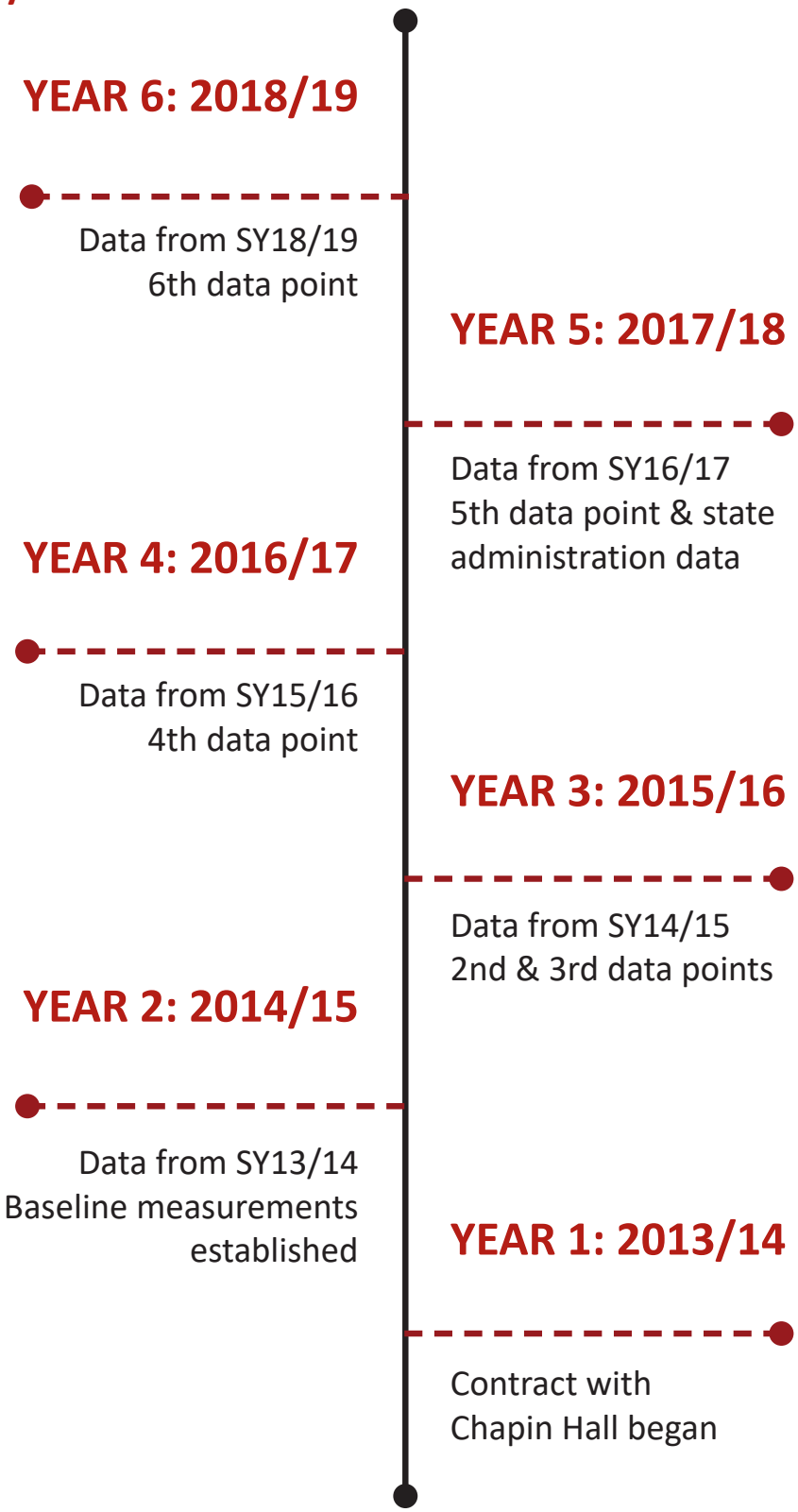
An explosion of knowledge in the early childhood field over the past few decades has produced a clear suggestions around narrowing the early “opportunity gap.” It required then, and requires today, developing a coherent, community based system that provides families intensive, voluntary parenting coaching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

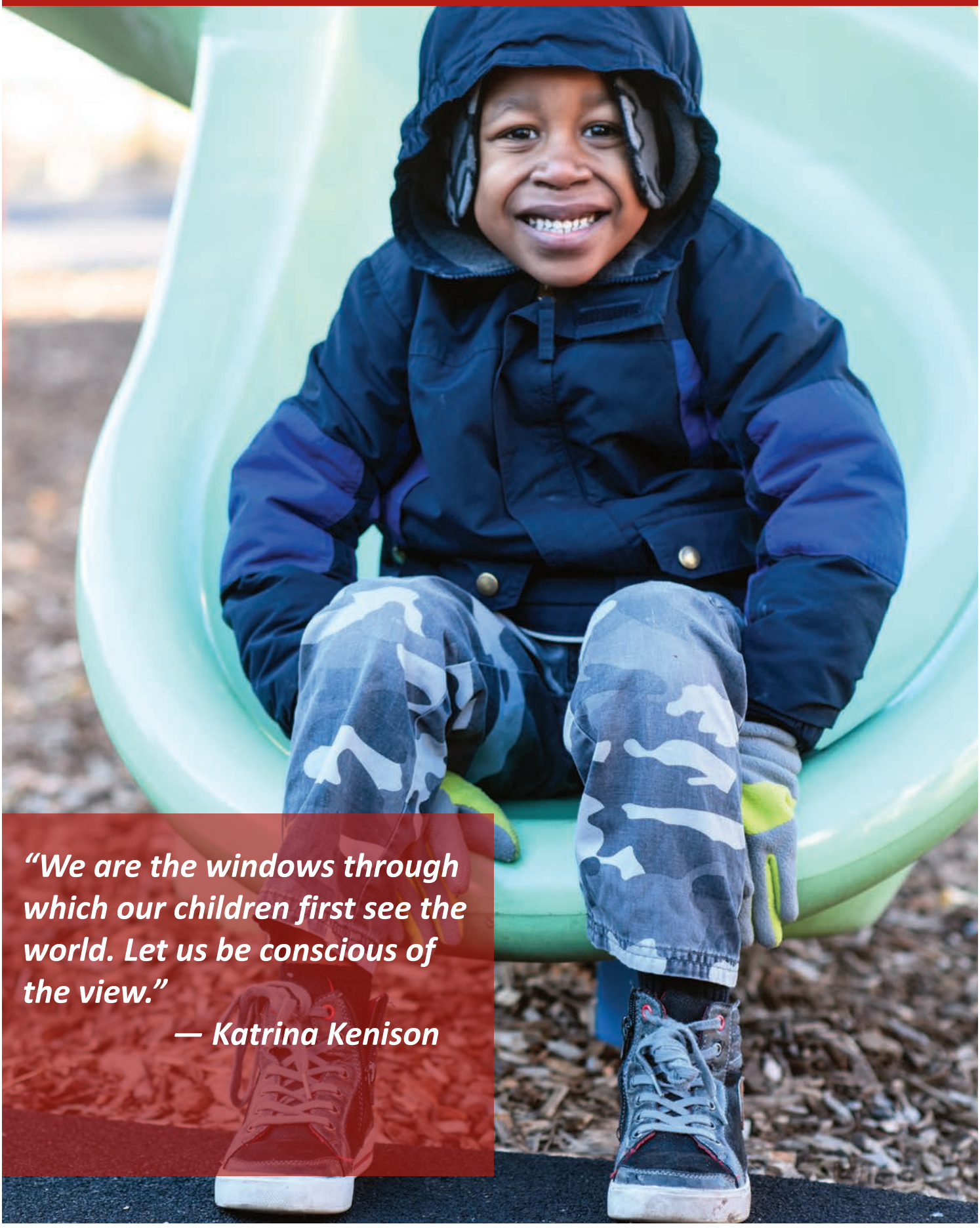
Chapter 2: The Collaboration for Early Childhood: The History of a Community Effort

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.

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 percent below FPL for white children and children from two or more races.
    - The percent below FPL was very low for all children in 2009, and very low for white children through 2013.

River Forest

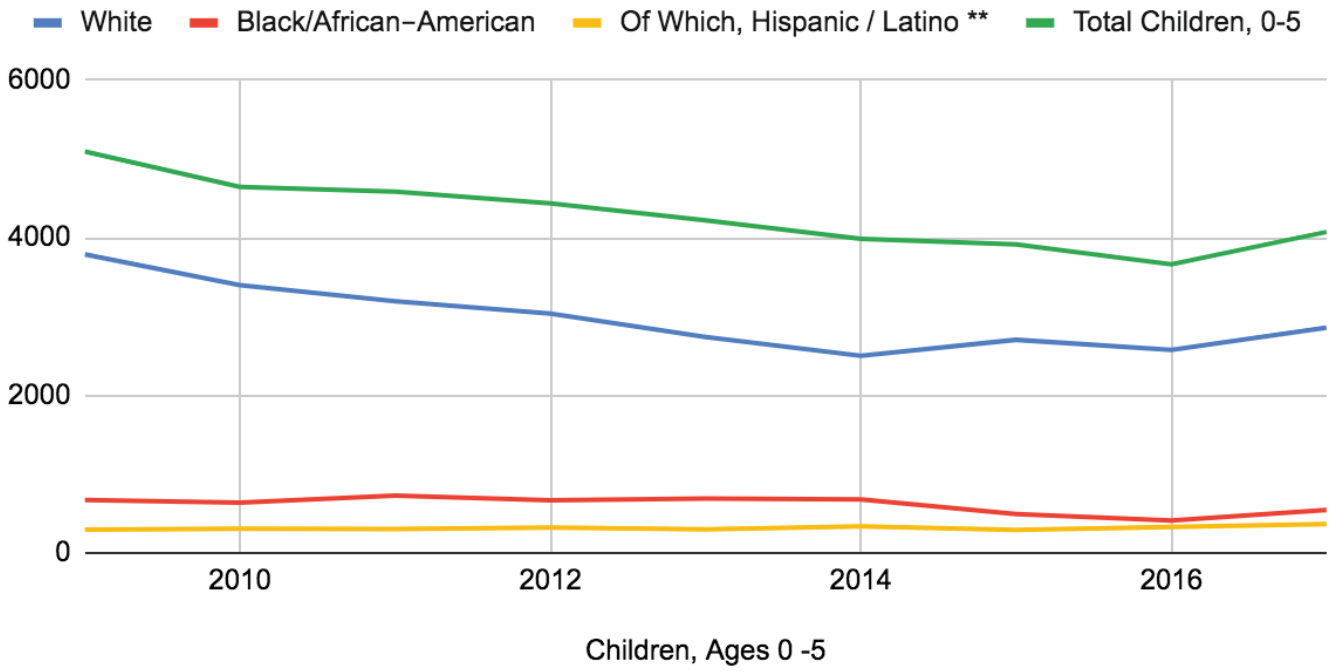
- The number of children ages 0-5 in River Forest is very small and changes to their population were not significant.

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.

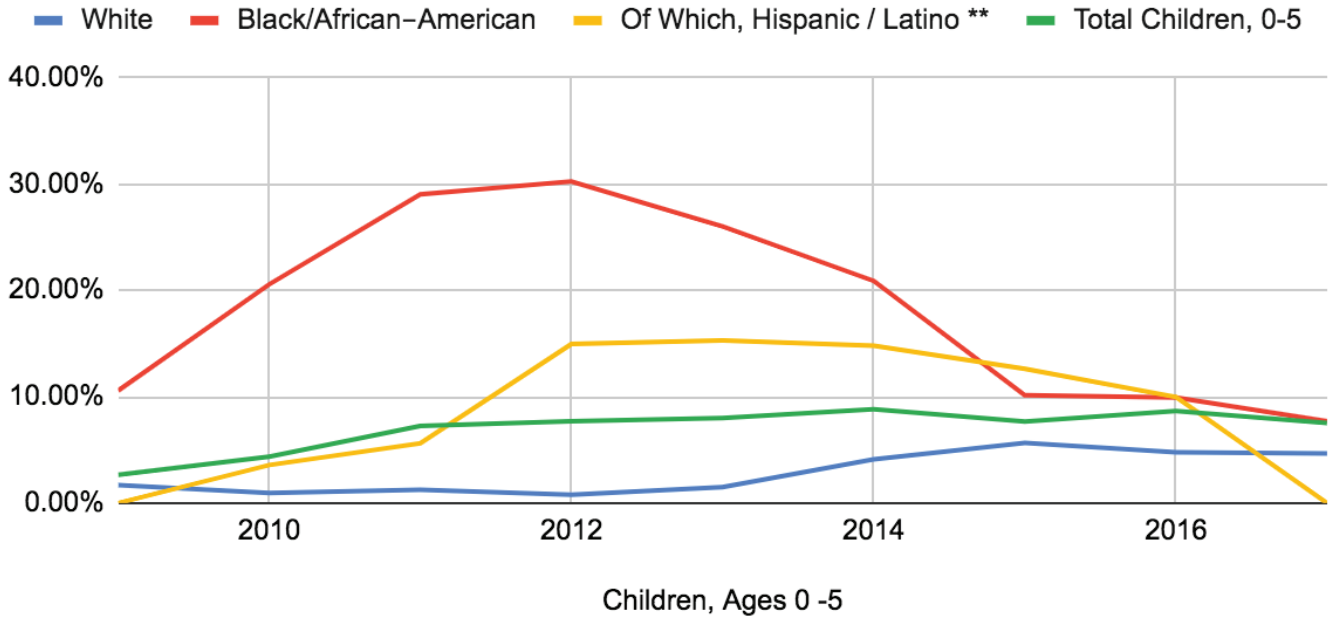
Number of Children Age 0-5 in Oak Park, 2009-2017

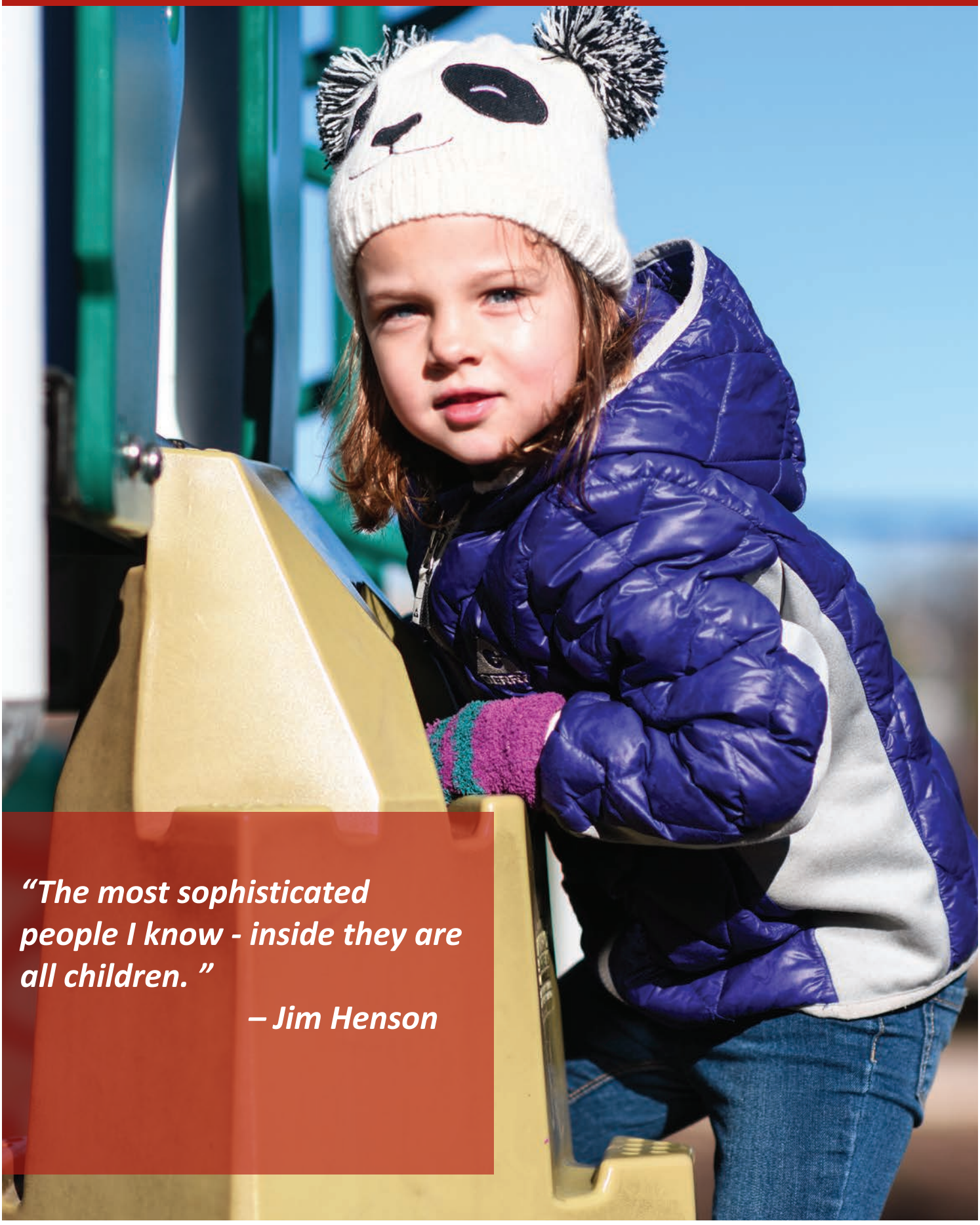
ACS 2017



Percent of Children Age 0-5 Below Poverty Line in Oak Park, 2009-017

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.

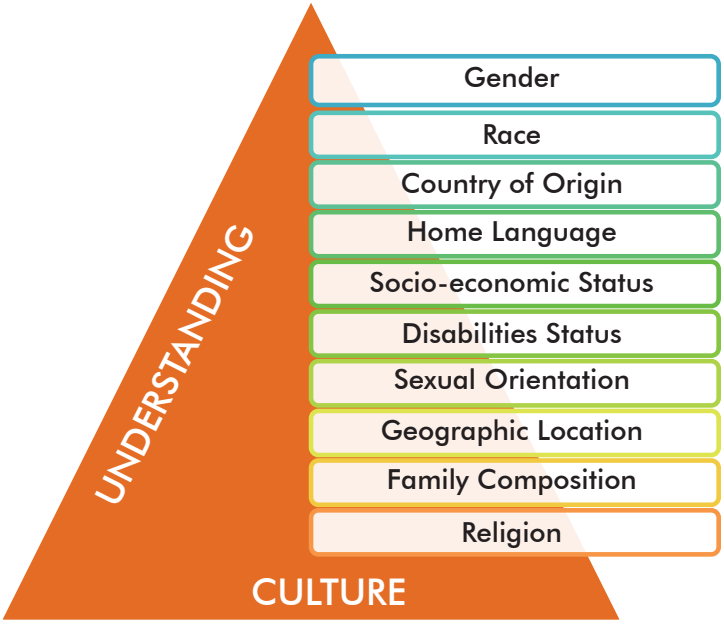
UNDERSTANDING CULTURE

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.



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.

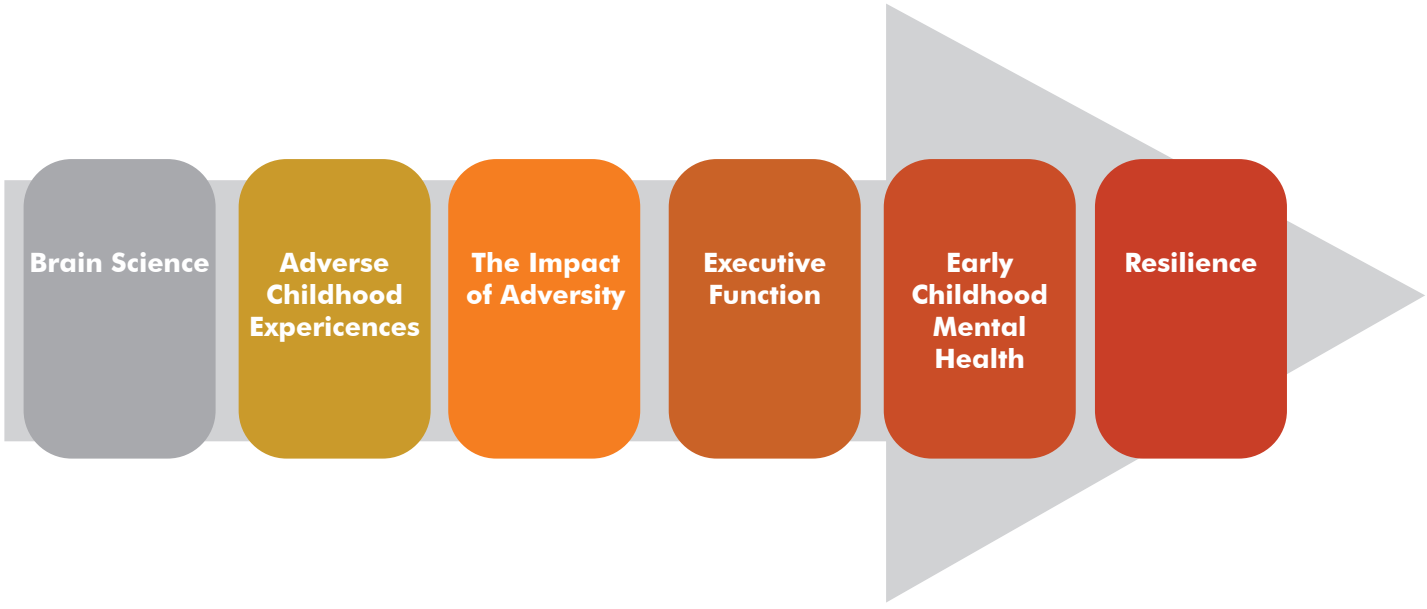
There may also be several elements that occur at once and contribute to a lack of access to services, such as language and family composition. Family composition is considered in situations where a child is cared for by a single parent or where there isn't a primary caretaker. Then, an intervention might 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

Children arrive 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.

When discussing the impact of culture and experience on early childhood, there is research that points to a range and progression of experience. This field of study begins with an understanding of the booming field of research around early brain development. Second to this, the field of research leads us to learn about the impact of adverse childhood experiences and adversity in early life. Finally, early education researchers then emphasize the importance of interventions that focus on the development of executive functions skills, as well as early childhood mental health support, all towards the goal of building resilience in young children and their families. (See figure).



Chapter 4: Beginning with Research

Brain Science

The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. (*See research brief: The Science of Early Childhood Development*)

Adverse Childhood Experiences (ACES)

These include experiences such as physical and emotional abuse, neglect, caregiver mental illness, and household violence. The more ACEs a child experiences, the more likely he or she is to suffer from health issues later in life. (*See research brief: What are ACES?*)

The Impact of Adversity

In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior, and health. (*See research brief: The Impact of Early Adversity on Children's Development*)

Executive Function

Research on the developing brain shows us that early childhood experiences build the foundation for a skilled workforce, a responsible community, and a thriving economy. A new evidence base has identified a set of skills that are essential for school achievement, for the preparation and adaptability of our future workforce, and for avoiding a wide range of population health problems. (*See research brief: Executive Function: Skills for Life and Learning*)

Early Childhood Mental Health

The science of child development shows that the foundation for sound mental health is built early in life, as early experiences—which include children's relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain. Disruptions in this developmental process can impair a child's capacities for learning and relating to others, with lifelong implications. *(See research brief: Early Childhood Mental Health)*

Resilience

Reducing the effects of significant adversity on young children's healthy development is critical to the progress and prosperity of any society. Yet not all children experience lasting harm as a result of adverse early experiences. Some may demonstrate "resilience," or an adaptive response to serious hardship. A better understanding of why some children do well despite early adversity is important because it can help us design policies and programs that help more children reach their full potential. (*See research brief: The Science of Resilience*)

Chapter 4: Beginning with Research

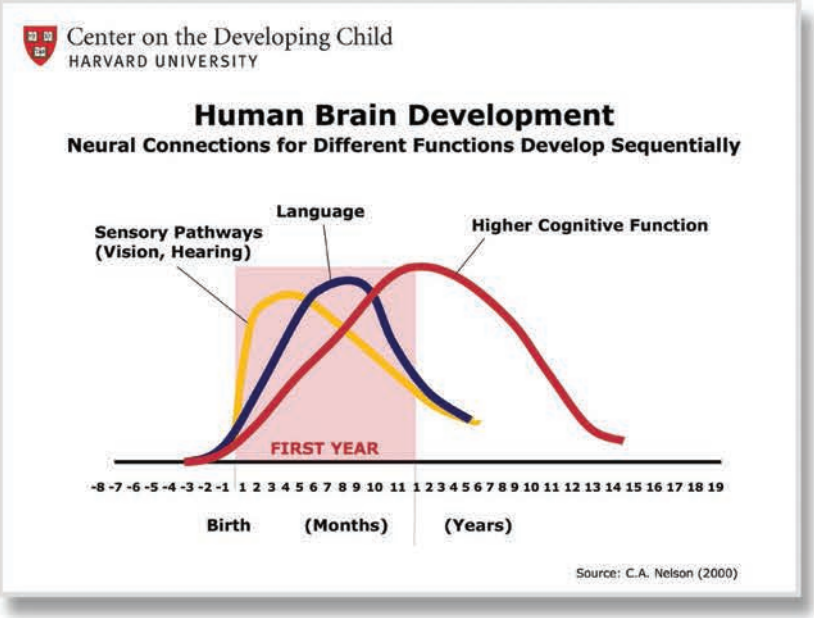
RESEARCH BRIEFS

1. Brain Science
2. Adverse Childhood Experiences (ACES)
3. The Impact of Adversity
4. Executive Function
5. Early Childhood Mental Health
6. Resilience

A series of brief summaries of the scientific presentations at the National Symposium on Early Childhood Science and Policy.

The science of early brain development can inform investments in early childhood. These basic concepts, established over decades of neuroscience and behavioral research, help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society.

1 Brains are built over time, from the bottom up. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, more than 1 million new neural connections are formed every second. After this period of rapid proliferation, connections are reduced through a process called pruning, so that brain circuits become more efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits.



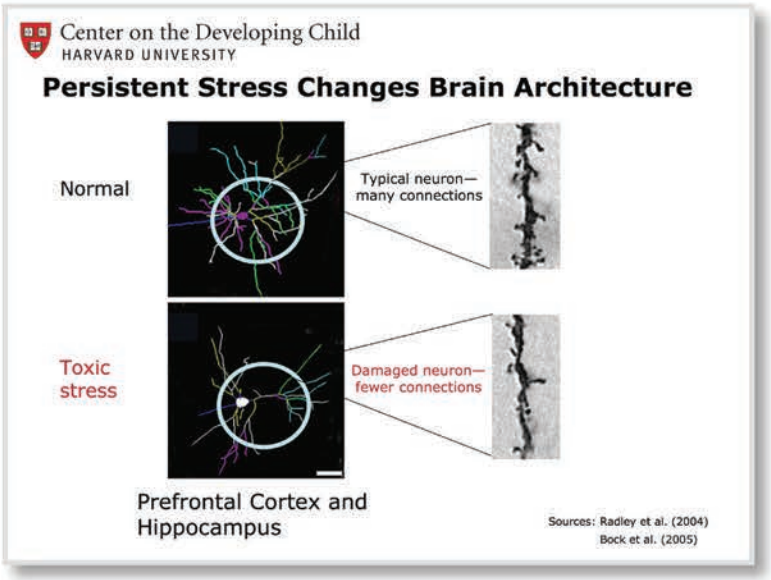
In the proliferation and pruning process, simpler neural connections form first, followed by more complex circuits. The timing is genetic, but early experiences determine whether the circuits are strong or weak.

2 The interactive influences of genes and experience shape the developing brain. Scientists now know a major ingredient in this developmental process is the "serve and return" relationship between children and their parents

POLICY IMPLICATIONS

- The basic principles of neuroscience indicate that early preventive intervention will be more efficient and produce more favorable outcomes than remediation later in life.
- A balanced approach to emotional, social, cognitive, and language development will best prepare all children for success in school and later in the workplace and community.
- Supportive relationships and positive learning experiences begin at home but can also be provided through a range of services with proven effectiveness factors. Babies' brains require stable, caring, interactive relationships with adults — any way or any place they can be provided will benefit healthy brain development.
- Science clearly demonstrates that, in situations where toxic stress is likely, intervening as early as possible is critical to achieving the best outcomes. For children experiencing toxic stress, specialized early interventions are needed to target the cause of the stress and protect the child from its consequences.

and other caregivers in the family or community. Young children naturally reach out for interaction through babbling, facial expressions, and gestures, and adults respond with the same kind of vocalizing and gesturing back at them. In the absence of such responses—or if the responses are unreliable or inappropriate—the brain's architecture does not form as expected, which can lead to disparities in learning and behavior.



Brains subjected to toxic stress have underdeveloped neural connections in areas of the brain most important for successful learning and behavior in school and the workplace.

3 The brain's capacity for change decreases with age. The brain is most flexible, or "plastic," early in life to accommodate a wide range of environments and interactions, but as the maturing brain becomes more specialized to assume more complex functions, it is less capable of reorganizing and adapting to new or unexpected challenges. For example, by the first year, the parts of the brain that differentiate sound are becoming specialized to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognize different sounds found in other languages. Although the "windows" for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it's easier and more effective to influence a baby's developing brain architecture than to rewire parts of its circuitry in the adult years.

4 Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course. The brain is a highly interrelated organ, and its multiple functions operate in a richly coordinated fashion. Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar that comprise the foundation of human development. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important prerequisites for success in school and later in the workplace and community.

5 Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behavior, and physical and mental health. Scientists now know that chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain. While positive stress (moderate, short-lived physiological responses to uncomfortable experiences) is an important and necessary aspect of healthy development, toxic stress is the strong, unrelieved activation of the body's stress management system. In the absence of the buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain.

For more information, see "The Science of Early Childhood Development" and the Working Paper series from the National Scientific Council on the Developing Child.
www.developingchild.harvard.edu/library/

NGA Center for BEST PRACTICES

National Conference of State Legislatures

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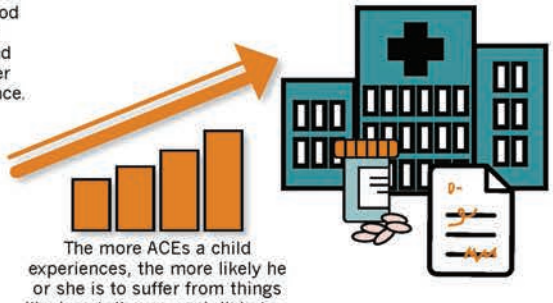
THE INBRIEF SERIES:
INBRIEF: The Science of Early Childhood Development
INBRIEF: The Impact of Early Adversity on Children's Development
INBRIEF: Early Childhood Program Effectiveness
INBRIEF: The Foundations of Lifelong Health

www.developingchild.harvard.edu

WHAT ARE ACEs?

AND HOW DO THEY RELATE TO TOXIC STRESS?

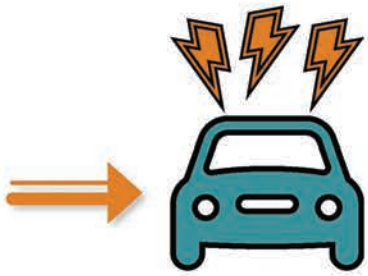
"ACEs" stands for "Adverse Childhood Experiences." These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence.



The more ACEs a child experiences, the more likely he or she is to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.

TOXIC STRESS EXPLAINS HOW ACEs "GET UNDER THE SKIN."

Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what's known as toxic stress. This excessive activation of the stress-response system can lead to long-lasting wear-and-tear on the body and brain.

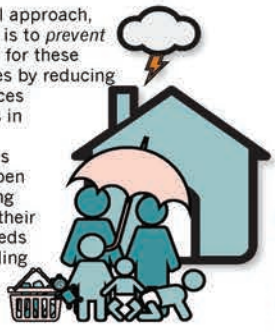


The effect would be similar to revving a car engine for days or weeks at a time.

WE CAN REDUCE THE EFFECTS OF ACEs AND TOXIC STRESS.

For those who have experienced ACEs, there are a range of possible responses that can help, including therapeutic sessions with mental health professionals, meditation, physical exercise, spending time in nature, and many others.

The ideal approach, however, is to *prevent* the need for these responses by reducing the sources of stress in people's lives. This can happen by helping to meet their basic needs or providing other services.



Likewise, fostering strong, responsive relationships between children and their caregivers, and helping children and adults build core life skills, can help to buffer a child from the effects of toxic stress.

ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan. **No one who's experienced significant adversity (or many ACEs) is irreparably damaged,** though we need to acknowledge trauma's effects on their lives. By reducing families' sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, we can prevent and counteract lasting harm.

Center on the Developing Child HARVARD UNIVERSITY

Learn more about ACEs from the Centers for Disease Control and Prevention.

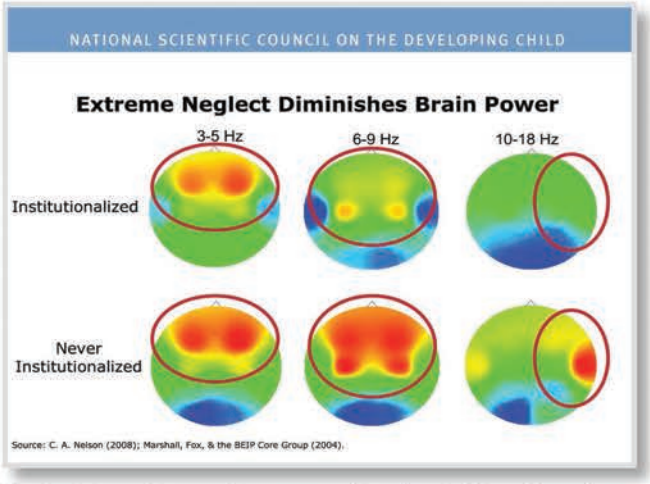
For more information: https://developingchild.harvard.edu/ACEs

A series of brief summaries of the scientific presentations at the National Symposium on Early Childhood Science and Policy.

What happens in early childhood can matter for a lifetime. To successfully manage our society's future, we must recognize problems and address them before they get worse. In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior, and health.

1 Early experiences influence the developing brain. From the prenatal period through the first years of life, the brain undergoes its most rapid development, and early experiences determine whether its architecture is sturdy or fragile. During early sensitive periods of development, the brain's circuitry is most open to the influence of external experiences, for better or for worse. During these *sensitive periods*, healthy emotional and cognitive development is shaped by responsive, dependable interaction with adults, while chronic or extreme adversity can interrupt normal brain development. For example, children who were placed shortly after birth into orphanages with conditions of severe neglect show dramatically decreased brain activity compared to children who were never institutionalized.

2 Chronic stress can be toxic to developing brains. Learning how to cope with adversity is an important part of healthy child development. When we are threatened, our bodies activate a variety of physiological responses, including increases in heart rate, blood pressure, and stress hormones such as cortisol. When a young child is protected by supportive relationships with adults, he learns to cope with everyday challenges and his stress response system returns to baseline. Scientists call this *positive stress*. *Tolerable stress* occurs when more serious difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury, are buffered by caring adults who help the child adapt, which mitigates the potentially damaging effects of



The brain's activity can be measured in electrical impulses—here, "hot" colors like red or orange indicate more activity, and each column shows a different kind of brain activity. Young children institutionalized in poor conditions show much less than the expected activity.

POLICY IMPLICATIONS

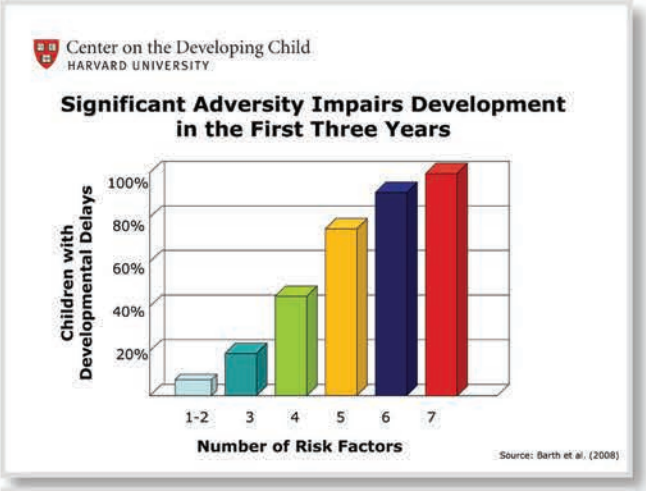
- The basic principles of neuroscience indicate that providing supportive and positive conditions for early childhood development is more effective and less costly than attempting to address the consequences of early adversity later. Policies and programs that identify and support children and families who are most at risk for experiencing toxic stress as early as possible will reduce or avoid the need for more costly and less effective remediation and support programs down the road.
- From pregnancy through early childhood, all of the environments in which children live and learn, and the quality of their relationships with adults and caregivers, have a significant impact on their cognitive, emotional, and social development. A wide range of policies, including those directed toward early care and education, child protective services, adult mental health, family economic supports, and many other areas, can promote the safe, supportive environments and stable, caring relationships that children need.

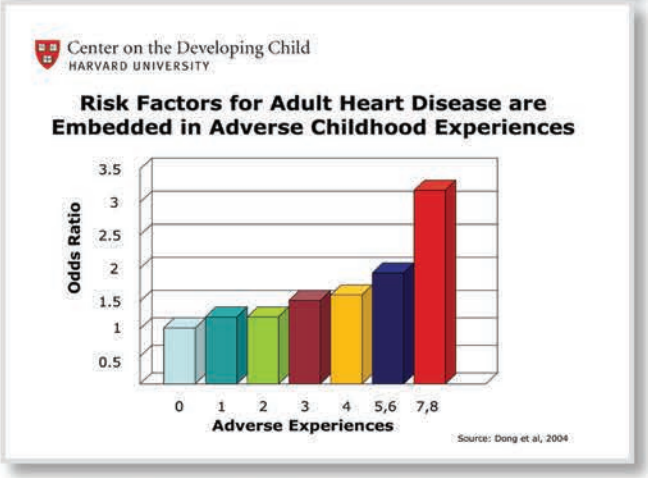
abnormal levels of stress hormones. When strong, frequent, or prolonged adverse experiences such as extreme poverty or repeated abuse are experienced without adult support, stress becomes *toxic*, as excessive cortisol disrupts developing brain circuits.

3 Significant early adversity can lead to lifelong problems. Toxic stress experienced early in life and common precipitants of toxic stress—such as poverty, abuse or neglect, parental substance abuse or mental illness, and exposure to violence—can have a cumulative toll on an individual's physical and mental health. The more adverse experiences in childhood, the greater the likelihood of developmental delays and other problems. Adults with more adverse experiences in early childhood are also more likely to have health problems, including alcoholism, depression, heart disease, and diabetes.

4 Early intervention can prevent the consequences of early adversity. Research shows that later interventions are likely to be less successful—and in some cases are ineffective. For example, when the same children who experienced extreme neglect were placed in responsive foster care families before age two, their IQs increased more substantially and their brain activity and attachment relationships were more likely to become normal than if they were placed after the age of two. While there is no "magic age" for intervention, it is clear that, in most cases, intervening as early as possible is significantly more effective than waiting.

5 Stable, caring relationships are essential for healthy development. Children develop in an environment of relationships that begin in the home and include extended family members, early care and education providers, and members of the community. Studies show that toddlers who have secure, trusting relationships with parents or non-parent caregivers experience minimal stress hormone activation when frightened by a strange event, and those who have insecure relationships experience a significant activation of the stress response system. Numerous scientific studies support these conclusions: providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging effects of toxic stress.





As the number of adverse early childhood experiences mounts, so does the risk of developmental delays (top). Similarly, adult reports of cumulative, adverse experiences in early childhood correlate to a range of lifelong problems in physical and mental health—in this case, heart disease (bottom).

For more information, see "The Science of Early Childhood Development" and the Working Paper series from the National Scientific Council on the Developing Child.

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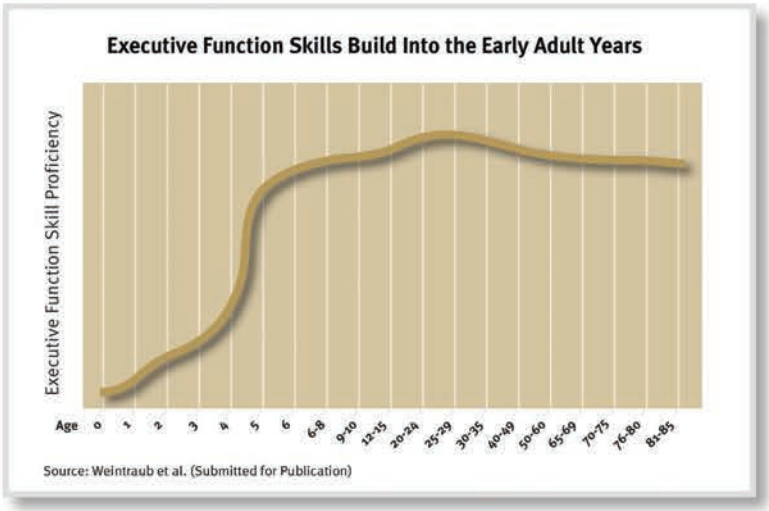
A series of brief summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child at Harvard University.

Research on the developing brain shows us that early childhood experiences build the foundation for a skilled workforce, a responsible community, and a thriving economy. A new evidence base has identified a set of skills that are essential for school achievement, for the preparation and adaptability of our future workforce, and for avoiding a wide range of population health problems.

In the brain, the ability to hold onto and work with information, focus thinking, filter distractions, and switch gears is like an airport having a highly effective air traffic control system to manage the arrivals and departures of dozens of planes on multiple runways. Scientists refer to these capacities as executive function and self-regulation—a set of skills that relies on three types of brain function: working memory, mental flexibility, and self-control. Children aren't born with these skills—they are born with the potential to develop them. The full range of abilities continues to grow and mature through the teen years and into early adulthood. To ensure that children develop these capacities, it's helpful to understand how the quality of the interactions and experiences that our communities provide for them either strengthens or undermines these emerging skills.



Tests measuring different forms of executive function skills indicate that they begin to develop shortly after birth, with ages 3 to 5 a window of opportunity for dramatic growth in these skills. Development continues throughout adolescence and early adulthood.

1 When children have had opportunities to develop executive function and self-regulation skills successfully, both individuals and society experience lifelong benefits.

- **School Achievement**—Executive function skills help children remember and follow multi-step instructions, avoid distractions, control rash responses, adjust when rules change, persist at problem solving, and manage long-term assignments. For society, the outcome is a better-educated population capable of meeting the challenges of the 21st century.
- **Positive Behaviors**—Executive functions help children develop skills of teamwork, leadership, decision-making, working toward goals, critical thinking, adaptability, and being aware of our own emotions as well as those of others. For society, the outcome is more stable communities, reductions in crime, and greater social cohesion.
- **Good Health**—Executive function skills help people make more positive choices about nutrition and exercise; to resist pressure to take risks, try drugs, or have unprotected sex; and to be more conscious of safety for ourselves and our children. Having good executive function primes our biological systems and coping skills to respond well to stress. For society, the outcome is a healthier population, a more productive workforce, and reduced health care costs.
- **Successful Work**—Executive function skills increase our potential for economic success because we are better organized, able to solve problems that require planning, and prepared to adjust to changing circumstances. For society, the outcome is greater prosperity due to an innovative, competent, and flexible workforce.

2 The critical factors in developing a strong foundation for these essential skills are children's relationships, the activities they have opportunities to engage in, and the places in which they live, learn, and play.

Relationships—Children develop in an environment of relationships. This starts in the home and extends to caregivers, teachers, medical and human services professionals, foster parents, and peers. Children are more likely to build effective executive function skills if the important adults in their lives are able to:

- **Support** their efforts;
- **Model** the skills;

- **Engage** in activities in which they practice the skills;
- **Provide** a consistent, reliable presence that young children can trust;
- **Guide** them from complete dependence on adults to gradual independence; and
- **Protect** them from chaos, violence, and chronic adversity, because toxic stress caused by these environments disrupts the brain circuits required for executive functioning and triggers impulsive, "act-now-think-later" behavior.

Activities—Building these abilities in young children requires communities and caregivers to provide and support experiences that promote emotional, social, cognitive, and physical development broadly, including a range of strategies that:

- **Reduce stress** in children's lives, both by addressing its source and helping them learn how to cope with it in the company of competent, calming adults;
- **Foster social connection** and open-ended creative play, supported by adults;
- **Incorporate vigorous physical exercise** into daily activities, which has been shown to positively affect stress levels, social skills, and brain development;
- **Increase the complexity** of skills step-by-step by finding each child's "zone" of being challenged but not frustrated; and
- **Include repeated practice** of skills over time by setting up opportunities for children to learn in the presence of supportive mentors and peers.

Places—The home and other environments where children spend most of their time must:

- Feel (and be) **safe**;
- Provide space for **creativity, exploration**, and **exercise**;
- Be **economically and socially stable** in order to reduce the anxiety and stress that come with uncertainty or fear.

3 If children do not get what they need from their relationships with adults and the conditions in their environments—or (worse) if those influences are sources of toxic stress— their skill development can be seriously delayed or impaired. That said, science shows that there are opportunities throughout development to provide children, adolescents, and the adults who care for them with the relationships, environments, and skill-building activities that will enhance their executive function capacities. It's just easier, less costly, and more effective to get them right from the start.

POLICY IMPLICATIONS

- **Efforts to support the development of these skills deserve much greater attention in the design of early care and education programs.** Policies that emphasize literacy instruction alone could increase their effectiveness by including attention to the development of executive function skills.
- **Teachers of young children would be better equipped to understand and address behavioral and learning challenges in their classrooms if they had professional training in the development of executive function skills.** Teachers are often the first to recognize serious problems with a child's ability to control impulses, focus attention, stay organized, and follow instructions. The consequences of mislabeling these problems as "bad behavior" can lead to a highly disrupted classroom, preventable expulsions, or the inappropriate use of psychotropic medications.
- **For young children facing serious adversity, policies that combine attention to executive function and reducing the sources of toxic stress would improve the likelihood of success in school and later in life.** Adverse conditions such as abuse, neglect, community violence, and persistent poverty can disrupt brain architecture and place children at a disadvantage with regard to the development of their executive function skills. Lessons learned from interventions that have successfully fostered these skills hold considerable promise for incorporation into home visiting, parent education, and family support programs.
- **Adult caregivers need to have these skills in order to support their development in children.** Programs such as job-skills training that intentionally build executive function and self-regulation capacities in adult caregivers not only help them become more economically secure, but they also enhance their ability to model and support these skills in children.

The authors gratefully acknowledge the contributions of the National Governors Association Center for Best Practices and the National Conference of State Legislatures.

For more information, see "Building the Brain's 'Air Traffic Control' System: How Early Experiences Shape the Development of Executive Function" and the Working Paper series from the Center on the Developing Child at Harvard University. *www.developingchild.harvard.edu/resources/*

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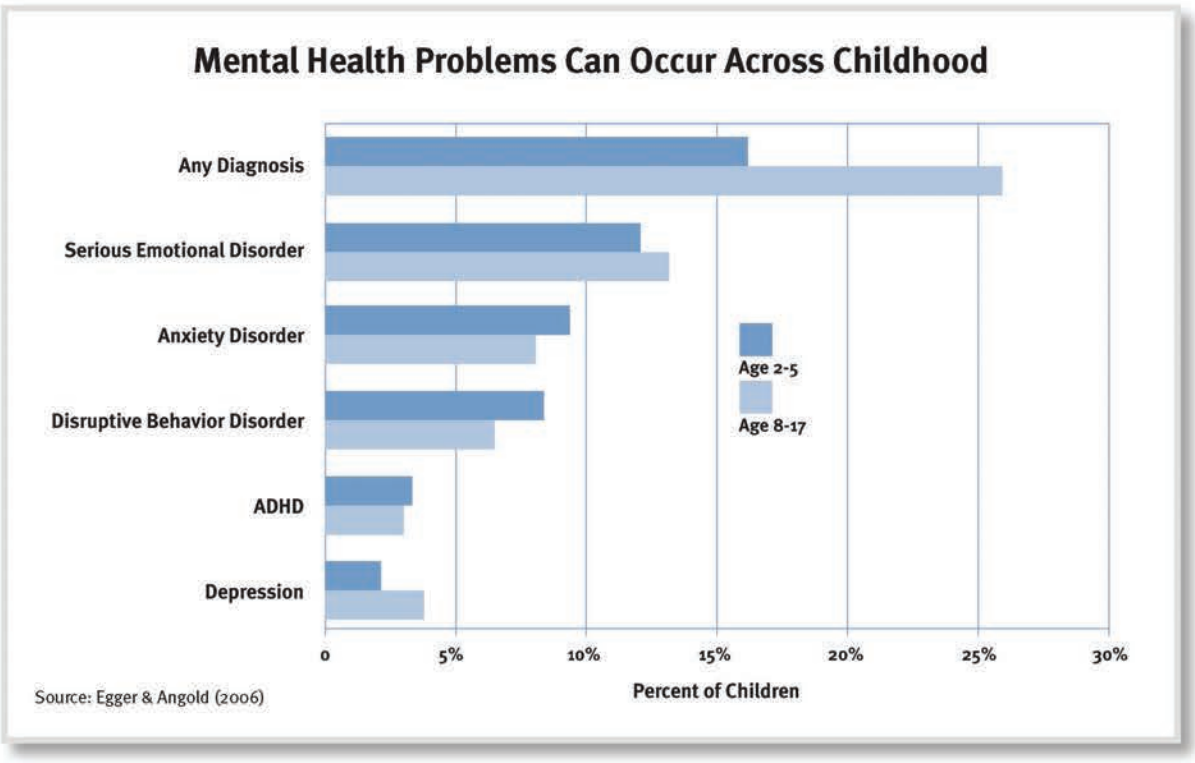
INBRIEF: Early Childhood Mental Health

A series of brief summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child at Harvard University.

The science of child development shows that the foundation for sound mental health is built early in life, as early experiences—which include children's relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain. Disruptions in this developmental process can impair a child's capacities for learning and relating to others, with lifelong implications. For society, many costly problems, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children's environments of relationships and experiences early in life.

Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work, and community life. Similar to the way a wobbly table may not function well if the floor is uneven, the legs are not aligned, or the tabletop is not level, the destabilizing consequences of problems in mental health can be caused by many interdependent factors. Just as small "wobbles" in a table can become bigger and more difficult to fix over time, the effective management of mental health concerns in young children requires early identification of the causes and appropriate attention to their source, whether they reside in the environment, the child, or (most frequently) in both. Understanding how emotional well-being can be strengthened or disrupted in early childhood can help policymakers promote the kinds of environments and experiences that prevent problems and remediate early difficulties so they do not destabilize the developmental process.

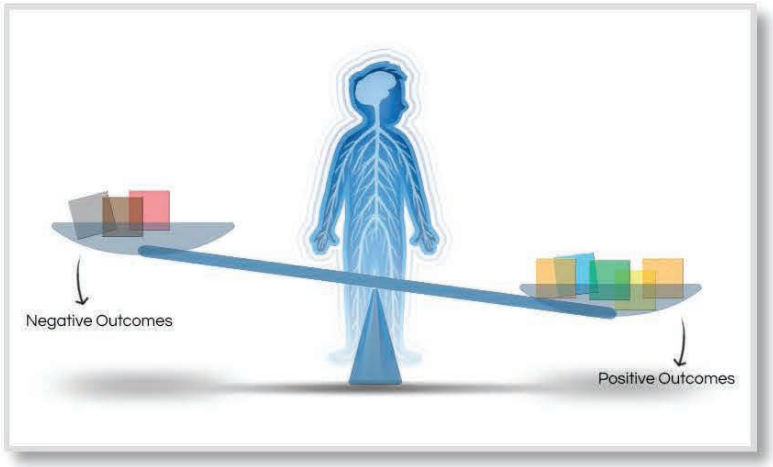
1 Significant mental health problems can and do occur in young children. In some cases, these problems can have serious consequences for early learning, social competence, and lifelong physical health. Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, post-traumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. That said, young children respond to and process emotional experiences and traumatic events in ways that are very different from older children and adults. Consequently, diagnosis in early childhood can be even more difficult than it is in adults.



A series of brief summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child at Harvard University.

Reducing the effects of significant adversity on young children's healthy development is critical to the progress and prosperity of any society. Yet not all children experience lasting harm as a result of adverse early experiences. Some may demonstrate "resilience," or an adaptive response to serious hardship. A better understanding of why some children do well despite early adversity is important because it can help us design policies and programs that help more children reach their full potential.

One way to understand the development of resilience is to visualize a balance scale or seesaw (see image below). Protective experiences and adaptive skills on one side counterbalance significant adversity on the other. Resilience is evident when a child's health and development are tipped in the positive direction, even when a heavy load of factors is stacked on the negative side. Understanding all of the influences that might tip the scale in the positive direction is critical to devising more effective strategies for promoting healthy development in the face of significant disadvantage.



When positive experiences outweigh negative experiences, a child's "scale" tips toward positive outcomes.

1 Resilience requires supportive relationships and opportunities for skill-building. No matter the source of hardship, the single most common factor for children who end up doing well is having the support of at least one stable and committed relationship with a parent, caregiver, or other adult. These relationships are the active ingredient in building resilience: they provide the personalized responsiveness, scaffolding, and protection that can buffer children from developmental disruption. Relationships also help children develop key capacities—such as the ability to plan, monitor, and regulate behavior, and adapt to changing circumstances—that better enable them to respond to adversity when they face it. This combination of supportive relationships, adaptive skill-building, and positive experiences constitutes the foundation of resilience.

2 Resilience results from a dynamic interaction between internal predispositions and external experiences. Children who do well in the face of significant hardship typically show some degree of natural resistance to adversity *and* strong relationships with the important adults in their family and community. Indeed, it is this *interaction* between biology and environment that builds the capacities to cope with adversity and overcome threats to healthy development. Resilience, therefore, is the result of a combination of protective factors. Neither individual characteristics nor social environments alone are likely to produce positive outcomes for children who experience prolonged periods of toxic stress.

3 Learning to cope with manageable threats to our physical and social well-being is critical for the development of resilience. Not all stress is harmful. There are numerous opportunities

in every child's life to experience manageable stress—and with the help of supportive adults, this "positive stress" can be beneficial. Over time, both our bodies and our brains begin to perceive these stressors as increasingly manageable and we become better able to cope with life's obstacles and hardships, both physically and mentally. However, when adversity feels overwhelming and supportive relationships are not available, stress can turn toxic and "tip the scale" toward negative outcomes.

4 Some children respond in more extreme ways to both negative and positive experiences. These highly sensitive individuals show increased vulnerability in stressful circumstances but respond in exceptionally positive ways within environments that provide warmth and support. Therefore, programs that effectively provide responsive relationships to children facing serious hardship may see dramatic turnarounds in the very children who seem to be doing the worst.

5 Individuals never completely lose their ability to improve their coping skills, and they often learn how to adapt to new challenges. The brain and other biological systems are most adaptable early in life, and the development that occurs in the earliest years lays the foundation for a wide range of resilient behaviors. However, resilience is shaped throughout life by the accumulation of experiences—both good and bad—and the continuing development of adaptive coping skills connected to those experiences. What happens early may matter most, but it is never too late to build resilience.

For more information, see "Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13." *www.developingchild.harvard.edu/resources/*

IMPLICATIONS FOR POLICY AND PRACTICE

- **The capabilities that underlie resilience can be strengthened at any age.** Age-appropriate activities that have widespread health benefits can also improve resilience. For example, regular physical exercise and stress-reduction practices, as well as programs that actively build executive function and self-regulation skills, can improve the abilities of children and adults to cope with, adapt to, and even prevent adversity in their lives. Adults who strengthen these skills in themselves can model positive behaviors for their children, thereby improving the resilience of the next generation.
- **We can prevent most forms of severe hardship that young children and their parents face.** Extreme adversity, such as war or environmental devastation, nearly always generates serious problems that require treatment. More common—and preventable—triggers of toxic stress in families and communities include the often interrelated threats of poverty, crime, mental illness, substance abuse, discrimination, and community violence. Strategies that build child and adult capacities work best when they are integrated within complementary policies that collectively lower the burden of stress on families. For example, home-visiting programs that coach new parents on how to interact positively with children could be coordinated with therapeutic interventions for substance abuse or mental illness and high-quality early care and education.
- **Research has identified a set of factors that help children achieve positive outcomes in the face of significant adversity.** Individuals who demonstrate resilience in response to one form of adversity may not necessarily do so in response to another. Yet when communities and families strengthen these factors, they optimize resilience across multiple contexts. Factors include:

(1) providing supportive adult-child relationships;
(2) scaffolding learning so the child builds a sense of self-efficacy and control;
(3) helping strengthen adaptive skills and self-regulatory capacities; and
(4) using faith and cultural traditions as a foundation for hope and stability.

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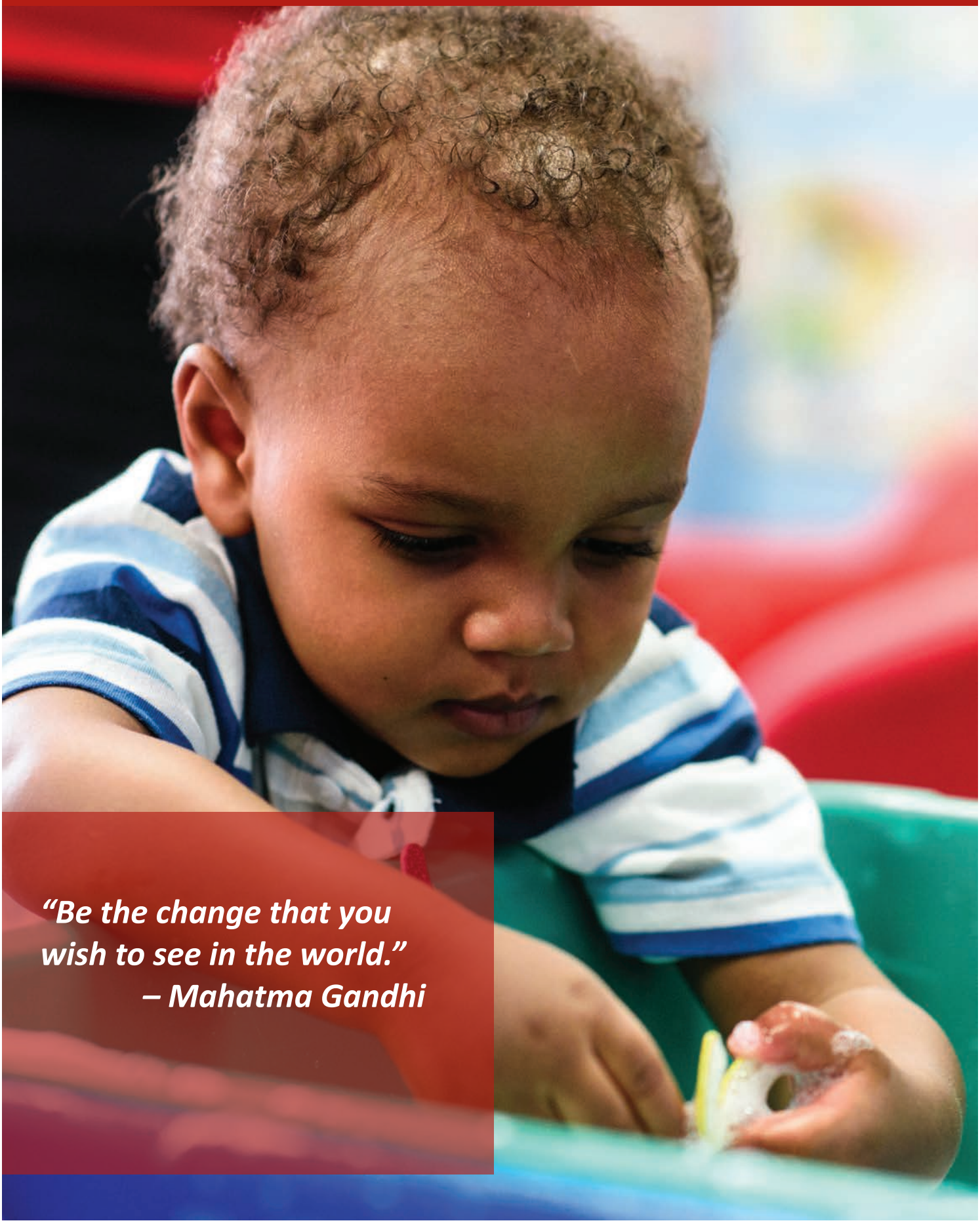
INBRIEF: Early Childhood Mental Health
INBRIEF: The Science of Neglect

One Path Forward…

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:

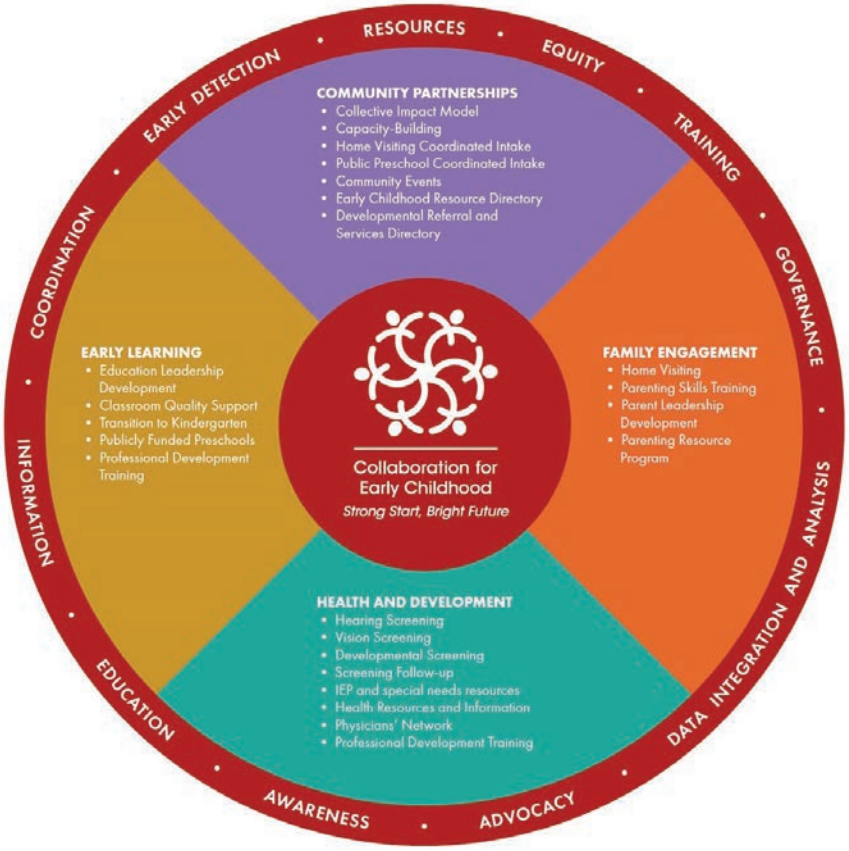
- creating materials that are available to different linguistic communities;
- training staff and volunteers to engage in outreach in a manner that consider the impact of trauma on the populations that we serve;
- providing targeted outreach to programs that serve under-resourced families, but who might not be publicly funded programs;
- leading 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 could be 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 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 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.

Brain Architecture 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.

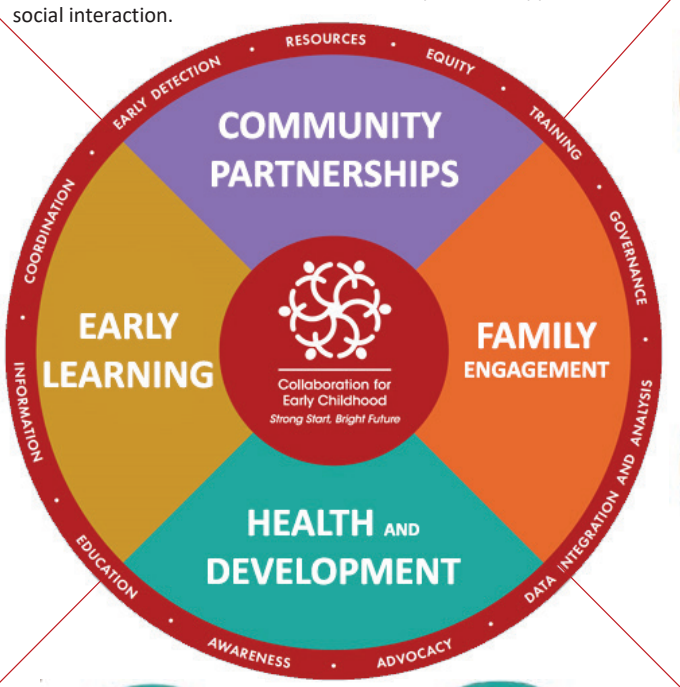
Paulo Freire: Critical pedagogy, social justice, systems of oppression.

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?

Key Question #2: Are Oak Park and River Forest children ready to succeed when they get to kindergarten?

The Kindergarten Readiness Test (KRT) assists schools and educational professionals in determining a student's readiness for beginning kindergarten. It is 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?

Key Question #3: Is our Home Visiting program helping families?

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

Chapter 6: Key Findings / Areas of Inquiry

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?

Key Question #4: Are family engagement strategies in Oak Park and River Forest working?

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?

Key Question #5: Do Oak Park and River Forest have high quality preschool programs?

The need for high-quality early childhood education has never been greater. Increasingly, children in Oak Park and River Forest are growing up in families where all available parents are working—out of necessity as well as choice. Research continues to affirm the short- and long-term benefits for children who participate in high-quality early learning programs.

A large body of research has demonstrated the critical importance of the first three years of a child's life. The experiences and interactions children have in these early years significantly affects brain development and helps to establish the foundation for future learning. Warm and responsive interactions can create a nurturing and stable environment that enables the development of secure attachments between children and their caregivers—both those within and beyond their families. These attachments support children as they develop a sense of self and begin to understand their emotions, and they lay the foundation for establishing successful relationships at later ages. Early learning programs, and the people who work in them, have a critical role to play in child development—a role that complements parents. Furthermore, this crucial development must be supported from infancy, when brain development is at its peak. Waiting until children enter kindergarten to introduce these vital interventions is simply too late.

A high quality early childhood program provides a safe and nurturing environment while promoting the physical, social, emotional, and intellectual development of young children. But, how do we define and measure quality in early education?

To measure this in Oak Park and River Forest (OPRF), the Collaboration for Early Childhood looks at the quality of teachers as well as the quality of the learning environment. To do this, the Collaboration collects information which speaks to the accreditation of our preschool programs; the credentials of teachers working in OPRF preschools; and the level of commitment that our teacher have to ongoing professional development.

HIGHLIGHTS:

According to the Collaboration's annual workforce survey:

- 78% of OPRF Preschool Directors exceed the minimum State requirements for Preschool Directors.
- 75% of preschool teachers exceed minimum State requirements.
- 83% of assistant teacher exceed minimum State requirements.
- 69% of OPRF preschool teachers have Gateways credentials (Illinois Early Childhood Certificates).
- 81% of OPRF preschool teachers and child care providers documented more than the state-mandated 15 hours of continuing professional education each year.
- 47% of OPRF preschool teachers documented more than 20 hours of continuing professional education this year. (Staff at centers who have ExceleRate Silver or Gold ratings must have 20 or more credit hours per year.)
- 70% of preschool teachers responding to the workforce survey attended a Collaboration for Early Childhood workshop or training this year.

AREAS FOR FURTHER INQUIRY IN PROGRAM QUALITY

What are the obstacles to securing workforce data from our community?

To what extent can programs continue to seek high levels of commitment without commensurate pay?

How do programs maintain quality while also managing high turnover of staff? Does this affect program quality?

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?

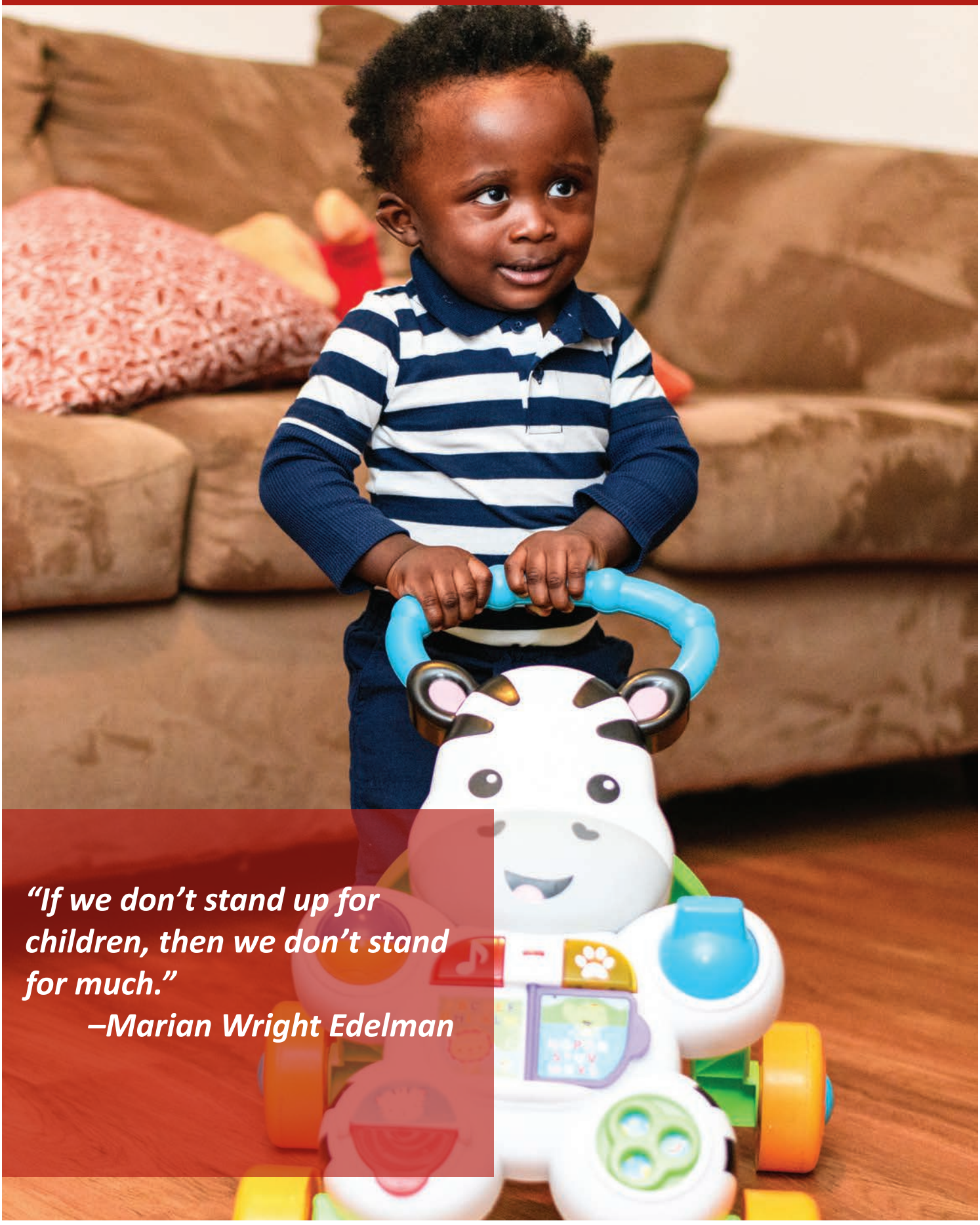
We have strong preschool programs. Still, we wonder how we can help our community understand our deeper need for early childhood mental health support. How do we help programs to understand the need for support in understanding children's social and emotional needs? How do we help turn the tide on the 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 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 we'd 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	●	◎
	• The Developmental Screening program has maintained its high number of screenings. • 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.			
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	◎	●
	• Changes in GOLD proficiency scores went up slightly, by 2%, but we continue to pursue a 95% proficiency rate over the next five years. • More students have scores, however we know there are more low-income children who could benefit from enrolling in PFA/HS.			
Child #3	Percent of children entering kindergarten demonstrating age-appropriate proficiency in the Kindergarten Readiness Test (KRT).	D97	◎	●
	• While overall proficiency has decreased, we have more accurate scores now that the participation rate has increased. • Data collection is strong, with 95% of all D97 kindergartners having KRT scores, and there are more low income students with KRT scores.			

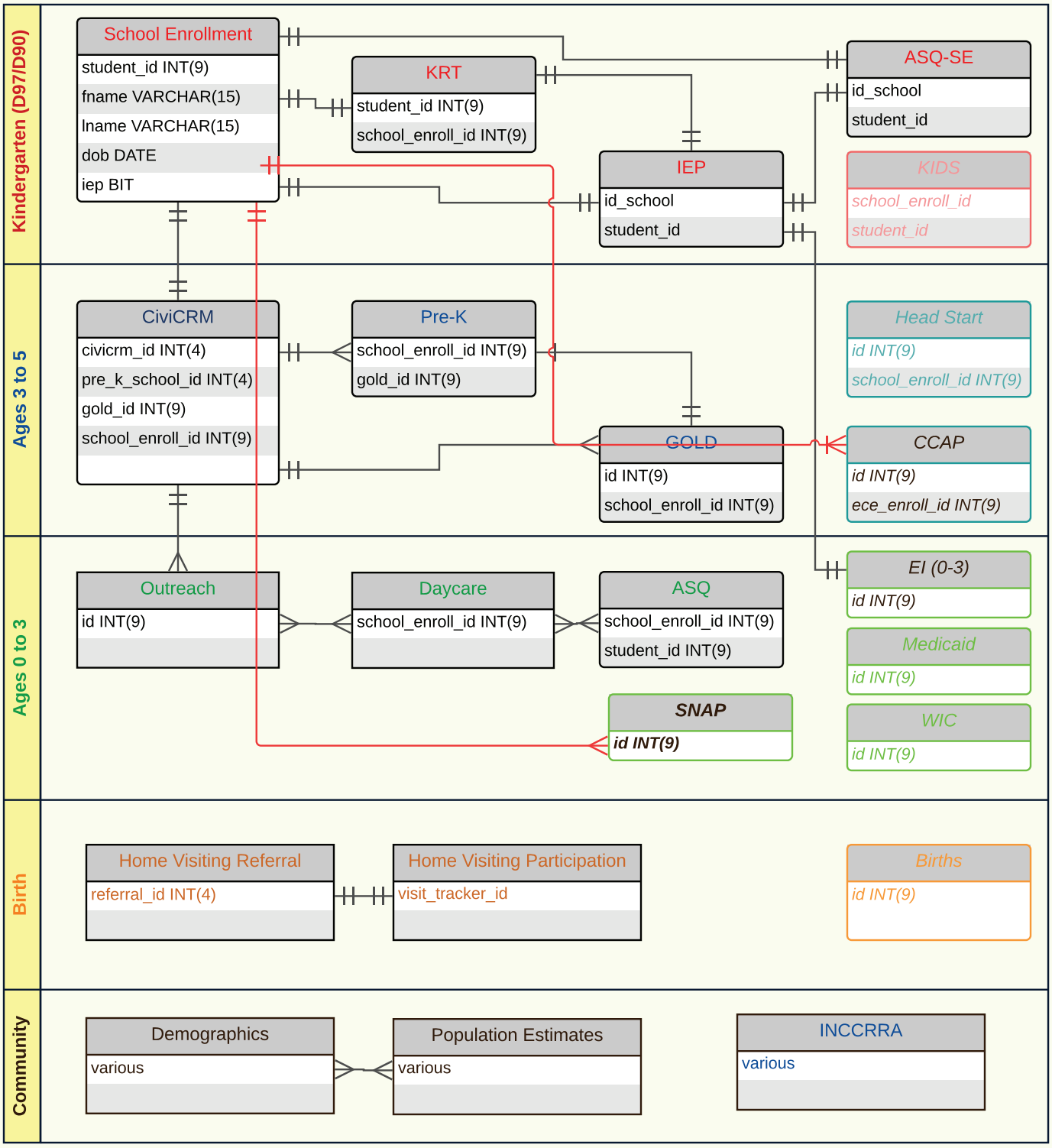
Data Scorecard Continued

	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		
	• 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. • Data collection for preschool history is strong, thanks to D97's registration system with input from the Collaboration.			
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		
	• 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. • We do not have a solid source for the number of births to teen moms or children enrolled in All Kids.			
Service Delivery # 3	Percent of referred parents choosing to participate in the intensive parent education program.	Home Visiting Agencies		
	• The rate of new families who engaged after being referred increased. • Data on home visiting from two of three programs comes to the Collaboration in aggregate rather than with detail on referrals and engagement.			
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		
	• 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. • Data provides a useful history of early childhood services, with a breakout of speech/language services, as well as preschool experience.			
System Level #1	Number of families with kids under 5 who are in the voluntary database.	Collaboration		
	• We continue to increase the number of families who receive parent information. • Strong relationships with partners have increased data collection of outreach efforts.			
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		
	• We will report on this indicator in the addendum report for November 2019.			
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		
	• We will report on this indicator in the addendum report for November 2019.			
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		
	• 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. • 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.			

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

The tables below reflect data from the 2013-2017 American Community Survey, as prepared by Chapin Hall at the University of Chicago.

Indicator Highlights:

Oak Park

- There is a significant decrease in the number of children ages 0-5 (-20%) from the 2009 ACS to the 2017 ACS.
- There is a significant decrease in the number of white children (-25%) from the 2009 ACS to the 2017 ACS.
- There is a decrease (-19%) in Black and Asian (-49%) children but these are not significant given imprecision in the data (i.e., large margin of errors).
- There is 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 percent below FPL for white children and children from two or more races.
- The percent below FPL is 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. No changes are significant.

Oak Park and River Forest

- There is a significant decrease in the number of children ages 0-5 (-20%) from the 2009 ACS to the 2017 ACS.
- There is a significant decrease in the number of white children (-25%) from the 2009 ACS to the 2017 ACS.
- There is a decrease (-33%) in Black and Asian (-34%) children but these are not significant given imprecision in the data (i.e., large margin of error).
- There is a significant increase in the percent of children 0-5 below 100% FPL between 2009 and 2014. The number of children below 100% FPL in 2009 is very low.

Complete figures for each year from 2009 to 2017 are available upon request.

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%
Total Children, 0-5	**3,913**	**3,663**	**4,073**	**-20.03%**
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%
Total Children, 0-5	**7.7%**	**8.7%**	**7.54%**	**4.89%**
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%
Total Children, 0-5	**804**	**744**	**723**	**-21.67%**
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%
Total Children, 0-5	**1.9%**	**1.2%**	**1.11%**	**-6.2%**
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%
Total Children, 0-5	**4,717**	**4,407**	**4,796**	**-20.28%**
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%
Total Children, 0-5	**6.7%**	**7.4%**	**6.57%**	**3.21%**
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**	**2017**	**% 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%
All Children, ages 0-5	**3,913**	**3,663**	**4073**	**-20.03%**
Ratio of Income to FPL for Children Ages 0-5* River Forest	**2015**	**2016**	**2017**	**% 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%
All Children, ages 0-5	**804**	**744**	**723**	**-8.83%**

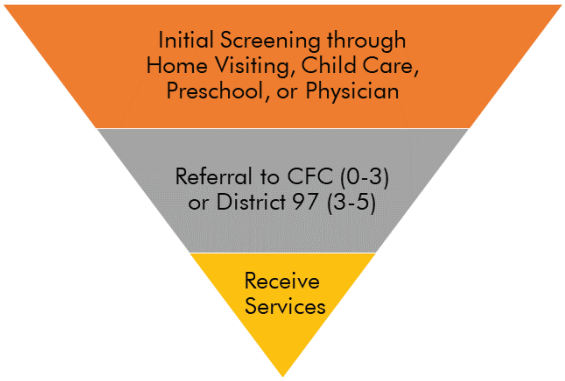
400% of FPL = income bracket for Preschool for All
185% of FPL = qualification for Free/Reduced Price Lunch

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

Appendix C: Collaboration Data and Outcomes

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 **or** ASQ: SE-2	1,806	1,787	1,969
Total children receiving ASQ-3 **and** 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.

Appendix C: Child Outcome 1

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.

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.

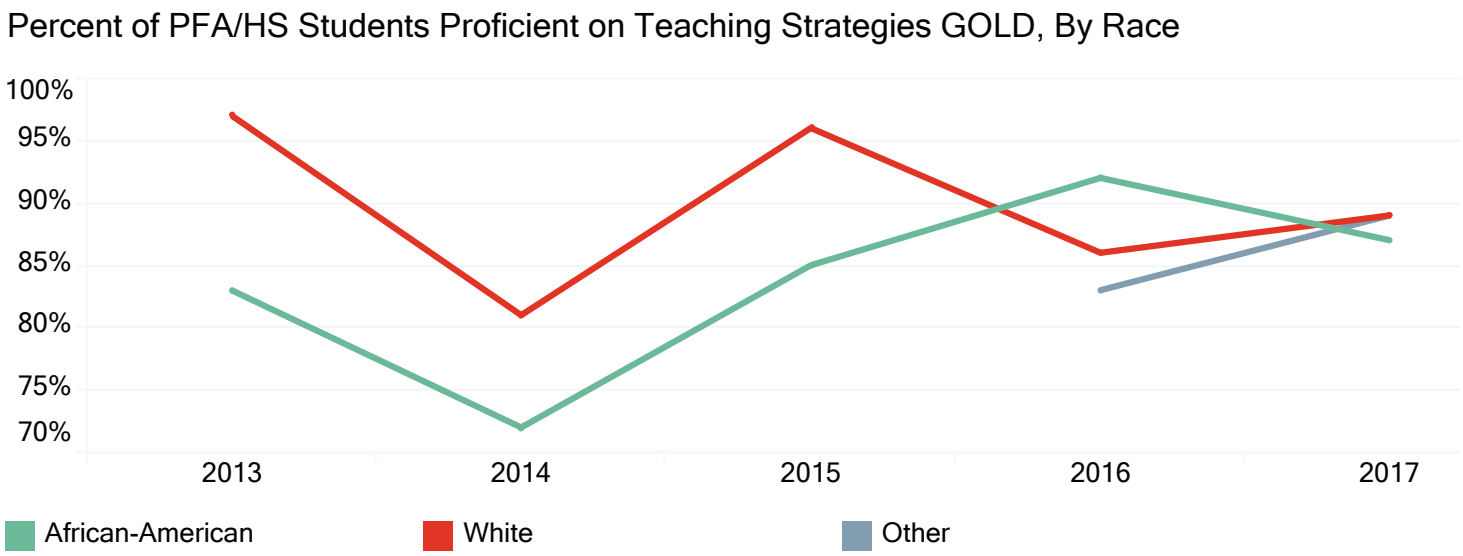
The GOLD assessment is used by teachers to adjust their instruction at regular intervals, and Collaboration staff analyze it to identify topics for professional development. For example, the GOLD was used to determine the need for a training series with Erikson Institute's Early Math Collaborative on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

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 as the total group of children enrolled in PFA/HS children for whom we have complete scores.

Proficiency on Teaching Strategies GOLD

PFA/HS Children Enrolled in District 97 Kindergarten	Spring 2015	Spring 2016	Spring 2017
% (number) of Students Proficient or Advanced	89% (of 47 students)	87% (of 82 students)	91% (of 82 students)
% (number) of FRPL Students Proficient or Advanced	NA	89% (of 24 students)	91% (of 23 students)

Appendix C: Child Outcome 2



** "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.*

- 82 out of 110 PFA/HS students (75%) 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.
- 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.

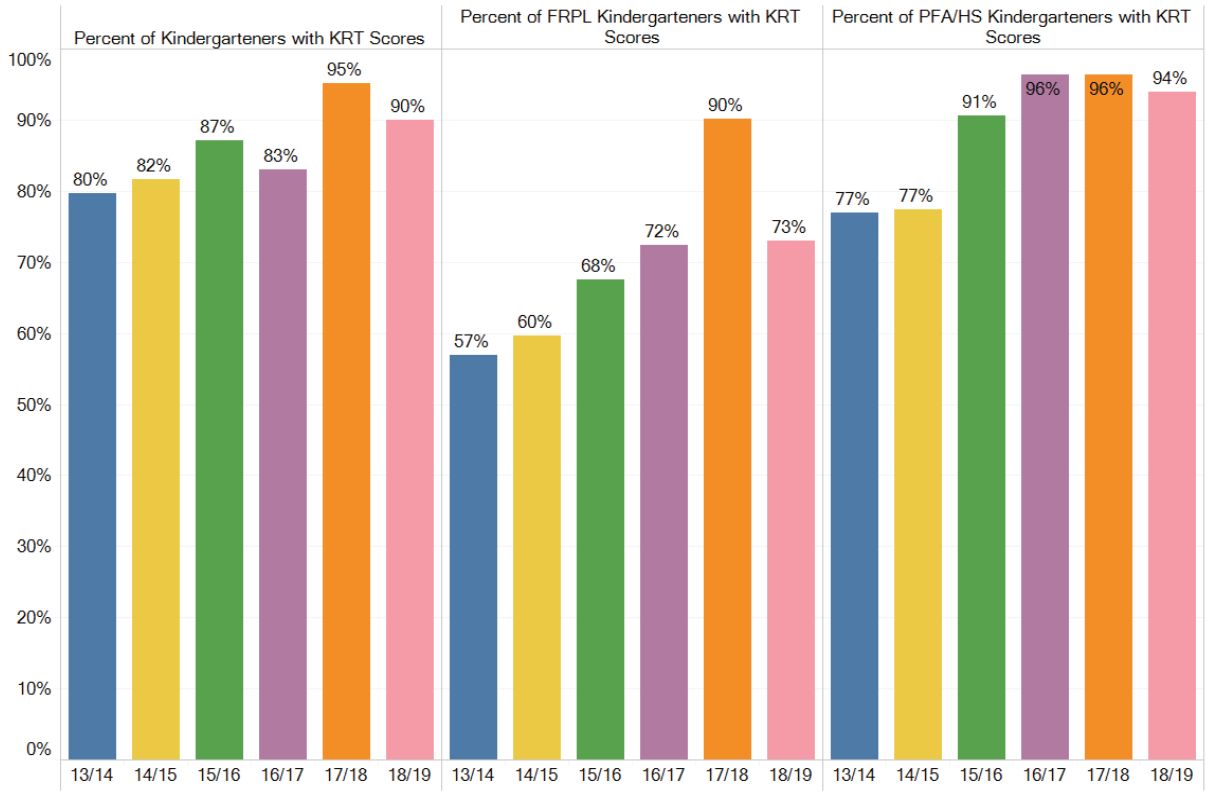
For students attending Preschool for All or Head Start, the Collaboration administers the KRT during the Spring before kindergarten and these results inform additional interventions like summer enrichment activities with District 97.

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.

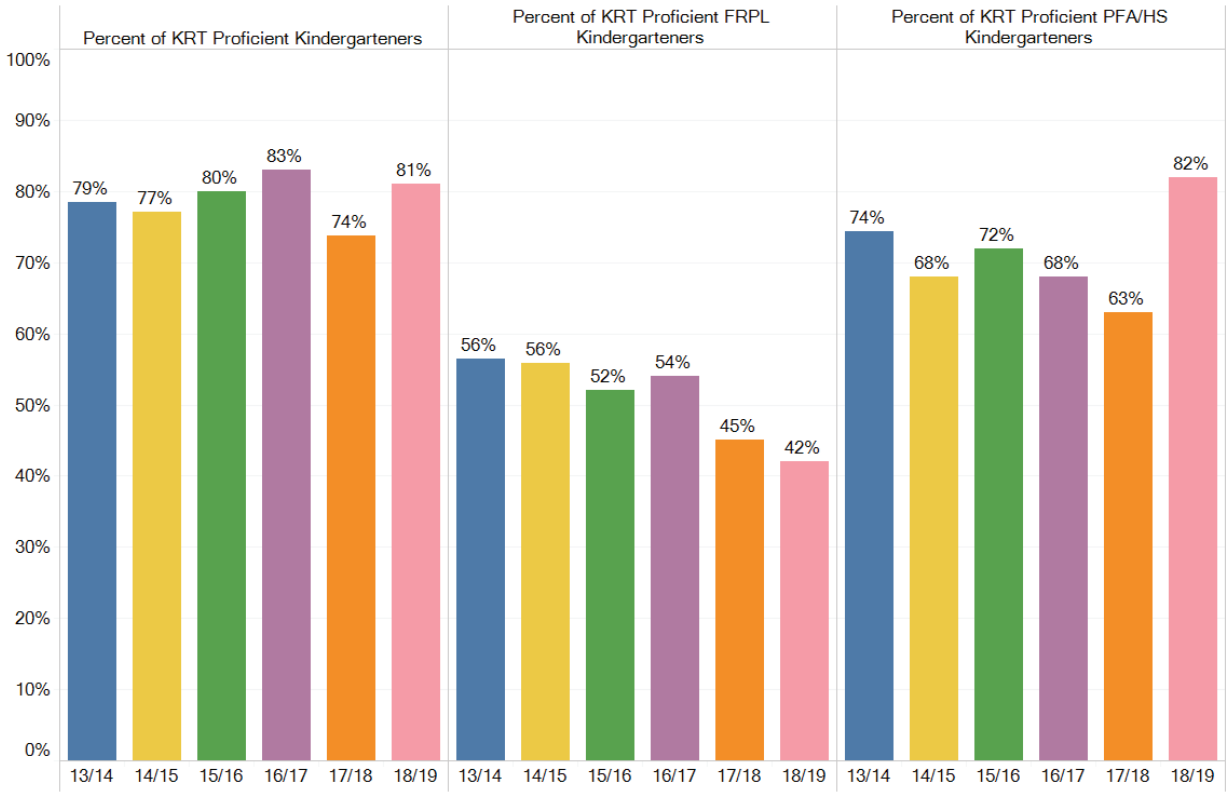
While we are very encouraged to see an increase in the KRT proficiency rate for public preschool students this year, it is important to know that each cohort of students is different and fluctuation is not unusual.

Appendix C: Child Outcome 3

KRT Participation Rates

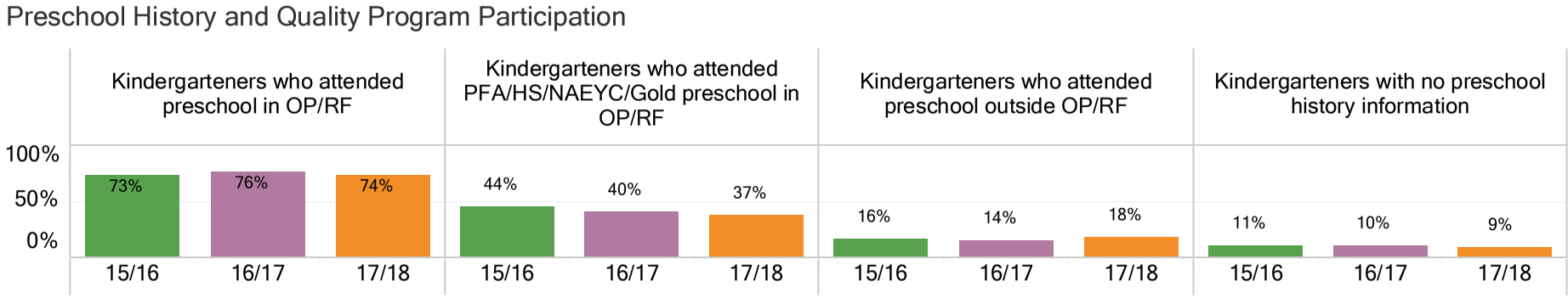


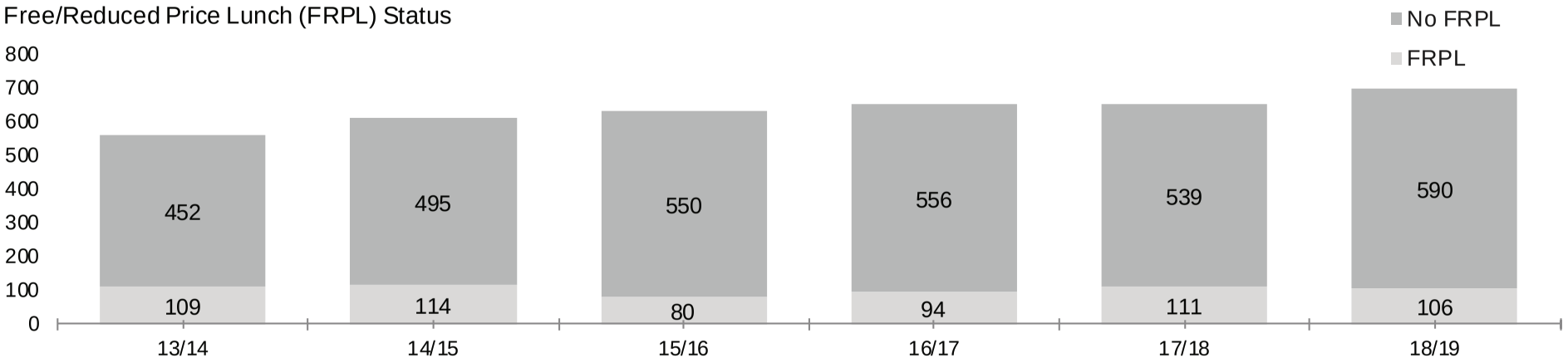
KRT Proficiency Rates

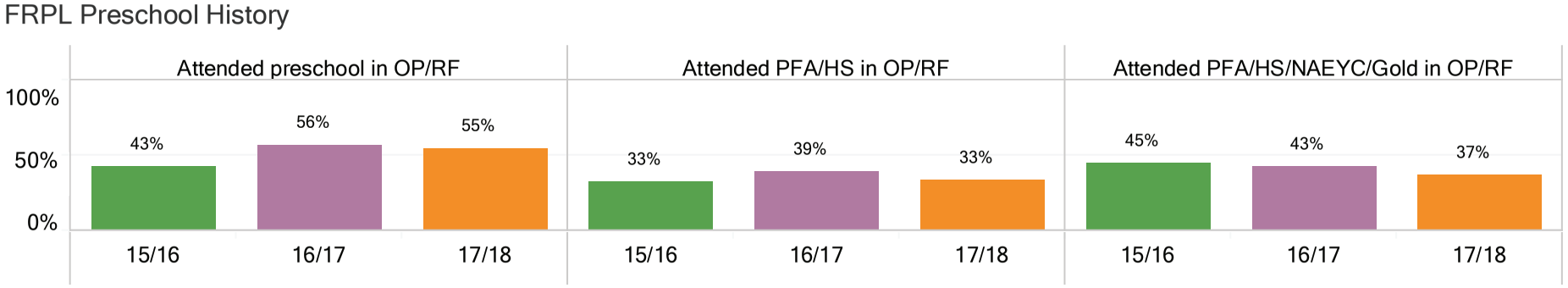


Service Delivery Outcome 1: Kindergarten students with Free and Reduced Price Lunch (FRPL) assistance have a history of participation in a PFA/HS/NAEYC accredited program, or a program meeting the Illinois Quality Rating System (ExceleRate)
Gold Circle of Quality.

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







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 Easter-seals, 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 programs in Oak Park and River Forest.***	72	86	66	71

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

The number of new families who engaged in home visiting includes all three 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.

Appendix C: Service Delivery Outcome 3

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.

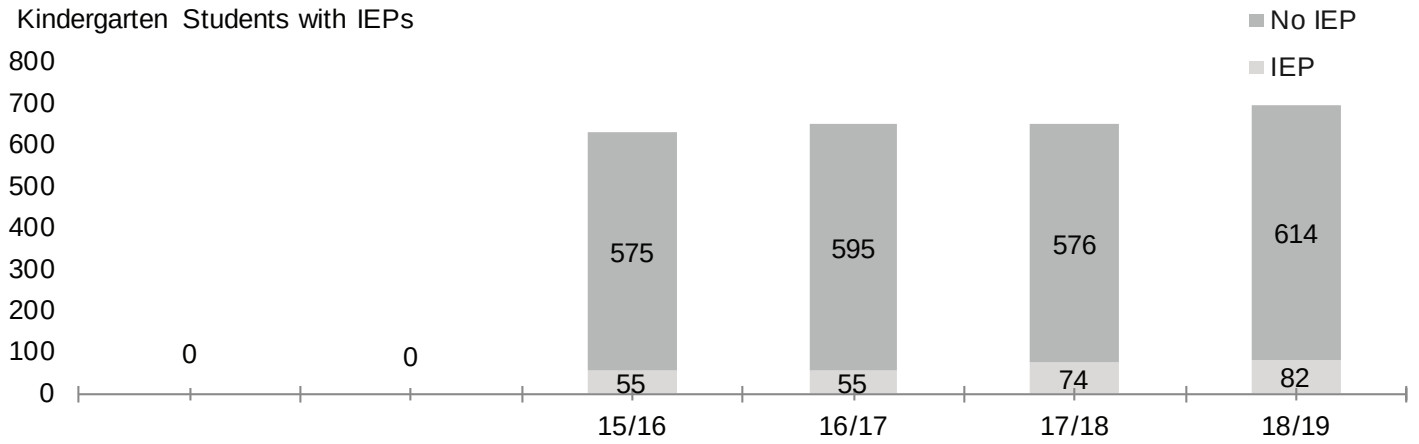
Since February 2016, Easterseals has had 141 referrals with an enrollment rate of 47%. Typically, home visiting programs can expect an enrollment rate of around 15%. All families are contacted within two days of referral. They offer initial visits in their home or in the Easterseals office, based on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

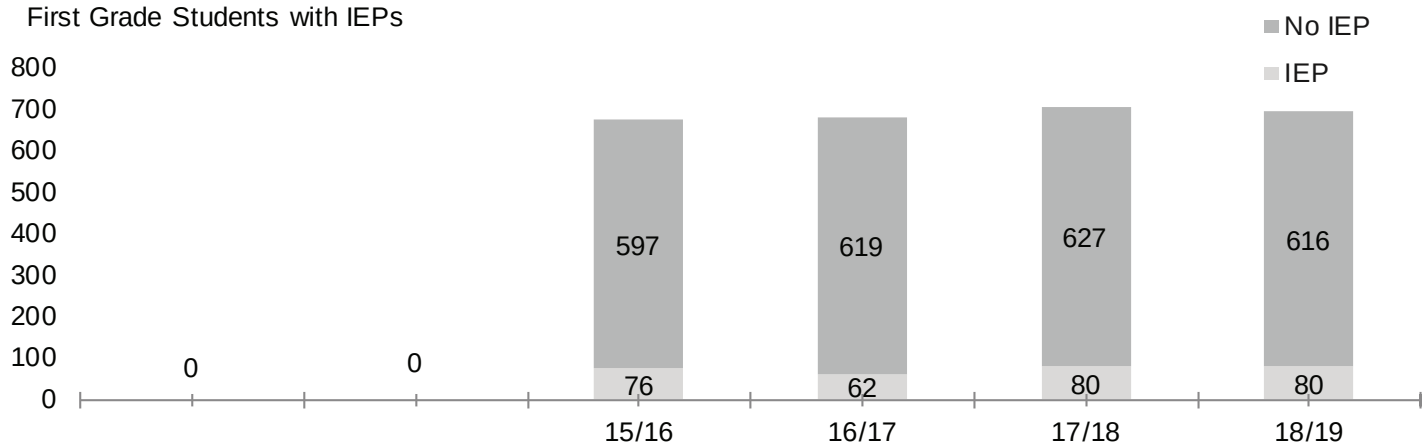
Over the same time period, Easterseals has served 71 families and 95 children. They have made 200 referrals for additional services, including Early Intervention. Twenty four of 95 children have received Early Intervention services. They also do depression screening and domestic violence screening for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

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.

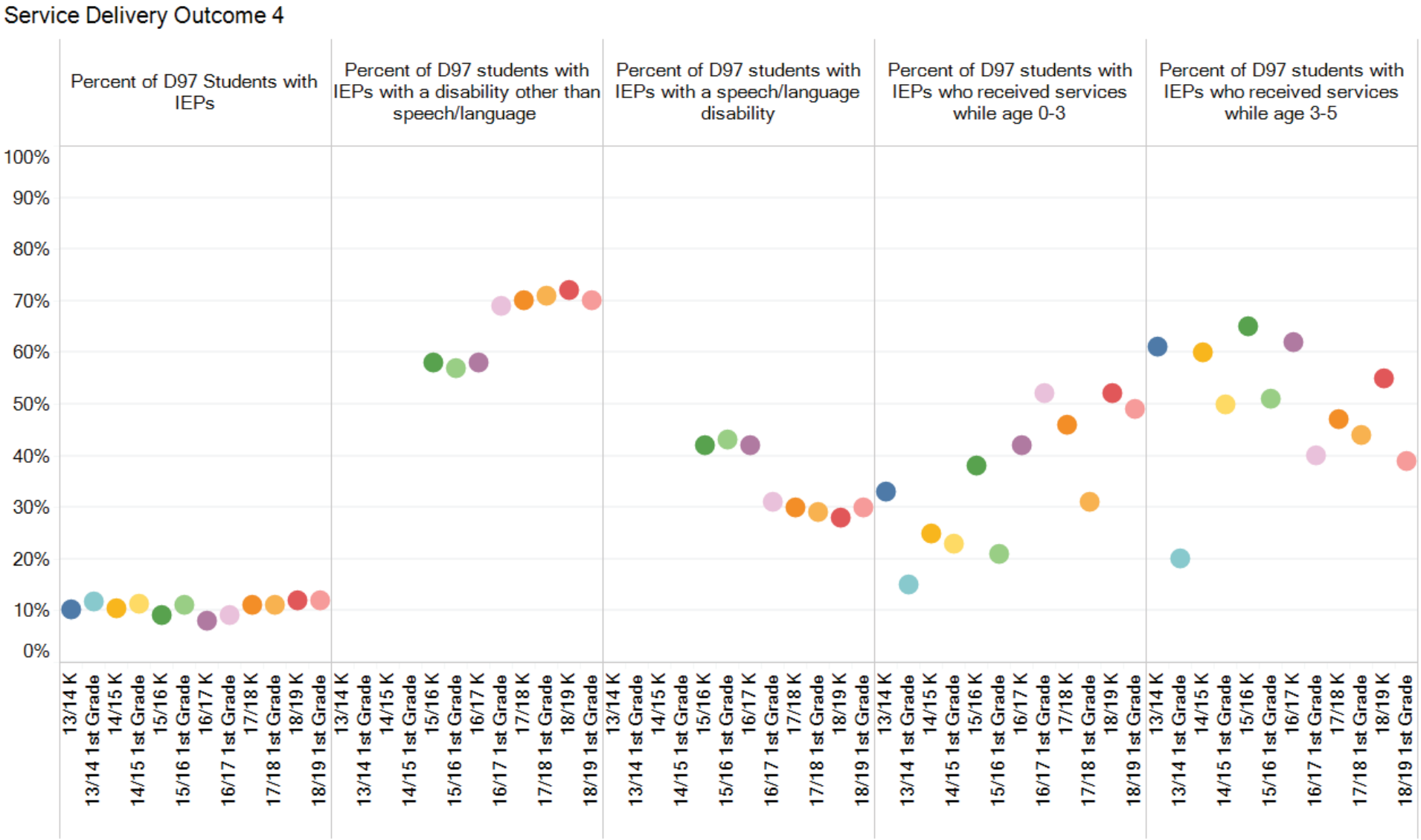




- Of the kindergarten students with an IEP who received services due to a developmental delay when they were age 0-5, 100% attended preschool and 65% of these children attended a program run by District 97.

Appendix C: Service Delivery Outcome 4

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 under five 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*
Direct: Oak Park/River Forest participants in the voluntary database:				
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
Indirect: Families receiving information or support through the Collaboration's efforts:**				
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	4,000	10,000	2,500	10,000

* 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.

Appendix C: System Level Outcome 1

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 six 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 six percent (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, thirty-five 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.

All survey respondents	2017 #	2018 #	2019 #	2017 Above minimum requirements	2018 Above minimum requirements	2019 Above minimum requirements
Number (%) of directors	26	28	23	19 (73%)	22 (79%)	18 (78%)
Number (%) of assistant directors	6	10	11	<10	<10	<10
Number (%) of teachers	125	116	100	113 (90%)	98 (84%)	75 (75%)
Number (%) of assistant teachers	75	62	42	66 (88%)	53 (85%)	35 (83%)
Number (%) of early childhood professionals in Oak Park & River Forest responding to survey	232	216	176	201 (87%)	181 (84%)	133 (76%)

The Collaboration for Early Childhood's annual workforce survey was open from July through November 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. Collaboration staff visited child care programs in person and made multiple communication attempts to solicit responses.

System Level Outcome 2 continued

Illinois Early Childhood Certificates	2017	2018	2019
Have submitted a Gateways Credential Application	142 people 59%	145 people 67%	122 people 69%
Have a Gateways Illinois Director's Credential	23 people Level 1 4% Level 2 2% Level 3 2%	27 people Level 1 8% Level 2 2% Level 3 0%	23 people Level 1 8% Level 2 8% Level 3 2%
Have a Gateways Infant Toddler Credential	23 people Level 2 5% Levle 3 1% Level 4 2% Level 5 1%	23 people Level 2 6% Level 3 5% Level 4 1% Level 5 3%	23 people Level 2 18% Level 3 2% Level 4 5% Level 5 7%
Have a Gateways Early Childhood Education Credential	23 people Level 1 13% Level 2 4% Level 3 5% Level 4 7% Level 5 12% Level 6 2%	23 people Level 1 23% Level 2 4% Level 3 7% Level 4 6% Level 5 11% Level 6 3%	23 people Level 1 25% Level 2 11% Level 3 8% Level 4 10% Level 5 23% Level 6 6%
Have an Illinois State Board of Education Professional Educators License (PEL)	63 people 26%	45 people 21%	47 people 27%

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, Collaboration staff offer mentoring and guidance on obtaining credentials.

Appendix C: System Level Outcome 3

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.

All License Categories	Number			Less than 15 hours			15 hours			16-19 hours			20 or more hours		
	2017	**2018**	**2019**	**2017**	**2018**	**2019**	**2017**	**2018**	**2019**	**2017**	**2018**	**2019**	**2017**	**2018**	**2019**
Directors	26	28	28	<10	<10	<10	<10	<10	<10	<10	<10	<10	15	20	17
Assistant Directors	6	10	10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Teachers	125	116	96	29	24	14	17	15	21	20	<10	17	59	69	44
Assistant Teachers	75	62	42	33	25	16	<10	<10	<10	<10	<10	<10	28	25	17
Total	232	216	176	65 (28%)	55 (25%)	34 (19%)	30 (13%)	23 (11%)	31 (18%)	31 (13%)	18 (8%)	32 (18%)	106 (46%)	120 (56%)	79 (45%)

All License Categories	Number			Less than 15 hours			15 hours			16-19 hours			20 or more hours		
	2017	**2018**	**2019**	**2017**	**2018**	**2019**	**2017**	**2018**	**2019**	**2017**	**2018**	**2019**	**2017**	**2018**	**2019**
Directors	21	23	27	0	<10	<10	<10	<10	<10	<10	<10	<10	14	18	17
Assistant Directors	6	<10	<10	0	<10	<10	<10	<10	<10	0	0	<10	<10	<10	<10
Teachers	89	96	81	16	15	12	12	14	17	16	<10	15	45	61	37
Assistant Teachers	57	53	35	16	17	12	<10	<10	<10	<10	<10	<10	28	24	12
Total	173	180	180	32 (18%)	36 (20%)	27 (18%)	23 (13%)	21 (12%)	24 (16%)	27 (16%)	15 (8%)	30 (20%)	91 (53%)	108 (60%)	71 (47%)

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.

Of all survey responders, 70% attended a Collaboration for Early Childhood workshop or training, which is the same as last year. Of those who indicated why they did not attend a Collaboration workshop or training, the most common reason was "time" (63%), followed by "location" (14%). Only two people said they were not aware of our training opportunities, an improvement over last year (10). Staff are able to look more closely at feedback in the workforce survey to help guide our training offerings and to offer professional development assistance.

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 but it is useful for our planning purposes.

Appendix C: System Level Outcome 4

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
Center-Based Programs				
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%)
Family Child Care Providers				
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**
   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

System Level Outcome 4 continued

a minimum of 50% of requirements are completed within a fiscal year. Programs receive a 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

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