



Collaboration for  
Early Childhood  
Strong Start, Bright Future

**ChapinHall** at the University of Chicago  
Policy research that benefits children, families, and their communities

# REPORT TO THE IGA GOVERNING BOARD

## 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.

The Collaboration submits this report to the IGA Government Board to provide recommendations for changes to our 11 outcome measures, how to measure progress for each measure, and action plans to support progress.

Submitted September 30, 2015

## Introduction

Data collection and analysis are an integral part of the Collaboration's contract through the Intergovernmental Agreement with District 97, District 200 and the Village of Oak Park. Building a unified database that links information about children across disparate sources is the first step in making data useful for the purposes of connecting systems and services so that children and their families are well-served. The scope of work around data collection and analysis that the Collaboration has undertaken is enabling the community as a whole to improve its data collection processes and service delivery for our very youngest and vulnerable children. This report includes our recommendations for measuring the Collaboration's progress, as measured across eleven contractual outcomes.

### Context for Research in Oak Park and River Forest

In considering progress goals for each outcome measure, it is critical to take the context for our research and service delivery into account. One reality of urban family life is mobility—both residential and economic. Residential mobility affects who lives in Oak Park and River Forest, while economic mobility affects the financial well-being of these families. When producing statistics about program performance in a particular place, both the movement in and out of that place AND the change in the financial well-being has to be taken into account.

In a place with a relatively small population like Oak Park, the characteristics of children under 5 and their families can change significantly from one year to the next, even without significant changes in the regional economy. Therefore, any statistics on program performance or child and family needs have to take the changes in the composition of the population into consideration. For example, as the economy improves, more parents of young children in Oak Park may be employed and fewer 0-5 year-olds may be at risk of school failure because of improvements in the resources that families have to offer their children. This may be due to more families with employed parents moving into Oak Park to take advantage of the resources it has to offer or it may be due to more parents already living in Oak Park obtaining employment or improving their wages. During times of economic downturn, the needs of families in Oak Park and River Forest become greater, which happened a few years ago.

Our partners at Chapin Hall employ statistical methods to adjust for these types of changes whenever possible. However, given the relatively small population of Oak Park, we may not always be able to when we are describing children with relatively rare problems, who may have the greatest need. In cases where we cannot employ statistical methods, we will simply have to note the changes in the population and take educated guesses about their potential impact on the statistics that we are compiling. We are not employing scientific methods to adjust for these changes, which would mean keeping some services from a group of children and families. Therefore, we must use both statistical and non-statistical means for explaining how our performance may change as a result of changes in the population.

State level policy also has a significant impact on the context in which services are delivered. We are currently at risk for having such a change in subsidized child care. How the school districts and providers will respond to these policy and budget changes is unknown. Some service providers may weather such policy changes with additional resources, while others may have to alter their programs. These changes

are more difficult for us to control statistically and need to be described in detail to see how they affect the services provided and the children of Oak Park.

### Measuring Progress

The processes of data collection and analysis shed bright light on how vulnerable children fall through the cracks of both programs *and* data. Identifying the cracks, asking questions in order to understand why the cracks exist and working to make critical connections in order to obtain the data are all part of the effort to improve program and service delivery to better support our youngest children and their families. It is also part of our most important task: understanding who the most vulnerable children are, where they are, and what barriers they face to obtaining high quality early childhood services.

Each year progress will be aimed at improving the infrastructure of programs and how they relate to each other. Improving access to data and data collection is an integral part of increasing the positive impact of programs and services on children and their families. The data will help us understand where services are adequate, inadequate, or underutilized and identify quality programs and their contributing factors. We will report on how the system of programs and services is impacting children. And, we will report ways in which a lack of data and information is hurting our ability to serve children well. It's important to note that data becomes more valuable over time; longitudinal data provides the best picture about how children are faring in our community. However, there are limitations.

Throughout this report, we have provided important contextual considerations for understanding the work of the Collaboration and our ability to make progress on the 11 indicators in our contract. Data is only meaningful when understood in context. Progress has to be defined both in terms of a numeric gain and in a context of multiple factors.

For example: An increase or decrease in a particular indicator may not mean progress. It may mean that services are being provided to children who do not need them or that the eligibility pool for services is being cast too wide. However, if we design the analysis well, we will be able to adjust for some of the factors that may be biasing our results.

As we work over the next few years, the progress targets cannot become an end unto themselves. Some targets will focus more on the process or programming needed to make progress. Others may simply identify the movement of the target. The data collection and monitoring process should establish a high quality feedback loop whose purpose is to focus our efforts on serving children well – providing strong services, generating useful data and setting ambitious and realistic targets.

## Executive Summary

At the May 2015 meeting of the board that governs the Collaboration's intergovernmental agreement with the Village of Oak Park, District 200, and District 97, the Collaboration agreed to deliver a report in September 2015 that addresses the following areas:

- Explanation of the changing context that impacts the work of the Collaboration
- Recommended changes to the outcome measures
- Proposed Collaboration program-related action plans based on what we learned from the baseline measures for each outcome presented in the May 2015 report
- Proposed ways for measuring progress for each outcome, to be reported on in the next full report

### Overview

The Collaboration leverages the efforts and resources of more than 60 partner organizations to establish an integrated system of high quality programs. It is the back bone organization that drives and supports a common agenda organized around the 11 indicators contained in this report. The program and measurement activities proposed in this document are the results of the thought and work of the Collaboration's many partners. These activities will be implemented through the combined efforts of our 60 partnering organizations, Collaboration staff, volunteers and board members. At the forefront of all the work is the focus on using data to develop program and inform practice to improve services for children, which is the primary purpose of collecting data and working to measure progress.

The Collaboration's working committees addressed each of the outcome measures during June and July 2015 to develop the recommendations contained in this report. Members of the Measurement and Evaluation committee served as facilitators for these meetings. Specific committee assignments are shown in the table below:

<b>Committee</b>	<b>Outcome Measures</b>
Publicly-Funded Preschool	Child Outcomes 2 and 3, Service Delivery Outcome 1
Professional Development	System Outcomes 2, 3, and 4
Developmental Screening	Child Outcome 1 and Service Delivery Outcome 4
Measurement and Evaluation	System Outcome 1, Service Delivery Outcomes 2 and 3

Draft recommendations were reviewed by the Measurement and Evaluation Committee, project team members from Chapin Hall, and Collaboration staff. This final report was prepared by representatives from all three of these teams.

### Recommended Change to Reporting Schedule

In addition to proposed changes to the wording of some outcome measures described in the body of the report, the Collaboration also recommends changing the reporting timeline. The baseline report released in May 2015 was based on 2013-14 school year data – the first year for which data from all of

the Collaboration’s sources was consistently available. In developing the baseline data, we established data sharing procedures and timelines with key partners, including District 97.

There are two major data transfer times during the year – October (covering registration data for the school year just started), and June (covering achievement-related and special education services data for the school year just completed). Issuing a report in May limits the Collaboration to using data for the previous school year, which by May is an entire year out of date. This limits the Collaboration’s ability to utilize trends revealed by that data to shape current practice.

Therefore, the Collaboration recommends a shift in the reporting schedule. We propose that we issue progress reports on all outcome measures at the annual September meeting of the IGA Board, using data from the school year completed the previous June, which significantly reduces the gap in time between data collection and reporting. Collaboration committees would develop action plans on this data and issue their progress reports at the February meeting.

In order to migrate to this reporting schedule, the Collaboration recommends a transitional report on progress on each outcome measure to be issued in February 2016, based on 2014-15 school year data, with program-related progress reports to be presented in May. The first report issued on the new schedule would be in September 2016, based on 2015-16 school year data.

### Highlights

Each committee developed specific plans for using data from the outcome measures related to their work to inform their future programs and services. The plans include identifying contextual issues that may impact the work, specifying the expected progress on each goal, program activities to achieve the progress and measurement activities to improve data. The following chart summarizes the planned progress on each measure.

	Measure	Source	Progress on Measure	Progress on Data Collection
Child #1	<b>Pct. of children identified through screening as needing assessment or services that receive them.</b>	IDHS		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Recommended changes to the measure by adding in a number of sub-measures to increase understanding of children's experiences.</li> <li>Chapin Hall continues to work to finalize data sharing agreements with IDHS to increase amount and quality of data.</li> <li>State budget is negatively impacting Early Intervention service provision.</li> </ul>			
Child #2	<b>Pct. of kids in Oak Park / River Forest Preschool for All &amp; Head Start demonstrating age- appropriate proficiency in GOLD.</b>	GOLD		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Changes in Child Care Assistance Program at the state level may negatively impact enrollments of children from low income working families who meet eligibility criteria due to their need to also have affordable child care wrapped around the preschool program.</li> </ul>			

	Measure	Source	Progress on Measure	Progress on Data Collection
Child #3	<b>Pct. of children entering kindergarten demonstrating age-appropriate proficiency in the kindergarten readiness test (KRT).</b>	D97		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>District 97 plans to increase the percentage of children who take the kindergarten assessments prior to the start of the school year.</li> <li>Different cohorts of children with differing risk factors participate in the preschool programs each year leading to variability in each cohort's proficiency scores.</li> </ul>			
Service Delivery #1	<b>Kindergarteners receiving free/reduced lunch have attended a PFA/ HS/ NAEYC accredited program, or program in ExceleRate GOLD Circle.</b>	D97		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Collaboration is working with District 97 to improve data collection about early childhood experiences.</li> <li>Our recommended sub-measures will help identify more clearly how children with a variety of risk factors (not just poverty) have been served in preschool.</li> </ul>			
Service Delivery #2	<b>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.</b>	IDHS and Home Visiting Agencies		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>All Kids data has been requested; data on teen parent births is problematic.</li> <li>While lack of data for the specific measure makes it hard to know the denominator, we do expect to reach more families.</li> </ul>			
Service Delivery #3	<b>Pct. of referred parents choosing to participate in the intensive parent education program.</b>	Home Visiting Agencies		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Collaboration is transitioning the home visiting program; this may impact enrollment during the transition period.</li> </ul>			
Service Delivery #4	<b>Pct. of K &amp; 1st grade students with Individual Educational Plans (IEPs) receiving services in early childhood (if in Oak Park / River Forest in early childhood).</b>	District 97 District 90		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Data received from D97; requested from D90, CFC and IDHS but status is unclear.</li> <li>State budget may negatively impact children's receipt of needed assessments and services.</li> </ul>			

	MEASURE	Source	Progress on Measure	Progress on Data Collection
System #1	<b>Number of families with kids under 5 who are in the voluntary database and receive developmental information and an early childhood resource directory.</b>	Collaboration		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Proposed change to measure to capture breadth of Collaboration's reach and activities.</li> <li>Reliable data regarding # of families with children under age 5 is difficult to obtain between each decennial census.</li> </ul>			
System #2	<b>Pct. of teachers and directors in Oak Park early childhood programs who exceed minimum state educational requirements for their role.</b>	INCCRRA & Collaboration		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Collaboration is focused on helping early childhood staff obtain credentials rather than higher education course work due to lack of funding for the latter. State budget negatively impact early childhood providers' access to higher education.</li> </ul>			
System #3	<b>Pct. of teachers and child care providers reporting more than the state-mandated 20 hours of continuing professional education each year.</b>	INCCRRA & Collaboration		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>Collaboration will focus on increasing survey participation to gain more complete information about continuing professional education.</li> <li>Collaboration is also hoping to mitigate some of the effects of budget cuts through its own professional development offerings.</li> </ul>			
System #4	<b>Pct. of preschools, child care centers, and homes engaged in the Illinois Quality Rating System (ExceleRate), and improve their scores each year.</b>	ExceleRate & Collaboration		
	<i>Context and Comments</i> <ul style="list-style-type: none"> <li>The state budget is negatively impacting training opportunities and staff to provide ratings. Collaboration hopes its professional development training and advising will mitigate the effect of these problems.</li> </ul>			

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

### Recommended sub-measures

Number (percent) of children receiving developmental screenings. Number (percent) of children whose developmental screening results indicate a concern are referred for assessments.

- Number (percent) of children referred for assessments receive them.
- Number (percent) of children assessed are found eligible for services
- Number (percent) of children identified as eligible for services receive them.

Rationale: Not every child receives regular developmental screenings. The goal is to ensure that every child receives at least one developmental screening each year. For this outcome measure to be meaningful, the number of children who receive developmental screenings needs to be increased. (If lower numbers of children are screened but they all receive services, the measure looks good but the impact is low.) Additionally, reporting on all of the sub-measures provides a measure of how well the system is working on behalf of children.

### Context

- Much of the screening, subsequent assessment, and eventual service provision happens outside of the public realm. Some families choose to have screenings, assessments, and services all provided by private parties, paid for either out-of-pocket or through private insurance. None of these providers are obligated to report their activities to any public entity. **The Collaboration has no way to track the provision of these services.**
- Community level data related to screening, referrals, assessments and service provision in the public realm has not been available from the Illinois Early intervention Program for birth to three year olds.
- The state budget impasse impacts Early Intervention funding and delays in service provider reimbursement. Uncertainty about eligibility and rates has negatively affected all aspects of the program, including intake capacity, staff turnover rates, and service levels.

### Progress Goals

- Increase the number of children receiving screenings by 15% over the 2014-2015 level as measured through a combination of state data and locally collected data.
- Establish baseline of children known to be referred for additional assessments when screening results indicate a developmental concern as measured through a combination of state data and locally collected data.
- Establish a baseline of children known to receive services when assessments indicate a developmental delay as measured through state data and locally collected data.

### Program Activities in Support of Progress Goals

- Increase the number of child care centers, preschools, family child care providers and medical practices participating in the Collaboration's developmental screening project to 30. This program

was initiated in 2014-2015 to support these providers' use of the web-based Ages and Stages Questionnaire (ASQ) in order to ensure children are receiving at least one screening each year and to collect data on who is screened, whether concerns are identified, referrals for assessments are made, and services are received.

- Promote the use of newly added fields to the ASQ online system by participating providers to track referrals, assessments and services children are receiving.
- Promote wide use of a standard communication form to ensure that all adults involved with the children are informed about referrals, assessments and services. This includes early learning, healthcare, and developmental service providers and parents.

### Measurement Activities

- Establish agreed-upon estimate of the number of children ages birth to three and three to five who live in Oak Park and River Forest.
- Secure data-sharing agreements with the Illinois Department of Human Services' Early Intervention program to use administrative data to determine the number of children participating in the state funded program who are screened, referred for assessments, receive assessments, are found eligible and receive services.
- Secure a similar agreement with the Illinois Department of Healthcare and Family Services regarding Medicaid data to determine the number of Medicaid eligible children living in Oak Park and River Forest who have been screened, assessed to determine eligibility for services, and the number who receive services. While this will not provide information about the complete group of children birth to age three, it will provide information about the subset of the birth to three population eligible for Medicaid, whose poverty puts them at significant risk.
- Work with District 97 to ensure that the data transfer for 2014-2015 includes information about the total number of children assessed through the District 97 screening program.
- Monitor state funding for Early Intervention as a relevant data point to indicate service capacity that will impact number of children who are served.

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

### Context

- Preschool for All and Head Start programs are free. However, they are funded for only three hours of the day during a regular academic year. Many lower income working families require wrap around child care for the remaining portion of the work day and the work year. Lower income working families are challenged to afford child care, even with support from the Child Care Assistance Program (CCAP). This situation has worsened with the CCAP rule changes enacted in August and low income working families may opt not to enroll their children in the preschool programs with wrap around child care at higher rates.
- Different cohorts of children with differing risk factors participate in the preschool programs each year. This can lead to variability in each cohort's scores on proficiency standards.

### Progress Goals

- 93% of children met or exceeded proficiency standards using the Teaching Strategies GOLD Assessment System™ (GOLD) during the 2013-2014 academic year. The Preschool for All and Head Start programs will work to maintain that standard at 90% or above.

### Program Activities in Support of Progress Goals

- Review GOLD outcome scores by developmental domain and strengthen curriculum where there is an indication that a classroom of children are lagging in an area.
- Analyze individual child scores to modify curriculum and instruction to best meet the child's needs.
- Educate parents whose children are often late or absent about the vital importance of early learning on a child's success in school.
- Work with District 97 to develop strategies to increase the data collection rate and the accuracy of the data collected at kindergarten registration on children's early learning experiences.
- Review GOLD outcome measures and determine which of the Illinois Early Learning Standards it aligns to. Ensure teachers align curriculum with the Illinois Early Learning Standards and record which standards each lesson plan is addressing.

### Measurement Activities

- Provide GOLD outcome scores by developmental domain in addition to a composite score.
- Review GOLD data to determine if there are any patterns related to specific eligibility criteria/risk factors.
- Review tardy and attendance data to ascertain if there are any correlations to specific GOLD outcomes.

- Monitor differences in outcome scores by race/ethnicity and increase sensitivity to bias in scoring, if needed, to reduce disparities.
- Compare children's GOLD scores to the fall KIDS scores when and if KIDS scores are made available. Determine alignment of tools and scores.
- Relate each cohort's scores to how they perform as a group as they move through the elementary system.

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

### Context

- 144 children did not take the kindergarten readiness test administered by District 97 at kindergarten entry for the 2013-2014 academic year. The district worked to address this issue during the 2015-2016 registration process. This may affect the percentage of students who demonstrate age-appropriate proficiency in the kindergarten readiness.
- Children who qualify for Free or Reduced Price Lunch in Kindergarten may not have held that income status in their 0-5 years and vice versa. The cohort of children holding low income status is not static.

### Progress Goals

Establishing a target for improvement on this outcome is difficult when the baseline measure for 2013-2014 leaves out a significant number of the cohort. Therefore, we are going to focus attention this year on the activities associated with developing a better baseline.

### Program Activities in Support of Progress Goals

All of the activities of the Collaboration including the program activities described for other measures in this document impact this measure. This is the summative measure of the Collaboration's work.

### Measurement Activities

- Work with District 97 to increase the percentage of children who take the kindergarten readiness assessment in order to establish a meaningful baseline measure.
- Work with District 97 to ascertain where children with Free or Reduced Price Lunch (but DID NOT attend PFA/HS in Oak Park) attend preschool and the type of early learning experiences they had.
- Review Preschool for All and Head Start data to learn about factors that may have contributed to some of the children receiving lower proficiency scores: 1 or two years in preschool, absentee and tardy rates, interruptions in preschool attendance or experience and so on.
- Compare the District readiness assessment data to KIDS data when the state makes the KIDS data available to school districts to ascertain alignment of the two assessments.
- Relate each cohort's scores to how they perform as a group as they move through the elementary system.

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

### Recommended sub-measures

- What percent of kindergarten students with an IEP or 504 plan were enrolled in one of the programs described above?
- What percent of kindergarten students with an IEP or 504 plan were enrolled in a preschool special education program?
- Provide a retrospective look at where the 2015-2016 kindergarten students were enrolled in preschool to show who was served in local programs.
- What percent of first grade students with an IEP or 504 plan were enrolled in one of the programs described above?

Rationale: Preschool for All mandates automatic enrollment for children who are homeless, in foster care, meet federal poverty guidelines or whose screening scores indicate a developmental delay in two or more developmental domains. The outcome currently is prioritizing only low income children and creates the expectation that a child on Free or Reduced Price Lunch will secure a space in a publicly funded preschool program over children whose screening scores indicate that s/he has two or more developmental delays.

### Context

- The Collaboration will provide a description of the eligibility criteria for the publicly funded preschool programs and the number of children who meet each one to better describe the population served through the publicly-funded programs.
- Preschool for All and Head Start programs are free. However, they are funded for only three hours of the day during a regular academic year. Many lower-income working families require additional child care for the remaining portion of the work day and the work year. Lower-income working families are challenged to afford child care, even with support from the Child Care Assistance Program (CCAP). This situation has worsened with the CCAP rule changes enacted in August and low income working families may opt not to enroll their children in the preschool programs with wrap around child care at higher rates.
- Children who qualify for Free or Reduced Price Lunch in Kindergarten may not have held that income status in their 0-5 years and vice versa. The cohort of children holding low income status is not static.
- Children who were enrolled in the programs described above as preschoolers may have moved out of Oak Park and others who meet the eligibility criteria for the publicly funded programs may not have lived in Oak Park but have moved in for kindergarten.
- Working parents whose children qualify for Preschool for All but who also need the wrap around child care may no longer qualify for subsidy or a co-payment is cost prohibitive as a result of the changes in the Child Care Assistance Program. These parents may no longer be able to enroll their children in the Preschool for All programs offered in the full day, full year child care settings.

## Progress Goals

The Collaboration cannot establish a target on these measures until it obtains improved data at kindergarten registration and has a solid baseline measure.

## Program Activities in Support of Progress Goals

- Review and revise outreach and recruitment strategies to ensure that families with children meeting eligibility criteria are aware of the publicly funded preschool programs and encouraged to enroll in them.
- Review and tighten referral and screening processes to ensure that children with the greatest need are enrolled in the programs.

## Measurement Activities

- Work with District 97 to develop strategies to increase the data collection rate and the accuracy of the data collected at kindergarten registration on children's early learning experiences.
- Review research and data to ascertain how families meet their children's early learning needs and what factors drive those decisions.
- Work with Preschool for All and Head Start programs to increase the accuracy in recording where children intend to matriculate as they transition from preschool to kindergarten.

## 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.

### Context

- All Kids Level 1 Health Insurance is managed by the Illinois Department of Healthcare and Family Services. In order to be eligible, families must meet income requirements based on their family size. The state has not yet granted permission to Chapin Hall to use administrative Medicaid data for this project.
- We do not have a good source of data for the number of teen parents, other than the number of student-parents at Oak Park River Forest High School.
- It is difficult to determine how many of the families referred meet the qualifications in the denominator. A number of referred families do not follow up on the referral and engage in the program. When this occurs, we often only have a first and last name and a cell phone number or email address. Referring agencies are reluctant to share income or health insurance status with Parenthesis when making a referral.
- Parenthesis did not maintain records of teens, and low income families referred to the home visiting programs that were funded outside of its contract with the Collaboration programs (Parenteen and Mothering on Our Own) who did not enroll in the home visiting program during 2013-2014, so we were not able to establish a baseline percent.
- The Collaboration determined in June 2015 that it needed to begin to actively explore options for a different vendor due to Parenthesis's ongoing operational and financial issues. The Collaboration is working quickly to identify a new vendor and most likely will contract with another service provider by the end of 2015.
- The staff position of the Nurse Family Case Manager for the Village of Oak Park has been open since December 2014. This person has traditionally been the strongest referral source for the home visiting program because of the position is funded through a contract with the Illinois Department of Public Health and benefits from referral relationships established through that contract.

### Progress Goals

The Collaboration cannot establish a target on this measures until it obtains improved data to derive a denominator. However, through increased outreach efforts, we expect to see an increased number of families referred to the home visiting programs and will report on the numbers referred and quantify the increase over 2013-2014.

### Program Activities in Support of Progress Goals

- Continue to work to establish strong referral connections to agencies that have contact with low income and vulnerable families, with a focus on WIC and public health providers.
- Work with referring agencies to establish referral practices that include more than a first name and a cell phone number.
- Utilize peer recruitment to help identify families who meet the eligibility criteria of the program.
- Establish an outreach and recruitment strategy with the Oak Park Housing Authority to reach families in their buildings and those receiving Section 8 vouchers.

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

### Context

- There are many factors that affect how many families who are referred to home visiting programs actually participate in home visiting, including trust, functional status, and parenting confidence. (Goyal et al., 2014.)
- Having half of referrals participate is on par with or exceeds the performance of other jurisdictions, although there is information from relatively few other places.
- The Collaboration is actively seeking a new vendor to provide the home visiting services and most likely will contract with another service provider by the end of 2015.

### Progress Goals

Increase the number of families who elect to participate in home visiting programs by 5 percent and at a minimum maintain a 50 percent enrollment rate.

### Program Activities in Support of Progress Goals

- Continue to work to establish strong referral connections that help families transition to the home visiting program.
- Identify and implement peer recruitment strategies to increase the rate at which families choose to engage in the program.
- The Collaboration is actively seeking a new vendor to provide the home visiting services. If the contract is moved to a new vendor, the transition may impact enrollment levels during 2015-2016.

### Measurement Activities

- We will continue to work with Parenthesis Family Center to share records of children whose parents engage in home visiting programs funded outside of the contract with the Collaboration in 2015. This information will help us ensure we have an accurate count of the number of families participating in the program.
- We will talk with and work with Parenthesis Family Center about using the Collaboration's database to enable their staff to answer questions about the long term impact of the program on their participants.
- We will continue to monitor research about home visiting that provides information about the factors that contribute to parents choosing to participate in these programs, and will apply this information to our outreach and recruitment efforts.
- When we have richer information on families from other state data sources, we will be better able to delineate the differences in characteristics between families who participate in home visiting and those who do not.

## 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).

### Context

- The purpose of this measure is to show that children with IEPs received services during their early childhood years. The purpose is not necessarily to reduce the number of children with IEPs, but to track whether children showing delays at age 5 or 6 received the benefit of services at the earliest and most impactful point possible to maximize their progress. This measure also follows the children who received IEPs or Early Intervention support early to determine if they do in fact have fewer IEPs or a reduction in the level of services as they progress through elementary school.
- Many of the screenings, subsequent assessment, and eventual service provision happens outside of the public realm. Some families choose to have screenings, assessments, and services all provided by private parties, paid for either out-of-pocket or through private insurance. None of these providers are obligated to report their activities to any public entity.
- Community level data related to screening, referrals, assessments and service provision in the public realm has not been available from the Illinois Early intervention Program for birth to three year olds.
- The state budget impasse impacts Early Intervention funding and has negatively affected all aspects of the program - intake capacity, staff turnover rates, and service levels - due to delays in service provider reimbursements.

### Progress Goals

Demonstrate a trend of increasing numbers of children with IEPs, whose developmental delays should have been identified in early childhood, that have documentation of receiving services prior to kindergarten entry. This measure will take some time to show an impact because the developmental screening program is being phased in and children need to grow to kindergarten age.

### Program Activities in Support of Progress Goals

- Increase early screening and general awareness of the availability of Early Intervention services and early childhood special education through increased parent workshops on development, questions to ask schools and therapists and a social marketing campaign.
- Study the dynamic between 0-5 service provision and development of IEPs during the kindergarten and 1<sup>st</sup> grade years to better understand the relationship and reasons that the percent may increase or decrease.
- Work to understand and increase the alignment between Early Intervention service eligibility and school district eligibility criteria at the transition from Early Intervention (services from birth to three) to early childhood special education (services from ages three to five). Some children eligible to receive service through Early Intervention are not eligible for early childhood special education services from school districts. Their delays may become more apparent in kindergarten and first grade.

## Measurement Activities

- Work with District 90 during 2015-2016 to identify the best strategies for obtaining longitudinal information about the number of children receiving special education services.
- Work with District 97 and District 90 to make sure we understand the level of services children are receiving in order to assess the impact of early services.
- Secure data-sharing agreements with the Illinois Department of Human Services' Early Intervention program to determine the number of children participating in the state funded program who are screened, referred for assessments, receive assessments, are found eligible and receive services.
- Work with Districts 90 and 97 to ascertain feasibility of collecting information related to children involved in Response to Intervention strategies (RTI) who had received the benefit of services at the earliest and most impactful point possible to maximize their progress.
- Monitor state funding for Early Intervention as a relevant data point to indicate service capacity that will impact number of children who would have received services between birth and age three.

## System Level Outcome 1: Percent of families with children under 5 who are included in the voluntary database and receive developmental information and an early childhood resource directory.

### Recommended Changes to the Measure

Estimate the Collaboration's connection with all families in Oak Park and River Forest with children under 5 via direct and indirect measures:

- Estimated percent of families with children under 5 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).

### Context

- This measure was developed in 2009 to monitor the Collaboration's efforts to serve all families with young children in the Oak Park/River Forest Community, not just those with identifiable risk factors.
  - At the time, being included in the database of email addresses to receive developmental information based on children's ages, and receiving a paper copy of the early childhood resource directory, were reasonable ways to measure the Collaboration's reach.
- In 2015, the Collaboration faces challenges on two fronts regarding this outcome measure:
  - There is no consistent, reliable data currently available to provide a denominator of all families with children birth to five in the community. Census data between decennial censuses is based on population estimates derived from extremely small samples sizes, and therefore does not provide a reliable number.
  - There are now many more channels through which families receive information about the Collaboration's activities, including social media channels that are difficult to measure. These include:
    - "Likes" and "views" on Facebook – it is difficult to determine exactly how many "likes" and "views" come from people actually in the community, or whether they have young children, or whether they have some other connection to the Collaboration (either personally or professionally).
    - Twitter followers – same challenges as Facebook.
    - Website "hits" – same challenges as Facebook.

### Progress Goals

We will increase the number of families with children under five who are engaged in Collaboration-sponsored and supported activities and participate in our voluntary database by 150% between the academic year ending in June 2014 and the academic year ending in June 2016.

In recognition that the purpose of this outcome is to measure the extent that all families with young children have the opportunity to benefit from available services and information about developmental milestones, we will work to increase the number of families who receive information and support to the greatest extent possible.

## Program Activities in Support of Progress Goals

- Include families participating in the developmental screening project in the voluntary database.
- Continue to implement information sharing agreements with providers of home visiting services and publicly funded preschool programs so that we can count their participation.
- Expand ways that families are able to connect to the Collaboration as a resource. Additional paths we are exploring to broaden our reach include:
  - Put our website on marquee signs throughout the community.
  - Add a mobile-friendly sign-up form on the website to register to receive information.
  - Put information about the Collaboration in the Park District's mailings, the Village newsletter etc..
  - Have pamphlets with information about the Collaboration and ways to access its website available in drug stores by the pharmacy section, in the Lake Theatre, grocery stores, nail salons, liquor stores, locations CTA passes are sold, etc..
  - Form stronger links with PTOs, youth sports leagues (AYSO, OPYBS), Tae Kwon Do, etc..
  - Actively use social media to communicate with people who subscribe to the various channels.
  - Make the back page of the directory an easy mail-back form to allow families to easily request more information from the Collaboration.
- Expand partnerships with early childhood service providers.
  - Link the Collaboration's website to service providers' websites, and request reciprocal linking.
  - Connect with labor and delivery nurses at hospitals to share information.
  - Ensure social service and community organizations have information about available services.
  - Determine which child care providers are not participating actively in Collaboration activities and try to obtain their involvement.
  - **When we get access to birth data in a timely fashion**, the Collaboration could also extend its reach using birth data by providing a home visit (through the partnership with agencies providing home visiting programs) for each family with a newborn in our community. This would be an excellent way to ensure that every family has the opportunity to learn about the Collaboration's services from the beginning of the child's life.

## Measurement Activities

- Focus efforts on advocacy around getting birth data so that we can build a more accurate denominator for this outcome measure. In order to provide any information in terms of percentages (of families with children under 5), we must have access to better data that allows us to know how many families with children under 5 exist in our community.
- In the meantime, we are focusing on improving the quality of data we have to represent the numerator – how many families are we reaching. New possibilities include:
  - Partner with District 97 to ask at kindergarten registration whether people had knowledge of Collaboration services.
  - Document activities that are aimed at getting information in people's hands, especially those involved with targeting high risk families.

## 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.

### Recommended sub-measure

- Percent of teachers and directors who hold or who increase the level of an Illinois Early Childhood Certificate.

Rationale: Illinois is encouraging members of the early childhood workforce who cannot or do not hold early childhood degrees to obtain credentials as a way to ensure appropriate training and content knowledge for their roles in the early childhood workforce. Most levels of the credentials require some college level coursework in early childhood and they are a legitimate alternative to holding a college degree. The Collaboration believes this will be an important measure of the qualifications of the Oak Park and River Forest early childhood workforce.

### Context

- The Collaboration will use the data obtained from its own survey of early childhood providers for the 2014-2015 fiscal year. This was an online survey with personally identifiable information to enable growth in professional qualifications of individuals from year to year.
- The Collaboration plans to administer the survey to align with its fiscal year (July 1 – June 30) and the academic year. Surveys will be collected in August and September each year. Because the Collaboration just completed a survey in March and April 2015, the next one will not be administered until August and September 2016.
- Staff turnover impacts the survey results and progress on this measure; different individuals are being surveyed each year, making it difficult to compare credentials on a year over year basis.
- State budget problems are reducing the professional development advising available to early childhood staff. The IL Gateways scholarship and salary enhancements that are used as incentives for the early childhood workforce to take college level course work have been zeroed out until the state budget stand-off is resolved.
- Instability in the Child Care Assistance Program created by the state budget impasse is leading to staff turnover, as some centers are unable to meet payroll.
- Triton College is reducing its early childhood class offerings. This is the community college attended by the majority of Oak Park and River Forest early childhood workforce.
- Because of the last three issues described above, the Collaboration cannot establish a target for a percentage increase in the number of early childhood workforce members who will exceed state minimum level of educational requirements for their role.

### Progress Goals

- Increase the number of early childhood workforce members who hold an Illinois early childhood credential by 20%, from 87 to 104 during 2015-2016.
- Increase survey participation for 2016-17 - obtain a 5% increase in the survey completion rate over the survey conducted for 2014-2015.

## Program Activities in Support of Progress Goals

- Link early childhood workforce members to professional development advisors through the Illinois Gateways system.
- Provide early childhood professionals with guidance about college coursework and scholarships when warranted.
- Encourage early childhood workforce members to enroll in and complete college level coursework rather than professional development workshops and conferences (to the extent possible, given the threats to the compensation and scholarship programs).
- Promote engagement in and provide guidance on the IL Early Childhood Certificate Program.

## Measurement Activities

- Survey-related activities:
  - Engage Professional Development Committee members in survey implementation
  - Consider requiring survey participation in exchange for training, professional development advising and developmental screening support and if deemed appropriate, implement in 2015-2016.

Improve data collection and value of data:

- Develop improved understanding of the report periods utilized by the state agencies collecting information about the professional qualifications of early childhood workforce members and align the Collaboration survey.
- Continue dialogue with INCCRRA to improve quality of data received from its database on the qualifications of the Early Childhood Workforce.
- Review information about who is completing the Collaboration's annual survey to estimate the annual turnover rate.
- Advocate with state agencies to obtain improved data from INCCRRA including unduplicated counts for the professional development qualifications of the early childhood workforce and reports broken down by position. Utilize INCCRRA data if possible.

## 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.

### Context

- State budget issues are reducing the professional development trainings available during 2015-2016.
- Instability in the Child Care Assistance Program created by the state budget impasse is exacerbating staff turnover as enrollment declines and some centers are unable to meet payroll.
- Staff turnover impacts the survey results and progress on this measure; different individuals are being surveyed each year, making it difficult to compare continuing professional education on a year over year basis.

### Progress Goals

- Increase the number of early childhood workforce members who report 15 hours or more of professional development by 5%, from 73% to 78% during 2015-2016.
- Increase survey participation for 2016-17 - obtain a 5% increase in the survey completion rate over the survey conducted for 2014-2015.

### Program Activities in Support of Progress Goals

- Offer more than 15 hours of professional development trainings to the Oak Park/River Forest early childhood workforce.
- Provide early childhood professionals with guidance about trainings available through the state Child Care Resource and Referral centers if the state budget impasse is resolved and this activity is funded.
- Promote use of professional development advising services if these are reinstated after the state budget impasse is resolved. Provide professional development advising to the extent possible within the limits of the Collaboration's resources.
- Encourage engagement in online trainings available through the state ExceleRate program.

### Measurement Activities

- Engage Professional Development Committee members in survey implementation.
- Consider requiring survey participation in exchange for training, professional development advising and developmental screening support and if deemed appropriate, implement in 2015-2016.
- Determine how many people receive professional development credit hours through Collaboration sponsored activities by providing Chapin Hall with the names of people who attend Collaboration workshops and the Symposium.
- Provide trainings to early childhood professionals about the use of the state registry and how to monitor their professional growth.
- The Collaboration will use the data obtained from its own survey for the 2014-2015 fiscal year. This was an online survey with personally identifiable information to enable growth in professional qualifications of individuals from year to year.
- Develop improved understanding of the report periods utilized by the state agencies collecting information about the professional qualifications of early childhood workforce members and align with the Collaboration survey.

- Review information about who is completing the Collaboration's annual survey to estimate the annual turnover rate.
- Advocate with state agencies to obtain improved data from INCCRRA including unduplicated counts for the professional development qualifications of the early childhood workforce and reports broken down by position. Utilize INCCRRA data if possible.

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

*Note: ExceleRate was launched in July 2014 to standardize the expectations of quality for all Illinois early childhood programs from child care centers to preschools programs to Head Start to Preschool for All. Rather than numeric scores, ExceleRate uses quality circles of green, bronze, silver and gold. A DCFS license earns an automatic award of a green circle of quality. Gold is the highest level.*

### Context

- The state budget impasse has led to reduced trainings available to staff at child care centers and preschools, which are needed to effectively engage in ExceleRate.
- The number of ExceleRate staff who rate the centers and preschools is reduced and others are working reduced hours due to the state budget impasse, making it difficult for centers to obtain a score.
- Some centers and preschools are unable to move to a higher circle of quality due to physical constraints of their facility that are beyond their control. For example, one center is unable to get her landlord to provide a fresh water source in each classroom. Some sites do not have outdoor space adequate to for playground equipment.

### Progress Goals

- Increase the number of preschools and child care centers that actively engage in ExceleRate to improve their scores from 9 centers to 15 centers, an increase of 66% %of the number of centers participating over 2013-2014 levels. Since every DCFS-licensed facility is given a green score, engaging in ExceleRate refers to the effort to attain a bronze, silver, or gold score.
- Increase the number of family child care centers who participate in ExceleRate to improve their scores from zero in 2013-2014 to six.
- Five centers will improve their scores to the extent that they move from one circle of quality to a higher circle of quality.

### Program Activities in Support of Progress Goals

- Survey center/preschool directors and family child care providers about their level of engagement with ExceleRate. Have them specify the areas they believe they need to address to improve their scores.
- Place priority on providing support services to centers/preschools and family child care homes who are at the basic green level to help them improve their scores.
- Promote the completion of Continuous Quality Improvement Plans (CQIP). These plans are required to increase scores.
- Provide technical assistance and trainings to help center/preschool directors and family child care providers address their identified needs in the CQIP.
- Provide early childhood professionals with guidance about trainings available through the state Child Care Resource and Referral Agency if the state budget impasse is resolved and this activity is funded.
- Encourage engagement in online trainings available through the state ExceleRate program.

### Measurement Activities

- Conduct a survey to obtain information from child care centers/preschools and family child care providers about their level of engagement in ExceleRate.
- Approach the state about providing aggregated data about the number of centers, preschools and family child care homes whose scores have increased.
- Consider requiring survey participation in exchange for training, professional development advising and developmental screening support and if deemed appropriate, implement in 2016-17.