



This workbook includes data Baby TALK Early Head Start (BTEHS) has collected on School Readiness in relation to the EHS Outcomes. Below there are sheets that show School Readiness in relation to EHS Outcomes for the entire program, as well as for multiple sub-populations BTEHS serves.

Those sub-populations include individual classrooms, age groups, children with existing IFSPs (due to identified developmental delays), and gender, as well as populations that have identified existing risk factors including homelessness, unstable housing, parents with less than a GED or HS Diploma, parental incarceration, etc.

As a Head Start Program, BTEHS is mandated to maintain at least 10% of its enrollment as children with an IFSP, although often a higher percentage is served at any given time. BTEHS also provides services and supports for pregnant mothers and data for those slots is not included in this document.

If you scroll down, you can view the data for that population. The dates listed are 6 month periods, and all enrolled children who have at least 2 assessments entered within those 6 months are included in the reports. Each 6 month period has data for each of the 5 EHS Outcome Domains (that are listed at the top of each report) and data is displayed in both actual numbers and percentages of children who are scoring at age expected level in each of those domains.

The bar graph for each domain reflects percentage of the number of children who demonstrated "improved" out of the total possible number of children of children for this specific report.

*The report includes only children who have at least two assessments entered within the 6 month range.

*Children who are over the age of 4 months and have been enrolled at least 2/3 months in an assessment period have an assessment entered.

*"improved" includes children from categories i-v of Aggregate Child Progress Reports.

Child Progress Report Categories

i maintained or increased rate of development within age expected range

ii increased rate of development to age expected range

iii maintained or increased rate of development within greater than age expected range

iv increased rate of development to greater than age expected range

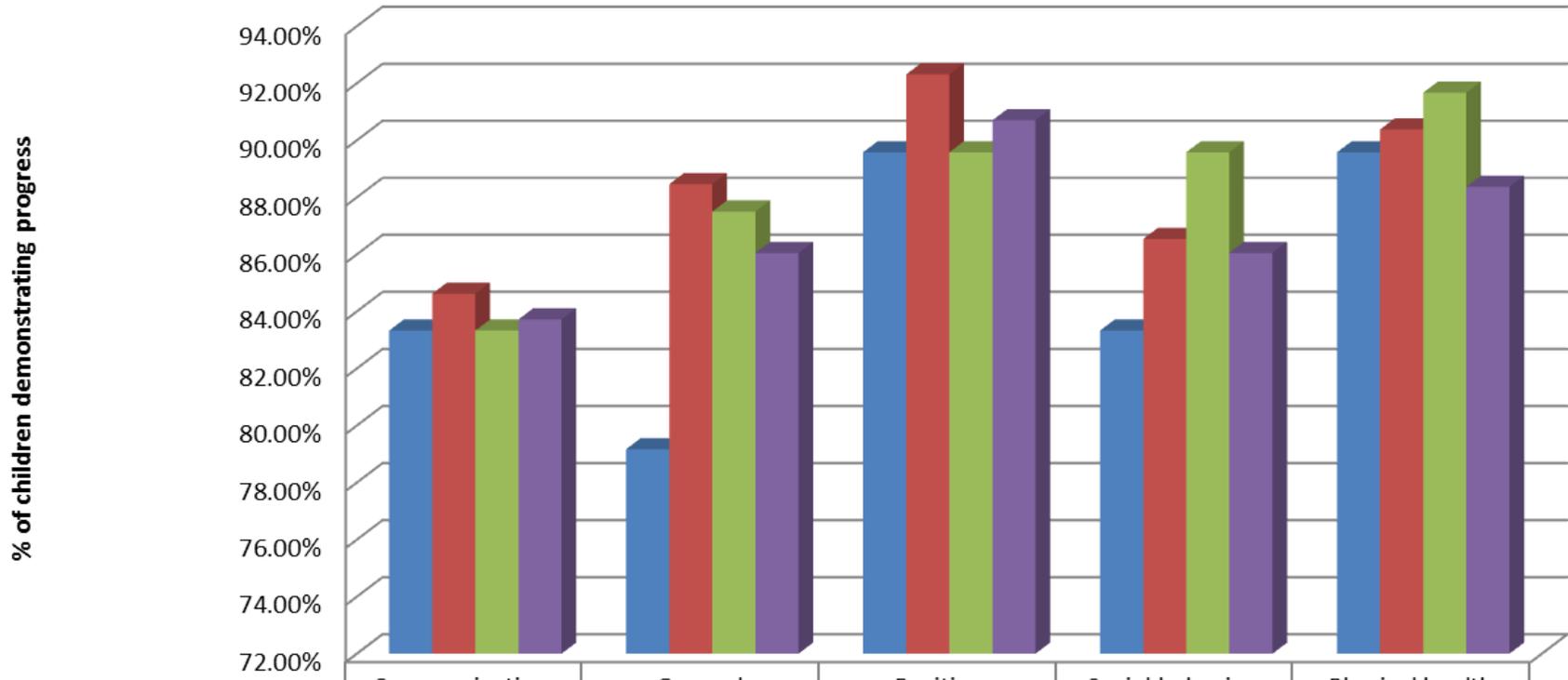
v increased rate of development significantly, but continues within less than age expected range

vi continued or decreased rate of development within less than age expected range

If you have questions related to this document, please contact the BTEHS Education Coordinator, Heather Seitz at heather@babytalkehs.org

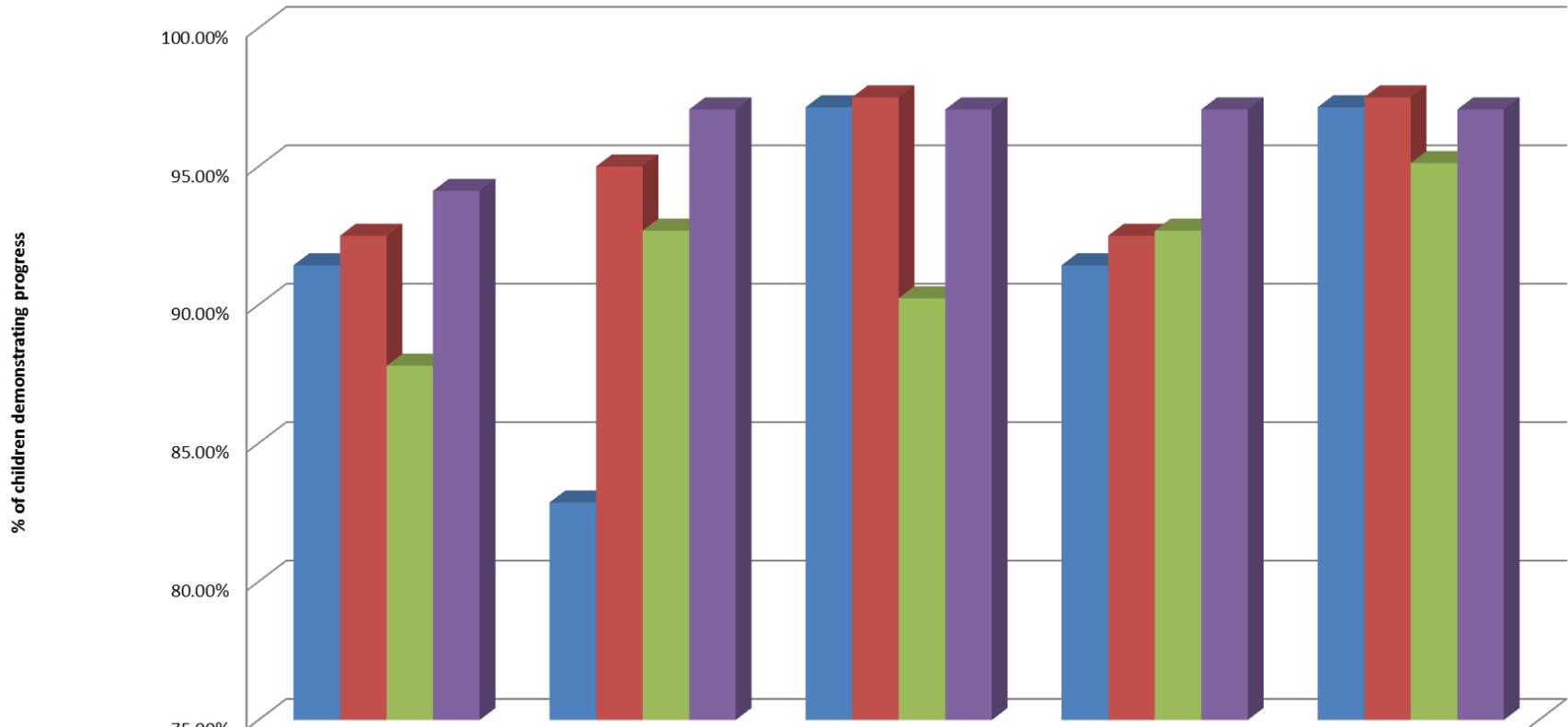
Individual Filters

Entire Program



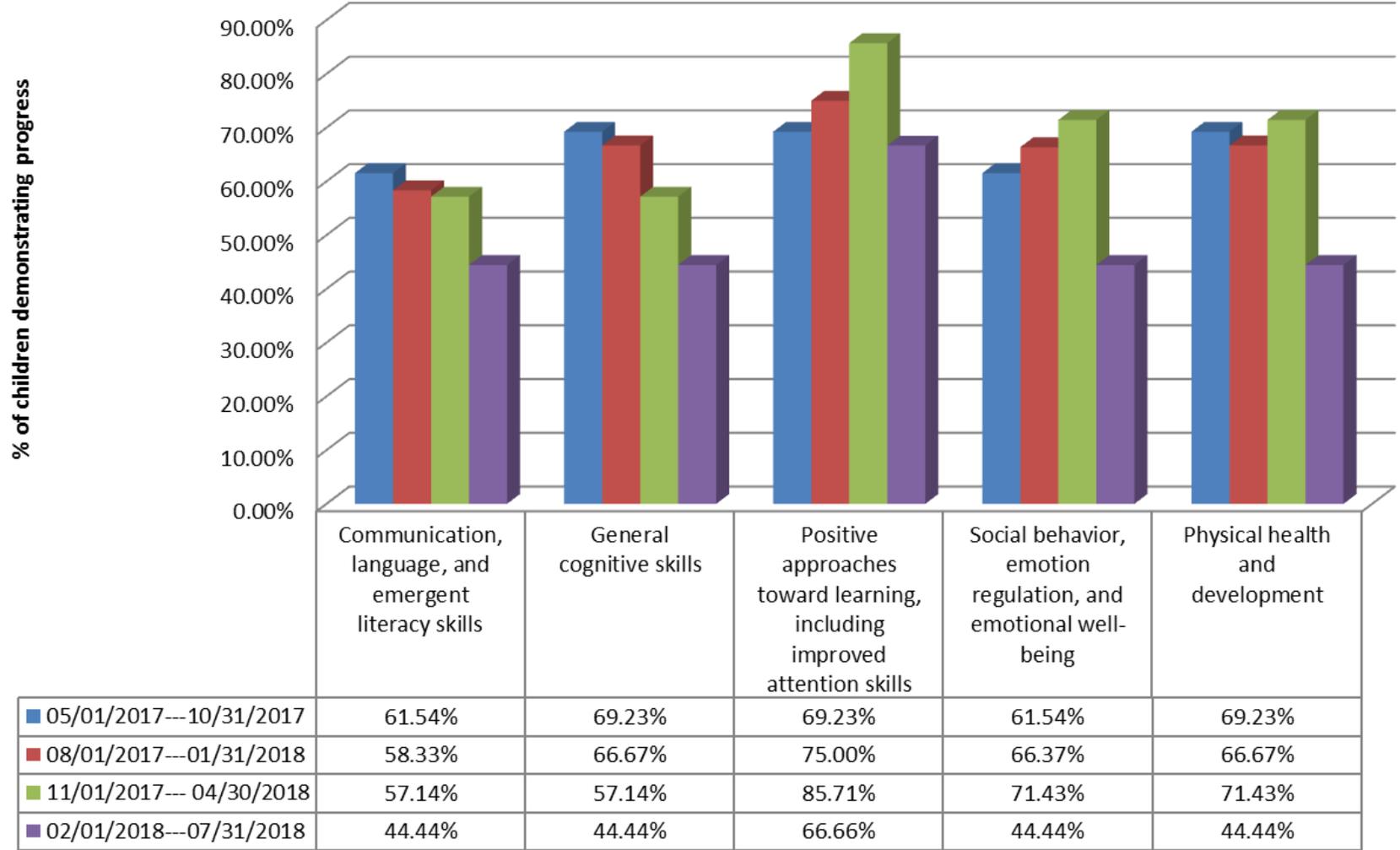
	Communication, language, and emergent literacy skills	General cognitive skills	Positive approaches toward learning, including improved attention skills	Social behavior, emotion regulation, and emotional well-being	Physical health and development
■ 05/01/2017--10/31/2017	83.33%	79.17%	89.58%	83.33%	89.58%
■ 08/01/2017--1/30/2018	84.62%	88.46%	92.31%	86.54%	90.38%
■ 11/01/2017--04/30/2018	83.33%	87.50%	89.58%	89.58%	91.67%
■ 02/01/2018--07/31/2018	83.72%	86.05%	90.70%	86.05%	88.37%

Entire Program, excluding children with IFSPs



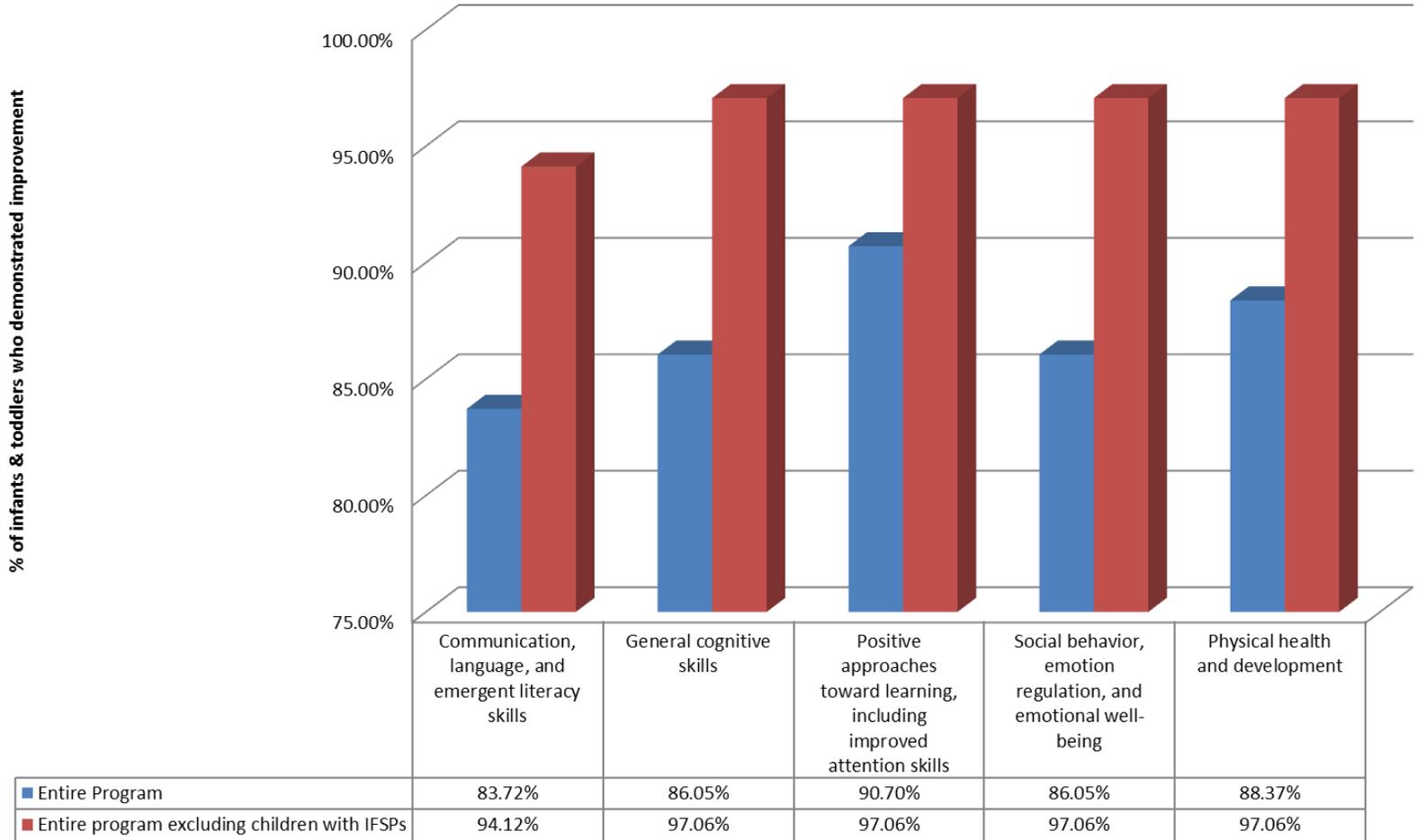
	Communication, language, and emergent literacy skills	General cognitive skills	Positive approaches toward learning, including improved attention skills	Social behavior, emotion regulation, and emotional well-being	Physical health and development
■ 05/01/2017---10/31/2017	91.43%	82.86%	97.14%	91.43%	97.14%
■ 08/01/2017---1/31/2018	92.50%	95.00%	97.50%	92.50%	97.50%
■ 11/01/2017---04/30/2018	87.80%	92.68%	90.24%	92.68%	95.12%
■ 02/01/2018---07/31/2018	94.12%	97.06%	97.06%	97.06%	97.06%

Children with IFSPs only



Comparing Filtered Populations

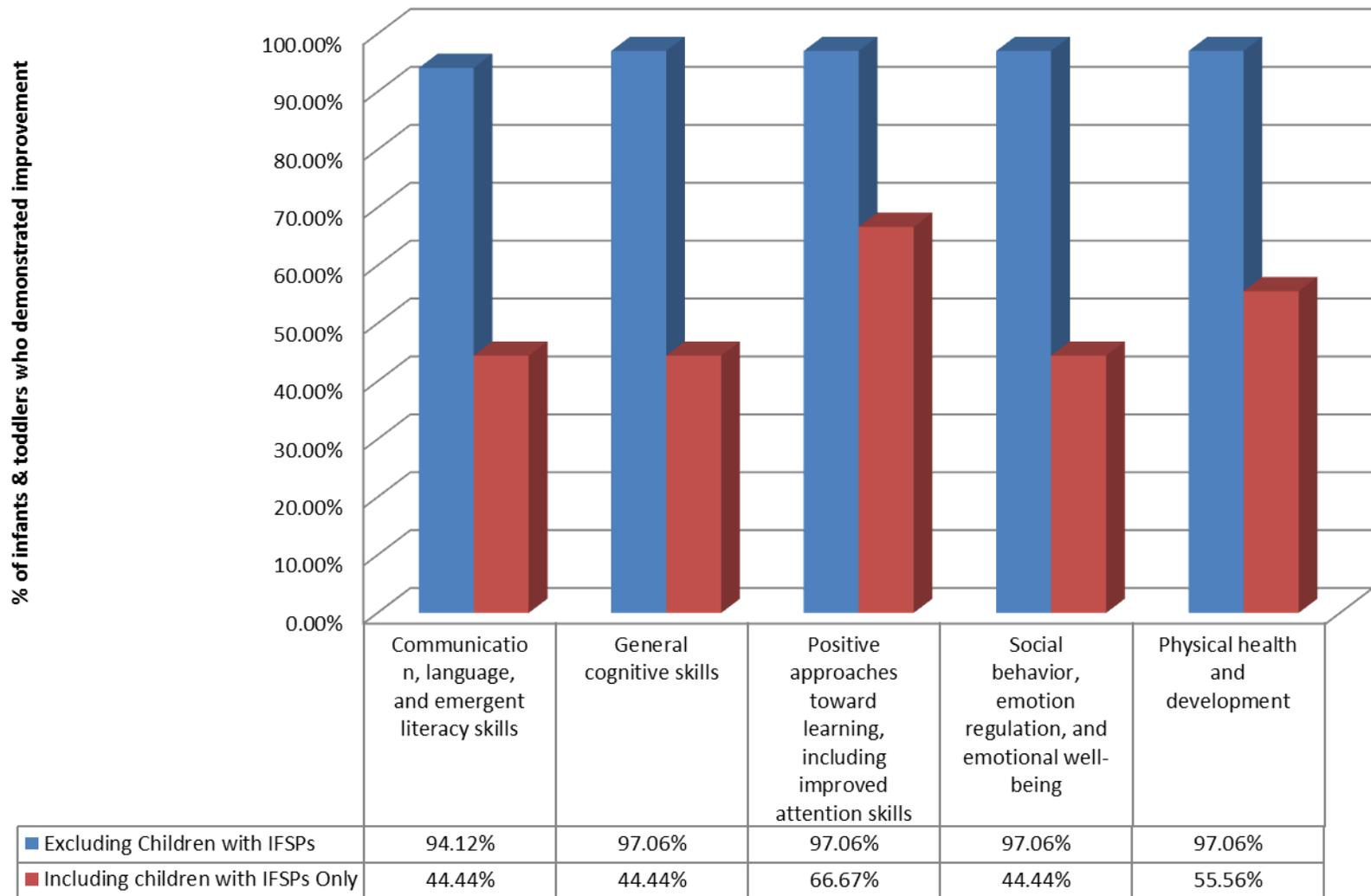
Entire Program vs Entire Program Excluding Children with IFSPs



The entire program excluding children with IFSPs is making more progress over all the domains.

At BTEHS, we understand that some children with IFSPs have significant health or development issues that prevent children to make as much progress as children without IFSPs. We continue to focus our monthly goals on goals contained in their IFSPs.

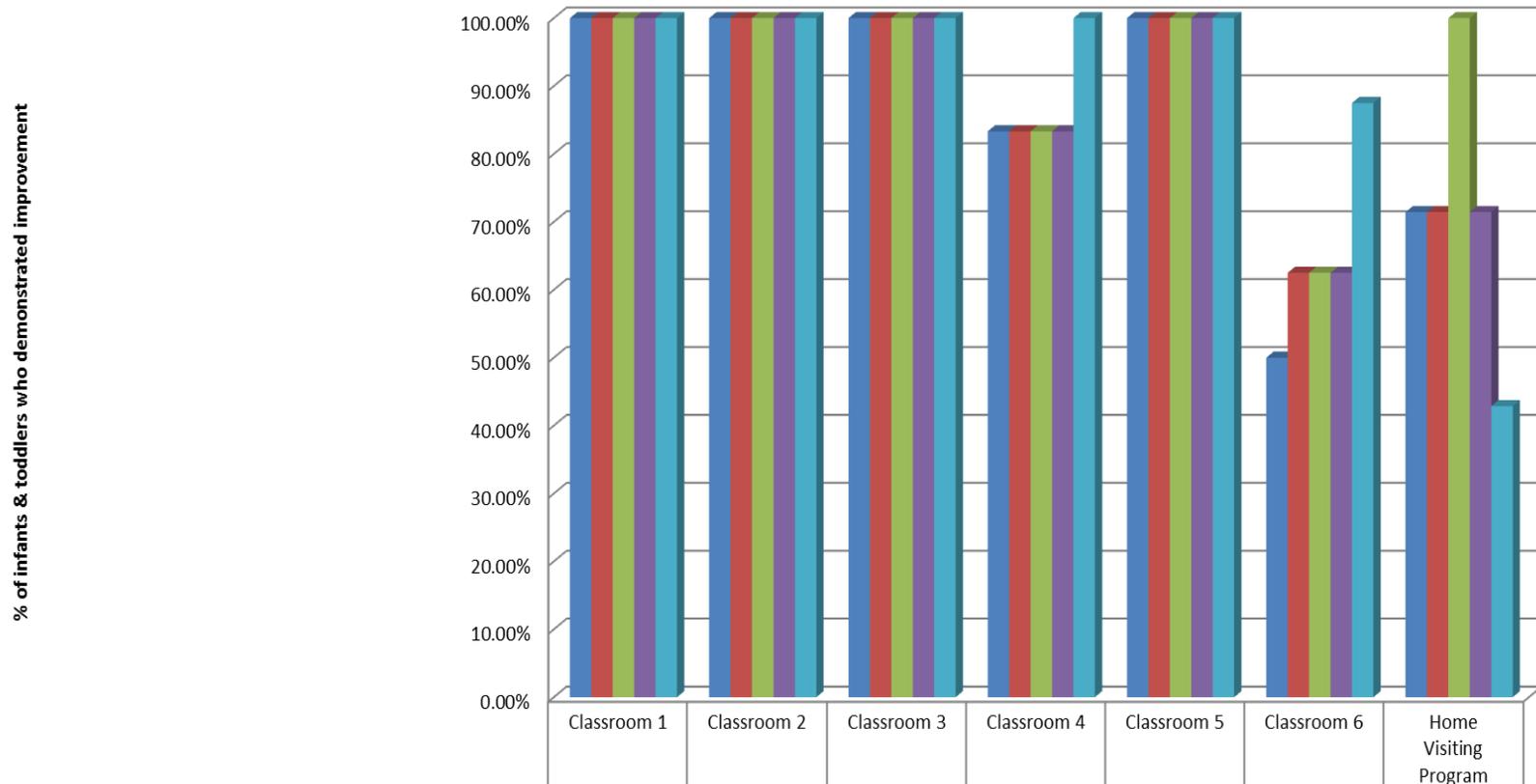
Children without IFSPs vs Children with IFSPs



The entire program excluding children with ISFPs is making more progress over all the domains.

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Classrooms & Home Visiting Program

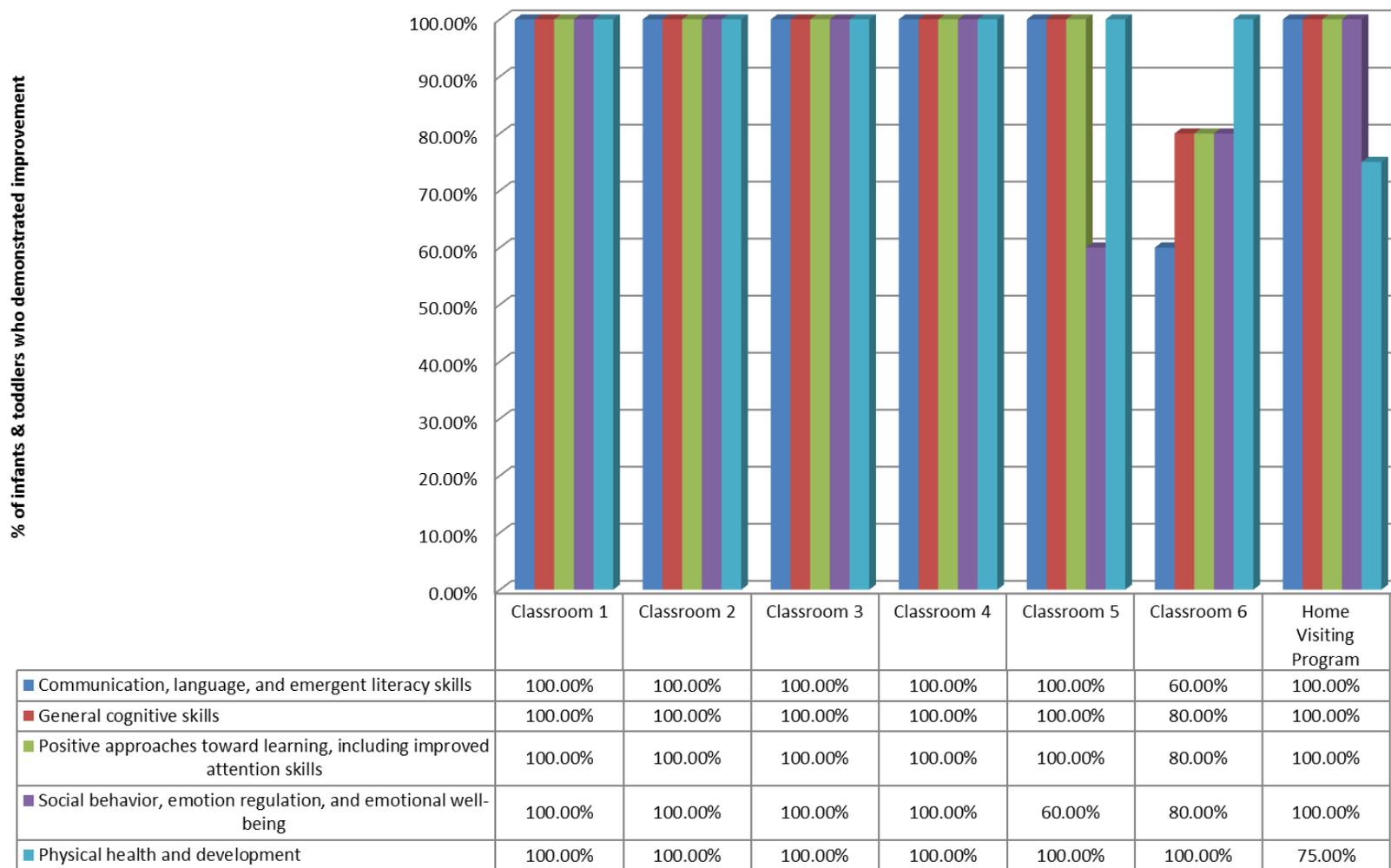


■ Communication, language, and emergent literacy skills	100.00%	100.00%	100.00%	83.33%	100.00%	50.00%	71.43%
■ General cognitive skills	100.00%	100.00%	100.00%	83.33%	100.00%	62.50%	71.43%
■ Positive approaches toward learning, including improved attention skills	100.00%	100.00%	100.00%	83.33%	100.00%	62.50%	100.00%
■ Social behavior, emotion regulation, and emotional well-being	100.00%	100.00%	100.00%	83.33%	100.00%	62.50%	71.43%
■ Physical health and development	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	42.86%

Classroom 6 & home based are showing less progress in multiple domains than the other classrooms at BTEHS.

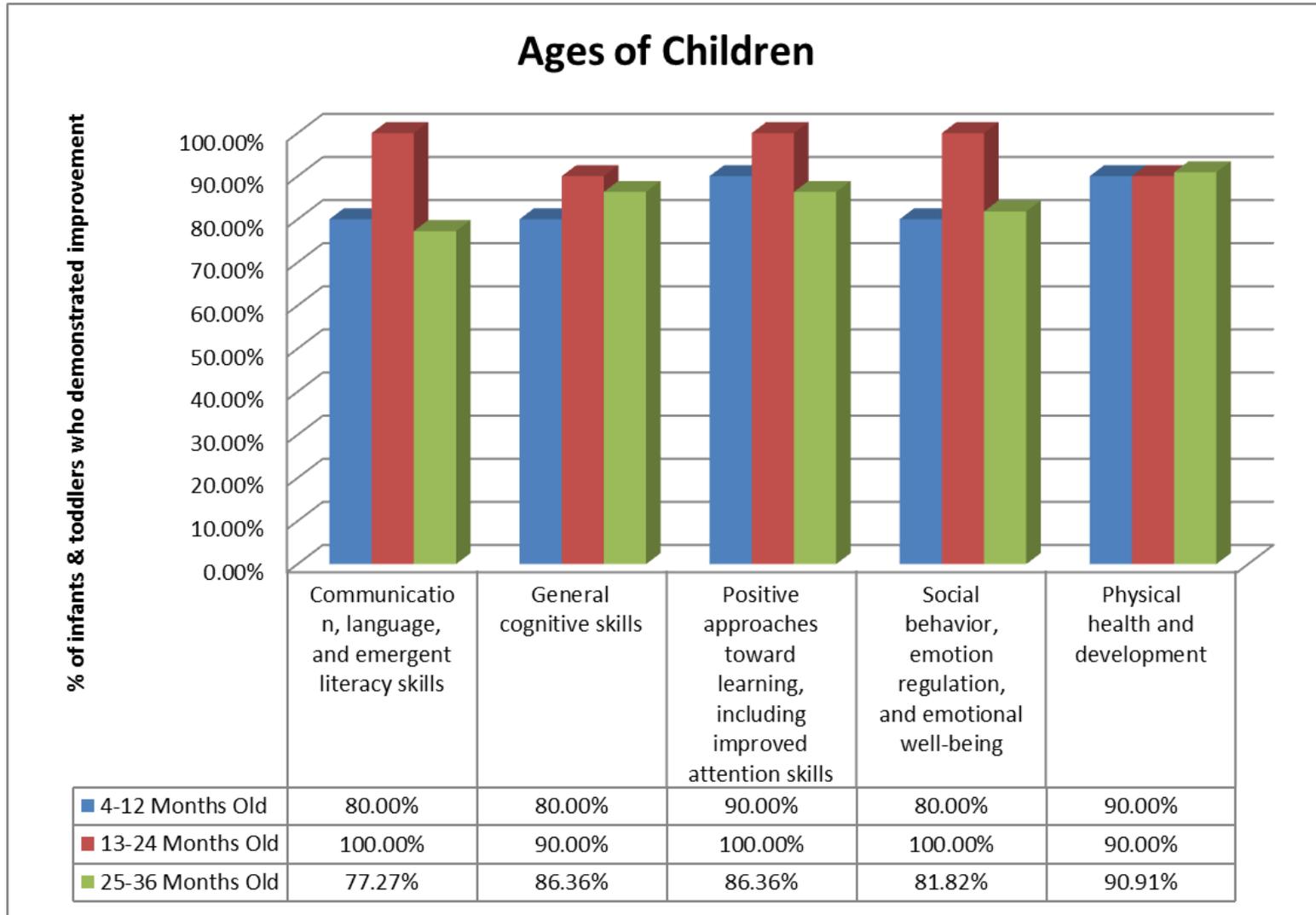
More children in room6 & home based have significant life situations that required support such as DCFS involvement or homelessness than the other classrooms. These children show less progress in SR goals based on their circumstances. We are focusing their monthly goals on the areas with lowest scores and working with the family to acquire resources.

Classrooms & Home Based Excluding Children with IFSPs



Classroom 6 & home based are showing less progress in multiple domains than the other classrooms at BTEHS.

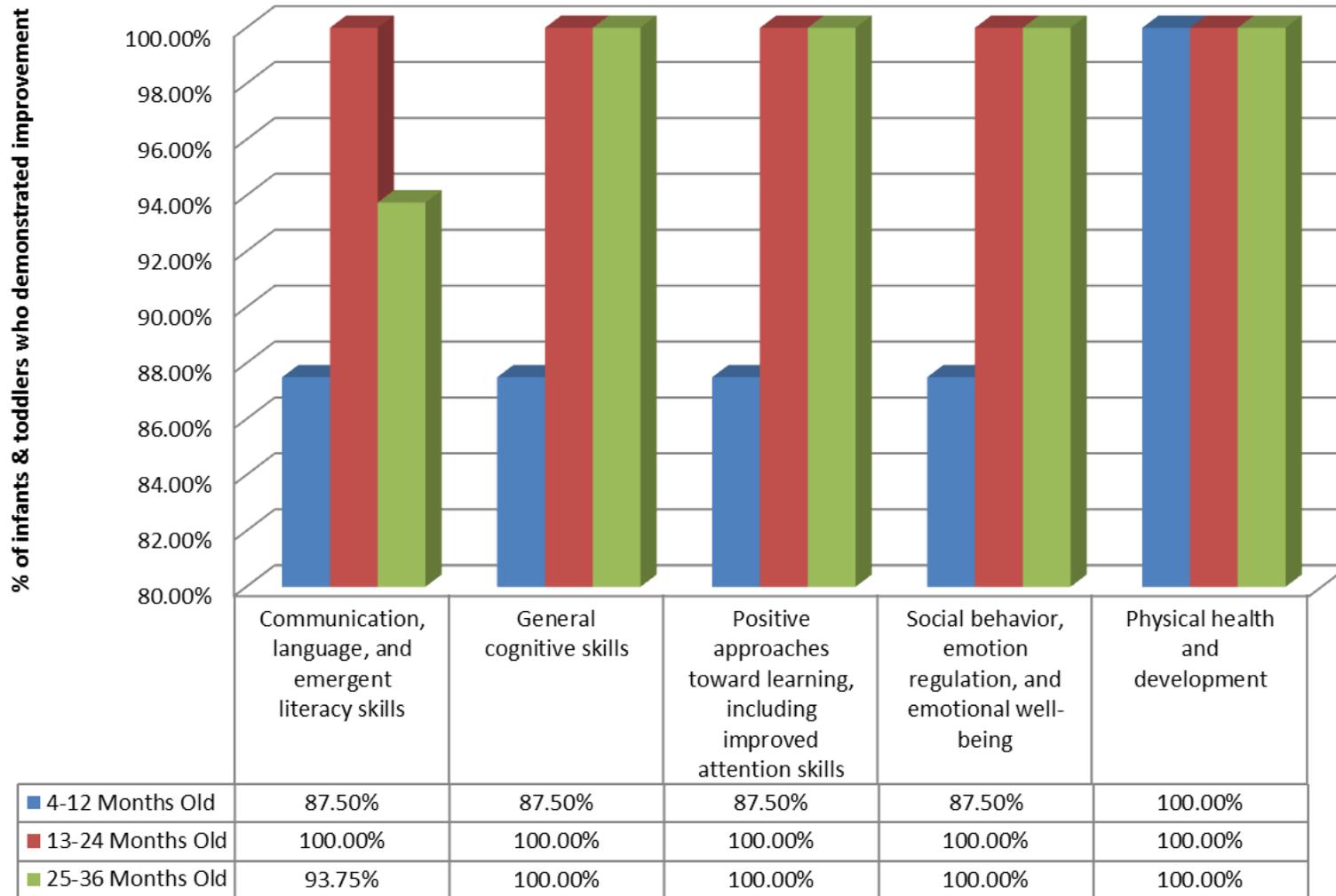
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This graph shows the power of early intervention.

When children are enrolled at a younger age and we have an opportunity to provide supports to positively impact their rate of development.

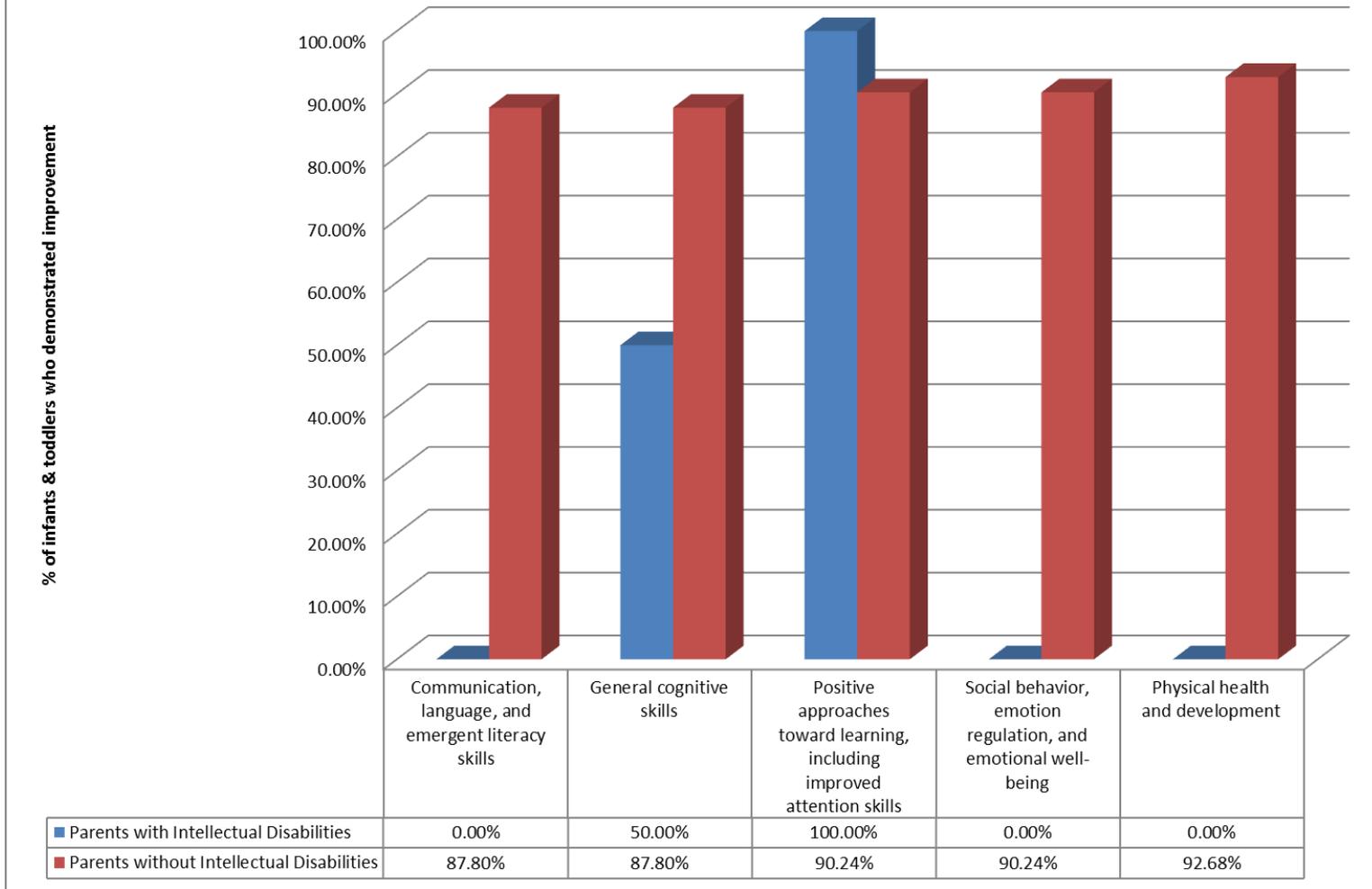
Ages of Children, Excluding Children with IFSPs



This graph shows the power of early intervention.

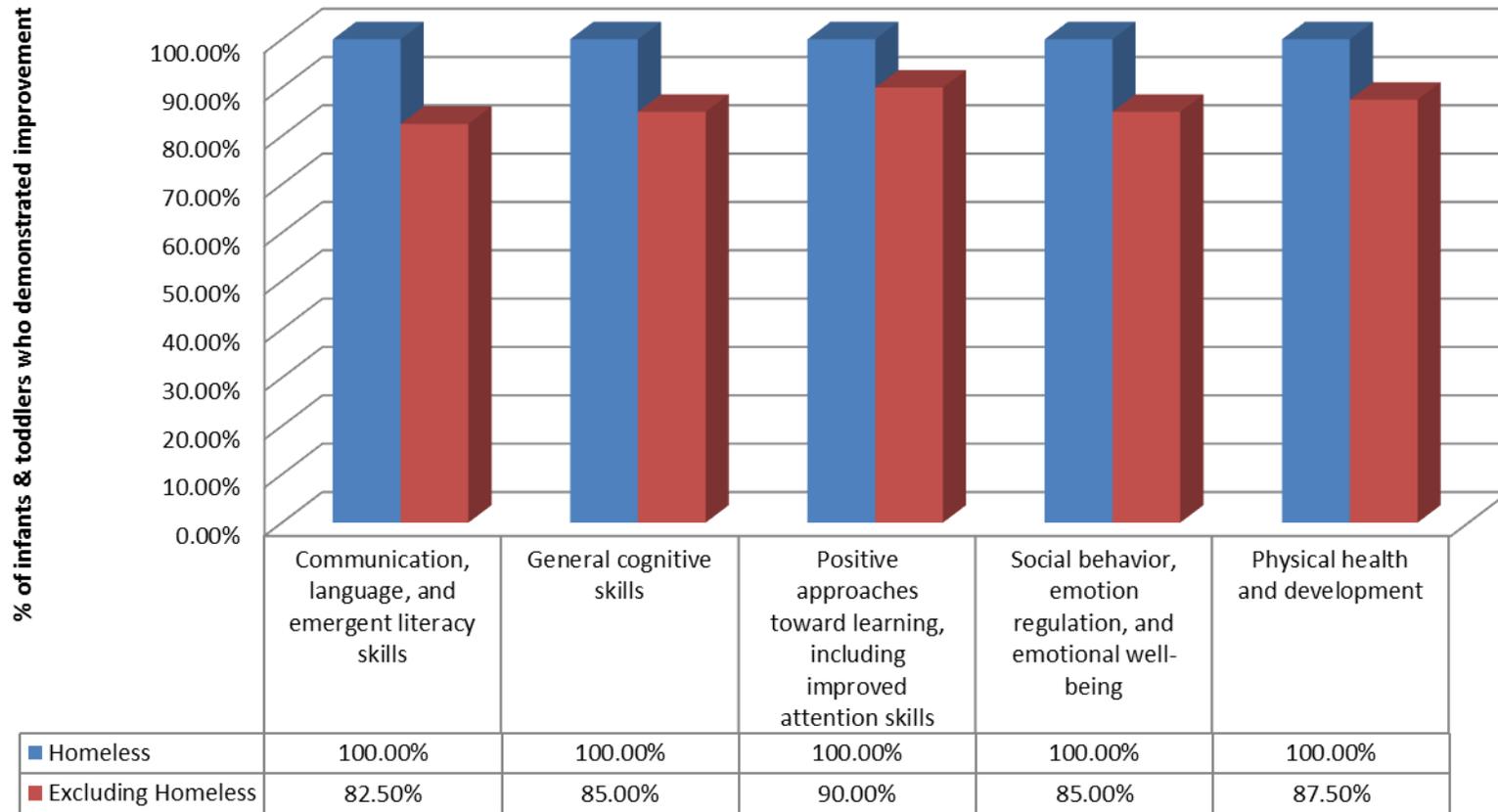
When children are enrolled at a younger age and we have an opportunity to provide supports to positively impact their rate of development.

Children with Parents with Intellectual Disabilities vs Children with Parents without Intellectual Disabilities



There were only 2 children with parents with intellectual disabilities that were counted for this period. They are siblings and both have IFSPs. The Education Coordinator will meet with the teacher of this student to discuss resources and techniques for working parents with intellectual disabilities.

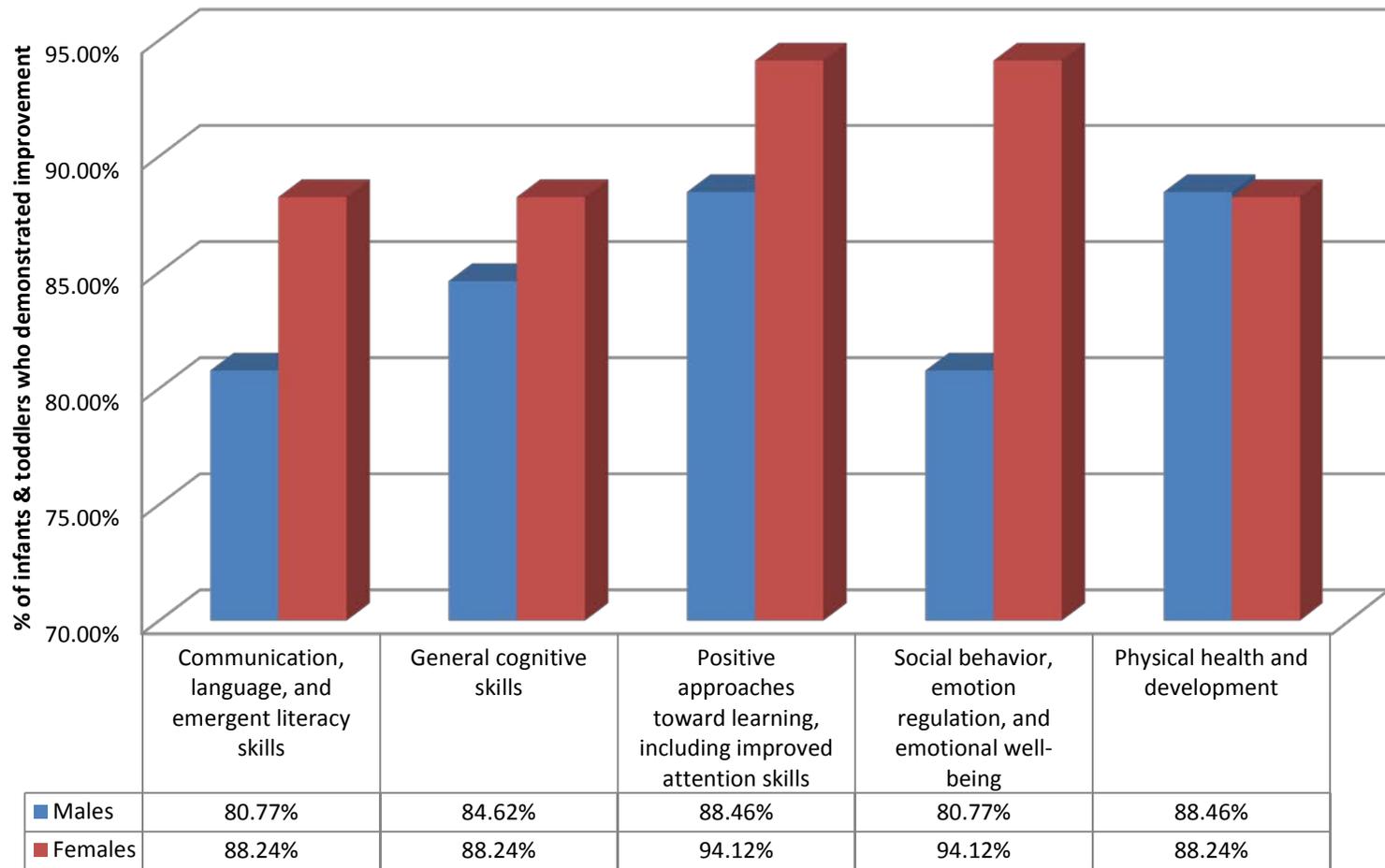
Children who have been Identified as Homeless vs Children who are not Homeless



There were only 3 children identified as homeless that had two assessment points entered during the six month period. The data above reflect progress between two assessments done 6 months apart. These 3 children made age-expected developmental progress in all 5 domains.

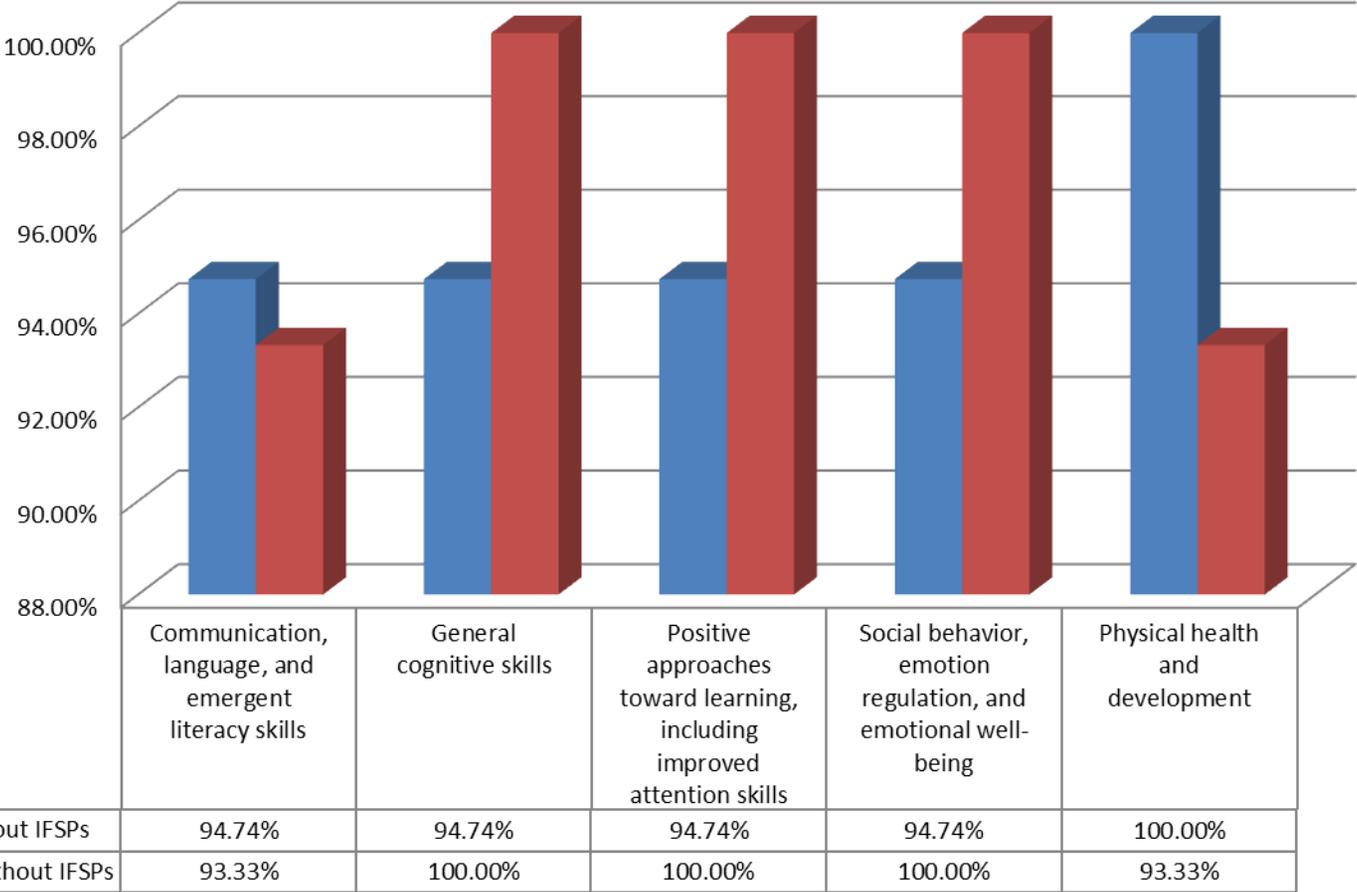
We know we serve more than 3 children that are homeless. We've noticed that children identified as homeless are leaving the program at higher rates than other groups of children, due the nature of their circumstances. We are working on policies to provide more support to this population and make it easier for them to maintain longer periods of enrollment.

Males vs Females



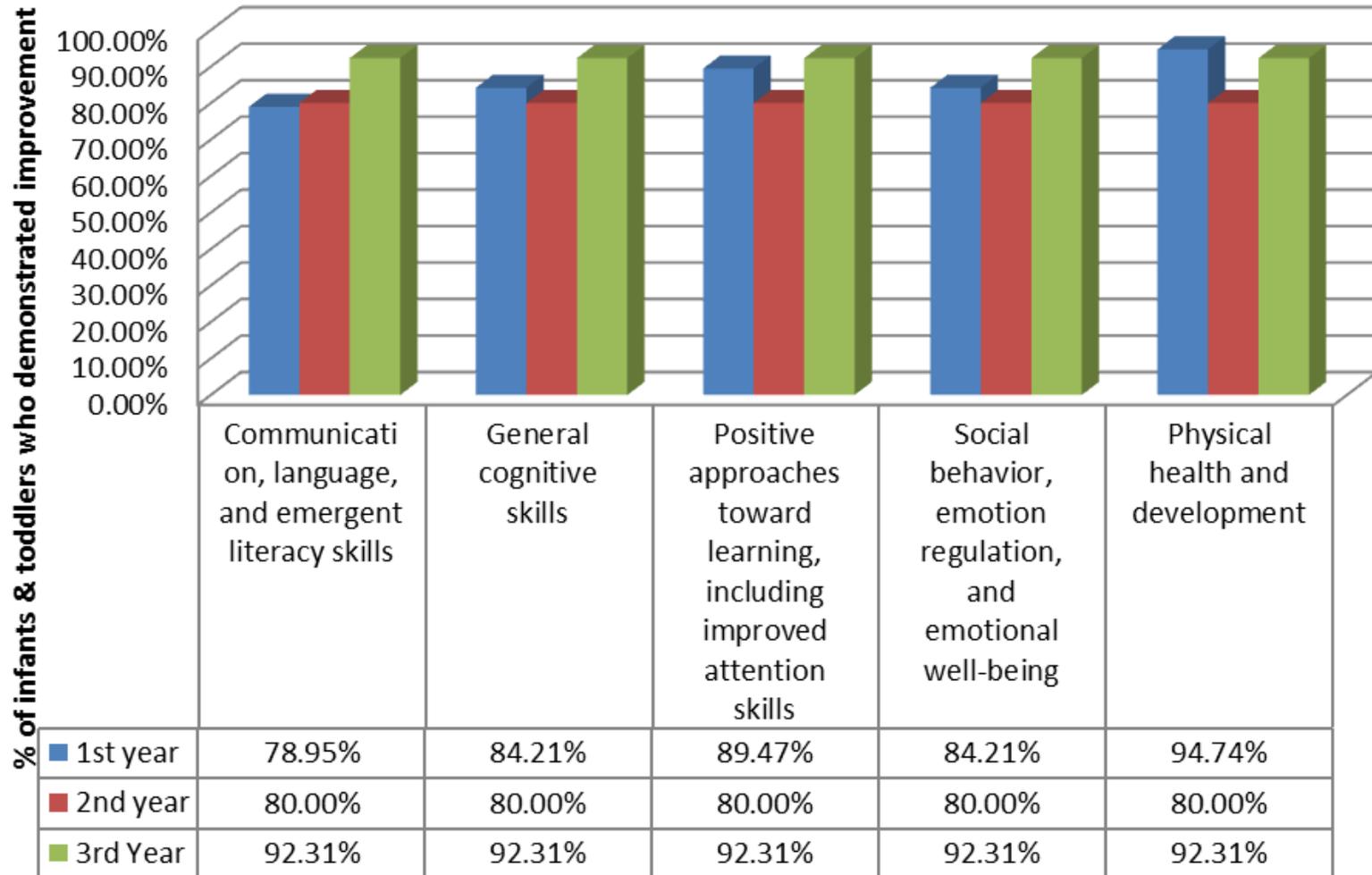
Males without IFSPs vs Females without IFSPs

% of infants & toddlers who demonstrated improvement

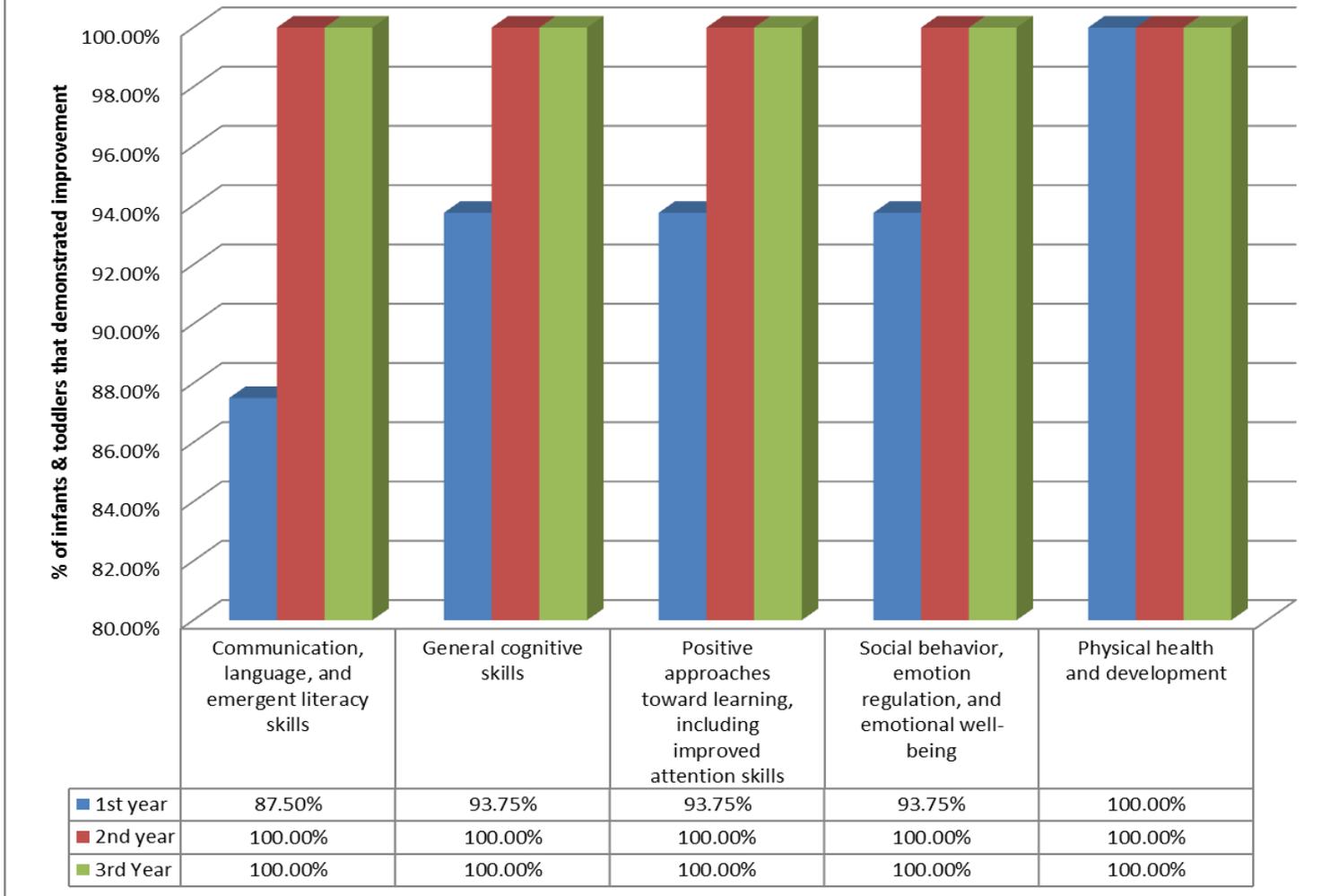


BTEHS will continue to focus school readiness on goals in domains that are scoring lower. We will also continue to provide trainings at teacher meetings on working with males under 3 years old.

Years in Program

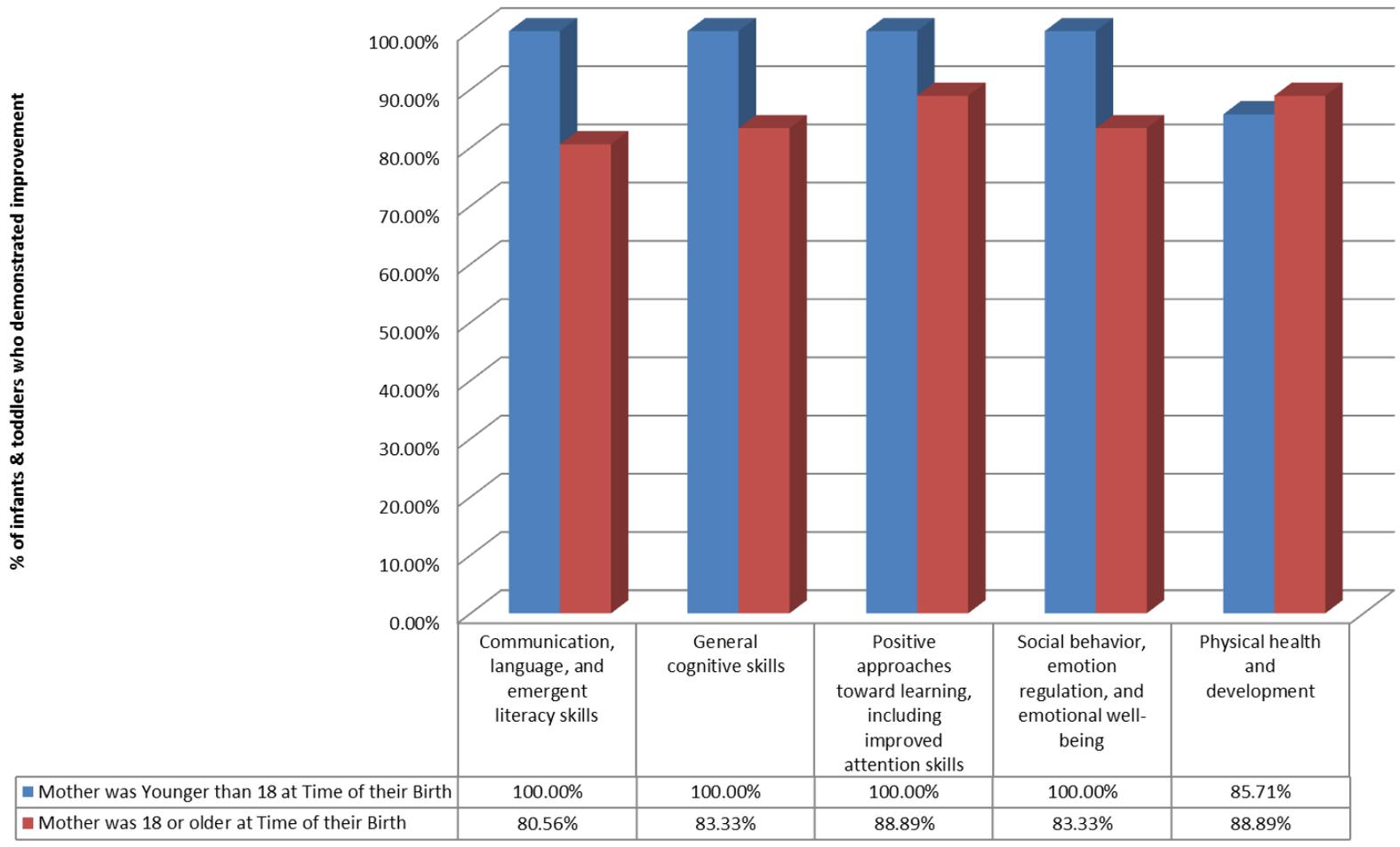


Years in Program, Excluding children with IFSPs



All children in their first year that had 2 assessment points in the last 6 months made progress in all 5 domains. All 4 children are under the age of 1. Generally, as children age, we can start notice if there are delays in development more easily. By the third year in our program, we normally are able to see if a child needs extra supports in a domain and are able to focus their goals towards that domain or make a referral to CFC for additional support through therapy.

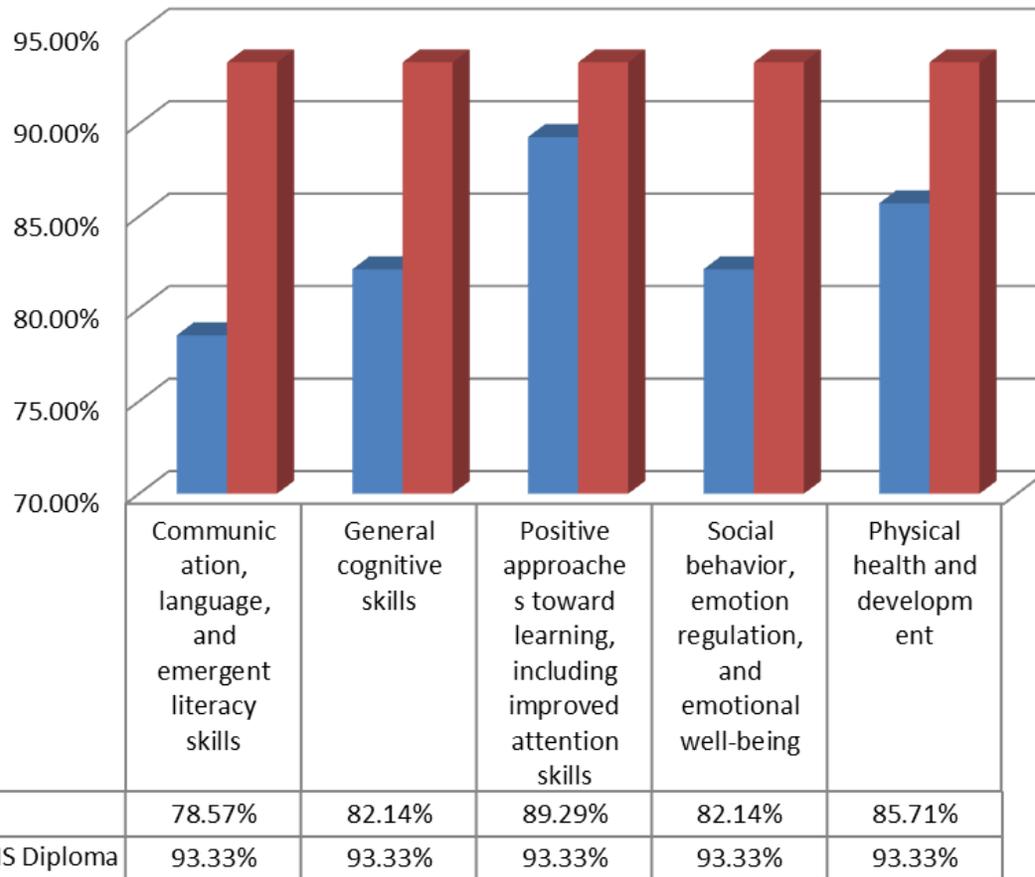
Children whose Mother was Under 18 vs Children whose Mother was Over 18 at Time of Birth



All the children with mothers under 18 at the time of birth are making more progress in SR goals than children born to mothers that were over 18 at the time of their birth, except in physical health & development.

Children with Parent that has HS Diploma/ GED vs Children with Parent does not have HS Diploma/ GED

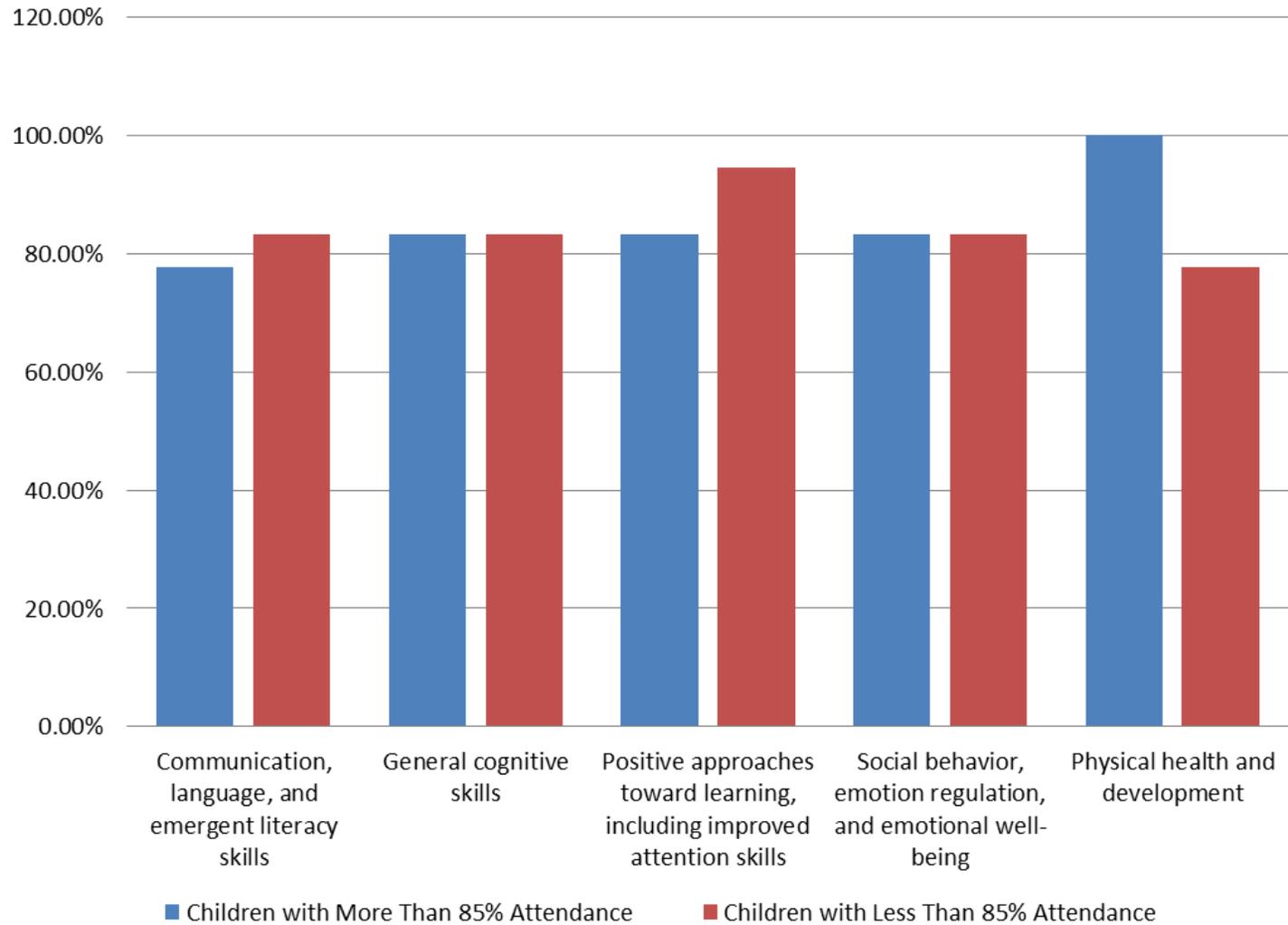
% of infants & toddlers who demonstrated improvement



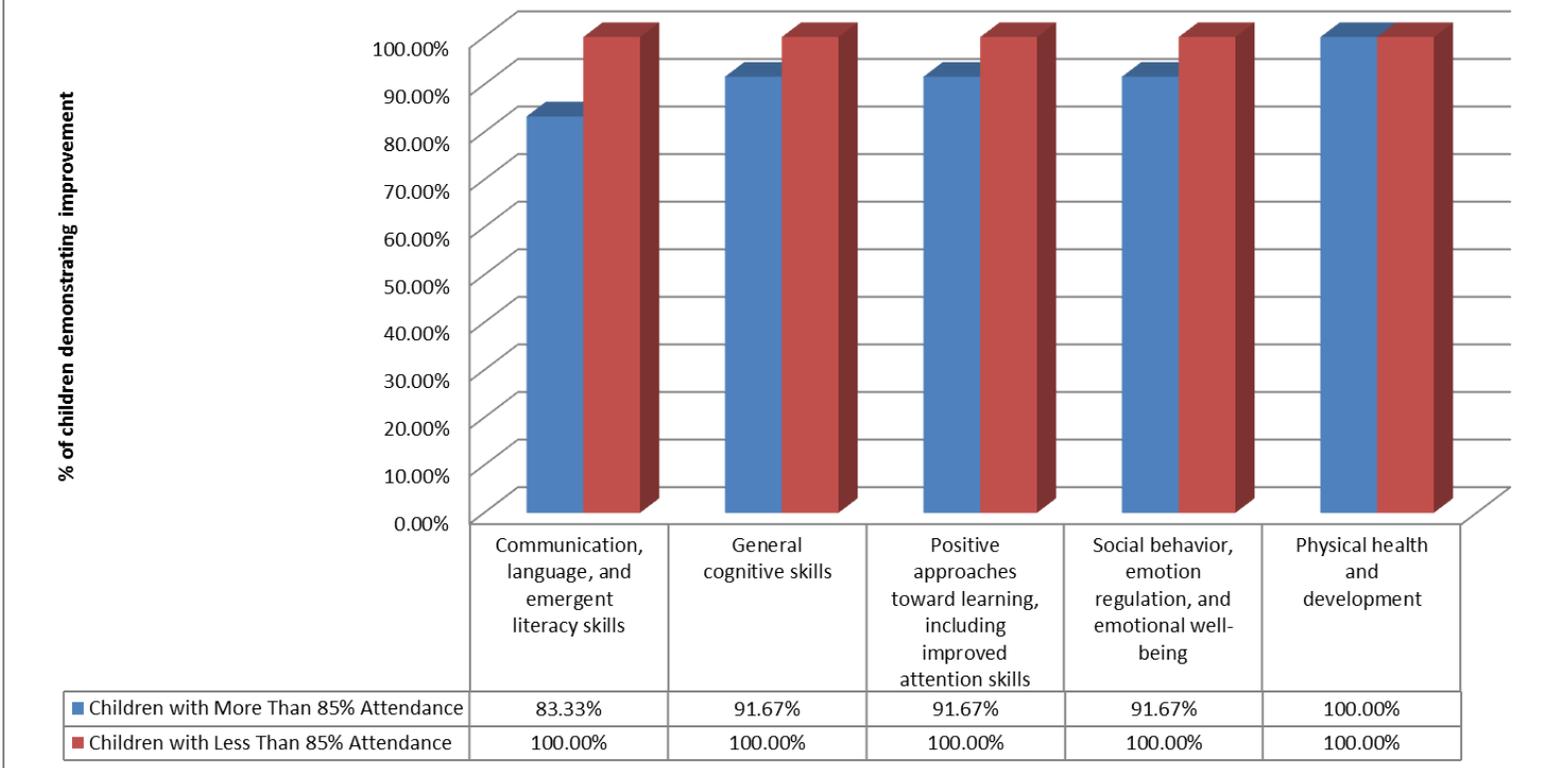
The outcomes from this data show that having a High School Diploma or GED does not have affect child developmental progression.

BTEHS teachers use language that all parents can understand when working with parents on deciding their children's goals.

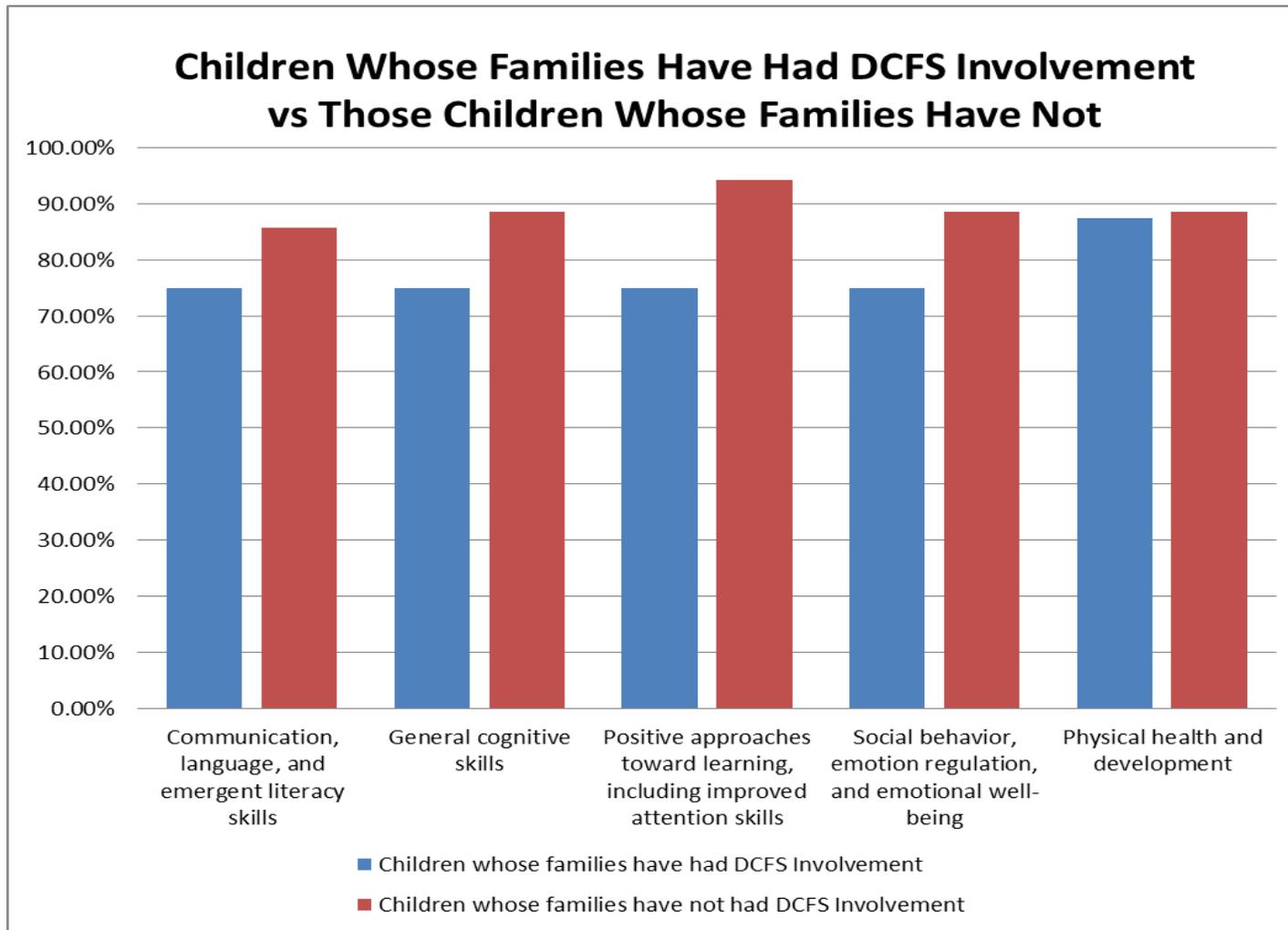
Children with More Than 85% Attendance vs Children with Less Than 85% Attendance



Children with more than 85 % attendance vs children less than 85 % attendance, excuding children with IFSPs

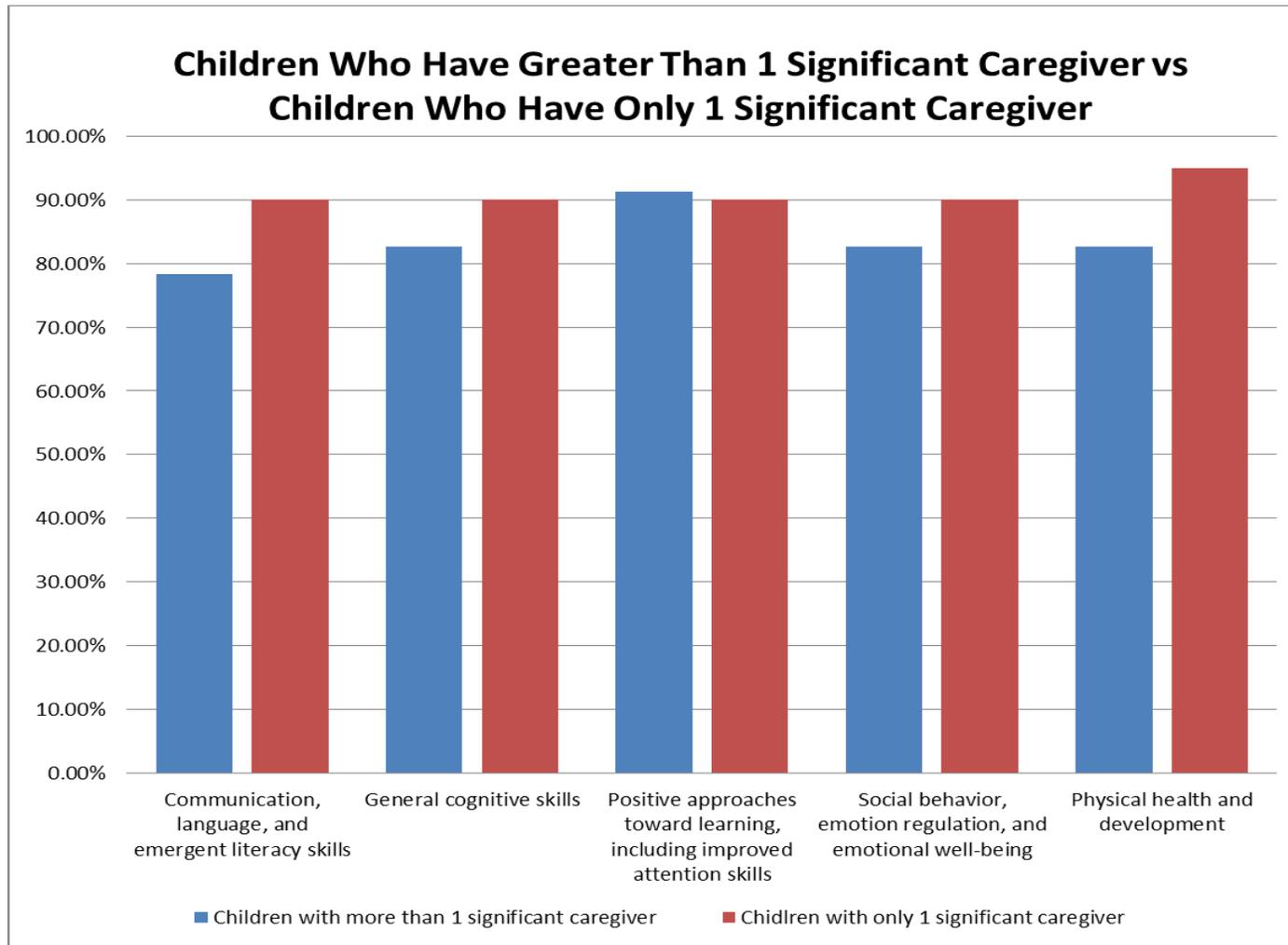


We continue to post on Facebook and our newsletters the children with the most attendance. We also call each family by 8:30 if they have not arrived at the center to check on the child and to emphasize the importance of attendance. The Family Services Coordinator discusses the benefits of attendance with families.



DCFS involvement is the newest filter we added to our KinderCharts filters. At this point it has shown to have negative effects to children’s progress in all five domains.

We have been and will continue to provide trainings for our staff on trauma-informed practice. We collaborate with DCFS and other local agencies to provide extra support to families with DCFS involvement and we're continuing to explore other ways to support these children.



The developmental progress of children does not seem to significantly vary based on whether they have 1 or more significant caregivers in their homes. Research shows that children with more than 1 caregiver can have less long term effects from Adverse Childhood Experiences (<https://www.cdc.gov/violenceprevention/acestudy/index.html>).

BTEHS teachers/ home visitors can help give the supports to children in our program with adverse childhood experiences need to continue to make progress in their developmental domains.