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More information about the work of the team members’ offices is available in Appendix G. The views expressed in this report belong solely to the authors and do not necessarily represent those of the CGS, P20 Center, College of Education or the officers and trustees of Northern Illinois University.
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EXECUTIVE SUMMARY

Introduction
Early childhood experiences play a significant role in a child’s development and the degree to which a child is ready for kindergarten. Children who experience multiple early learning experiences at home and in school develop essential knowledge, skills, and dispositions that leave them well equipped to enter and engage successfully in kindergarten and later learning environments. Conversely, children from more disadvantaged settings, which do not offer the same developmental opportunities, often struggle to adapt to kindergarten more than their peers, and they also encounter challenges that are likely to persist throughout their education and into their adult lives.

High-quality early childhood education has been well documented to have a positive educational impact, improve health and welfare, increase lifetime earnings, enhance social contributions, and provide a significant return on dollars invested. Likewise, the negative impact of poverty and trauma on young children is equally well documented. The DeKalb County Community Foundation (Community Foundation) partnered with Northern Illinois University’s P-20 Center and the Center for Governmental Studies to research, define, and measure the kindergarten readiness of DeKalb County’s children.

The report explores these questions:
- Why does kindergarten readiness matter?
- What factors influence kindergarten readiness?
- How will DeKalb County define kindergarten readiness?
- Are DeKalb County’s children ready for kindergarten?
- How can we increase kindergarten readiness in DeKalb County?

As a result of this study, new efforts will be considered to enhance the support of young children and their families in DeKalb County across one of the most difficult transitions in P-20 education – entrance into Kindergarten.

Literature Review
Early identification and intervention can reduce the potential negative impacts on children in school and in life. A United Way study indicates that without high-quality early care and education, at-risk children are 25% more likely to drop out of school, 40% more likely to become a teen parent, 50% more likely to be placed in special education, 60% more likely to never attend college, and 70% more likely to be arrested for a violent crime (United Way, 2017).

The science of brain development best explains the imperative of investing in early childhood education. According to UNICEF, by the age of four (4), children have developed half of their intellectual potential (UNICEF, 2014).
Research also shows that socioeconomic variables such as family income, education and employment, childhood trauma, and child and maternal health impact children’s development and the level of kindergarten readiness (Janus & Duku, 2007).

**Methodology**
This study focused on children in DeKalb County birth to five years of age and explored the factors that contribute to or hinder their successful transition into kindergarten.
To launch the initiative, the DeKalb County Community Foundation’s Kindergarten Readiness Work Group held a summit on kindergarten readiness in February 2017. Kindergarten teachers and early childhood educators from across DeKalb County were invited to attend. More than 50 participants representing seven out of the eight school districts along with several community early childhood educators in DeKalb County identified indicators of kindergarten readiness. They agreed that kindergarten readiness is defined as students’ preparedness for school and life success.

Online surveys were conducted across groups of kindergarten teachers, early care and education teachers, district administrators, and program directors to collect information about their perceptions of the kindergarten readiness of children in DeKalb County. Survey responses were aggregated and assessed for themes. The most common requests for assistance from these education professionals were the need to inform, educate, prepare, and support parents/guardians/families (45%) and the need for collaboration between school districts and early childhood education programs (36%).

**Conclusion**
The span from birth to age five is a unique time in a child’s life and can positively or negatively impact the ability to be ready for kindergarten and to succeed in life. Unfortunately, children in DeKalb County who are in this age category are experiencing increasingly adverse experiences: larger numbers of children living in poverty and homelessness, fewer children with health insurance, less capacity for child care in early care and education programs, and considerable mobility among families, all of which have been identified as negatively impacting kindergarten readiness and success in life.

Considering the increasing risk factors affecting children in DeKalb County, evaluating what can be done to close the gap and then make an investment in these areas is very important.

This report summarizes information on key indicators known to impact kindergarten readiness. The information includes suggestions pertinent to DeKalb County to be shared with community stakeholders. Together, using a collective impact process, the plan is to synthesize the information and make recommendations that will mitigate the impact of these adverse experiences and better meet the needs of children and their families in DeKalb County.
INTRODUCTION AND CONTEXT

The DeKalb County Community Foundation recognizes the importance of supporting young children and their families across one of the most difficult transitions in life: from early childhood to kindergarten.

The Foundation formed a Kindergarten Readiness Work Group and contracted with Northern Illinois University’s P-20 Center and the Center for Governmental Studies to assist in defining, measuring key early childhood factors, and then offering information about specific opportunities to improve kindergarten readiness in DeKalb County. This background paper provides context and a common foundation for the committee’s work.

This paper answers these questions:

- Why does kindergarten readiness matter?
- What factors influence kindergarten readiness?
- How will DeKalb County define kindergarten readiness?
- How ready are DeKalb County’s kindergartners?
- How can we increase kindergarten readiness in DeKalb County?

High-quality early care and education has been well documented to have a positive educational impact, improve health and welfare, increase lifetime earnings, enhance societal contributions, and provide a significant return on dollars invested. Likewise, the negative impact of poverty on early childhood indicators such as mother and child health, mental health, and development is equally well documented.

WHY DOES KINDERGARTEN READINESS MATTER?

Early childhood experiences play a significant role in a child’s development and level of kindergarten readiness. Children with positive early childhood experiences gain skills that leave them better equipped to navigate kindergarten and later learning experiences successfully. Children with negative experiences, both biologically and environmentally, struggle more than their peers to adapt to kindergarten. These types of challenges in early childhood create disadvantages that will persist throughout their education and into their adult lives. This study considered the birth to five-year-old child in DeKalb County, evaluated the factors that contribute to or hinder a successful transition into kindergarten, explained why investing in early childhood education is important, and considered how resources could be put in place and maximized to improve kindergarten readiness. Simply put, getting it right early in a child’s life is far more effective than trying to address the profound consequences emergent in their adult years.
The following sections contain information about the impact of early childhood experiences in general and in DeKalb County. In 2014 there were 7,341 children five years old and under, rather evenly distributed with 17% of five-year-olds, 33% of three- to four-year-olds and 50% of birth to three-year-olds. This is 619 fewer children than in 2010. Applicable DeKalb County data has been included within the text of the report along with being presented in the data review section. Both of these are highlighted with a blue border for easy identification.

The science of early brain development best explains the imperative of investing in early care and education. During infancy and early childhood, a child experiences a rapid rate of development. In fact, the United Nations Children’s Fund (UNICEF, 2014) highlights that early childhood is the most rapid developmental period in human life. United Way (2017) explains that 700 new neural connections are formed every second during the first two years of life. Also, according to UNICEF (2014), by the age of four, an individual has developed half of their intellectual potential.

The young brain develops quickly over time, and as the brain matures to handle more complex learning, the ability to change, called plasticity, is reduced. After a period of rapid growth, synaptic pruning is needed to make the neural pathways more efficient. Both the plasticity of the early brain and the staying power of reinforced connections make early childhood particularly impactful as the child becomes an adult. This table shows that the developing pathways happen in a sequence: first basic sensory pathways, then language, and finally higher cognitive functions.

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1 As Cited in Center on the Developing Child (2007)
This synaptic pruning of neural pathways is largely shaped by the child’s environment. For example, within the first year, a child’s neural pathways mature and become more effective at understanding sounds in their primary language. However, this means that the child starts to lose the ability to understand sounds not used in the primary language (Center on the Developing Child, 2007). Over time, the brain’s ability to change is reduced, and the ability to change the pathways becomes more difficult. Young children need rich, robust, varied experiences as they build and prune their developing sensory pathways, language pathways, and higher cognitive functions.

Additionally, human interaction and experiences significantly affect the developing brain. Young children reach out for interaction with those around them, and the lack of responses, negative responses, or even unreliable responses means that the neural pathways do not form as expected. These patterns of interactions can lead to developmental delays that carry into the future (Center on the Developing Child, 2016). Cognitive, social, and emotional processes weave together as integrated processes in young brains and lead to strong connectivity between them. Strong early positive emotional experiences result in processes that will be used by the brain as cognitive tasks are developed in school. Unfortunately, the opposite is true as well. When young brains are exposed to toxic stress caused by abuse, neglect, or maternal depression, they will have under-developed pathways, which will be a hindrance to social/emotional or cognitive development.

According to UNICEF (2014), “the years from conception through birth to eight years of age are critical to the complete and healthy cognitive, emotional, and physical growth of children” (Intro para. 1). The Center on the Developing Child (2007) recommends that early childhood programming promotes a balanced approach to social, emotional, language, and cognitive development while focusing on providing positive interactions and supportive relationships. Young brains require stable, caring, and interactive adults and intervention in times of toxic stress. Such care will remediate long-term consequences from the negative early experiences.

Adverse early childhood experiences result in long-term negative consequences for children and adults, and high-quality early childhood programs have clearly shown to return more than their investment for preventing these long-term negative consequences.

As evidenced above, children from low-income families are often at a disadvantage even before they are born. Lack of an appropriate, stimulating environment, lack of parental education, poor maternal and child health, and stress on the family system can negatively alter the course of a child’s development. There is a 90-100% chance of developmental delays when children under three years old experience at least six risk factors such as poverty, low maternal education, abuse, and malnutrition (Center on the Developing Child, 2007).

Quality early care and education programs can help to counteract the impact of these conditions and provide children and families with the support they need. This support comes in the form of accessible, affordable child care, screening for developmental delays, offering additional services for students with identified developmental delays, and educating parents on
how they can assist in their home. Overall, when children and families are supported, and services are easily accessible, appropriate cognitive development can ensue, putting the child on track for kindergarten readiness. Society benefits when investments are made in high-quality early childhood programs.

The Center on the Developing Child (2009) summarized the return on investment for three of the most rigorous, long-term studies on the impact of early childhood programs.

Individuals gained increased income while society benefitted from reduced crime and special education and welfare costs. Programs such as Head Start and Preschool for All aim to level the playing field and increase kindergarten readiness for economically disadvantaged children (Anderson, Shinn, Fullilove, Scrimshaw, Fielding, Normand, and Carande-Kulis, 2003).

Dr. James Heckman, Nobel laureate and founder of the Center for the Economics of Human Development at the University of Chicago (2000) echoes that funds are best utilized when invested in the very young. According to Heckman, “early learning begets later learning and early success breeds later success, just as early failure breeds later failure” (p. 3). Heckman (2000) stresses that investments should be made sooner rather than later in a child’s life, even before school age, so that interventions are more effective. Heckman highlights that interventions are effective earlier in a child’s life since “skill begets skill” and younger children “have a longer horizon over which to recoup the fruits of their investments” (2000, p.5). To support this concept, Heckman (2000) cites a study from the Syracuse Family Development Research Program that provided family development support for disadvantaged children prenaturally through age five. The study found reductions in probation and criminal offenses ten years later by as large as 70% (Heckman, 2000).

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2 As Cited in Center on the Developing Child (2009)
WHAT FACTORS INFLUENCE KINDERGARTEN READINESS?

According to the research, several factors significantly impact kindergarten readiness. To facilitate study, the factors have been grouped together, and then relevant DeKalb County data has been included in blue boxes within each section.

1. Demographic and Economic Factors and DeKalb County Data
2. Child and Maternal Health Factors and DeKalb County Data
3. Early Care and Education Factors and DeKalb County Data
4. Other Risk Factors and DeKalb County Data

1. Demographic and Economic Factors and DeKalb County Data

Research shows that socioeconomic variables (i.e. family income, education, and/or employment) impact a child’s development and the level of kindergarten readiness (Janus & Duku, 2007). The impact of growing up in poverty is pervasive and affects many domains of the child’s life. Evans (2004) paints a vivid picture of the impact of childhood poverty when he states,
Poor children confront widespread environmental inequities. Compared with their economically advantaged counterparts, they are exposed to more family turmoil, violence, separation from their families, instability, and chaotic households. Poor children experience less social support, and their parents are less responsive and more authoritarian. Low-income children are read to relatively infrequently, watch more TV, and have less access to books and computers. Low-income parents are less involved in their children’s school activities. The air and water poor children consume are more polluted. Their homes are more crowded, noisier, and of lower quality. Low-income neighborhoods are more dangerous, offer poorer municipal services, and suffer greater physical deterioration. Predominantly low-income schools and day cares are inferior. The accumulation of multiple environmental risks rather than singular risk exposure may be an especially pathogenic aspect of childhood poverty (p. 77).

In 2015, 51.6% of DeKalb County children were in economically secure households with income levels at least 200% of the Federal Poverty Level. This is a decline from 54.8% in 2010. Likewise, 15.9% of children (1,167) were in households in extreme poverty, defined as less than 50% of the Federal Poverty Level, which is an increase from 12.8% (1000) in 2010.

Considered holistically, the experiences of children in poverty puts them at a disadvantage compared to their economically privileged peers. Specifically, Janus and Duku (2007) emphasize that children who experience fewer socioeconomic risk factors enter kindergarten with increased cognitive and pre-reading skills. Research conducted in the Early Childhood Longitudinal Study (ECLS-K, 1998-1999) supports these claims. The ECLS-K study found that maternal education impacted children’s reading and mathematics skills in the first year of school. That is, children whose mothers had higher education demonstrated higher levels of reading and mathematics skills (West, Denton, & Reaney, 2000).

Further, West, Denton, and Reaney (2000) explain that in addition to increased cognitive skills, children with lower risk factors have increased social skills and approaches to learning by the spring of their kindergarten year. Finally, children from economically advantaged homes have higher levels of vocabulary and hear seven words for every two that children from low-income families hear (United Way, 2017). The Center on the Developing Child (2009) states that the impact of these differences begins to show by the time a child is 18 months old. Therefore, identifying children with these delays as early as possible is essential.
This difference in the richness of verbal interactions between higher and lower socioeconomic status (SES) homes has been referred to as the “30 Million Word Gap” over the first three years of life. Twenty years ago, researchers Betty Hart and Todd Risley found this difference in the quality and quantity of child-directed language between homes of differing SES. “Children who did not have the benefit of rich verbal engagement in early life were more likely to be behind in cognitive and language skills in kindergarten and elementary school” (as cited in Fernald & Weisleder, 2015, p.1).  

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3 As Cited in Center on the Developing Child (2009)
An indicator known to lead to low economic security is living in a family with a single head of household. In DeKalb County, married couple families have declined from 77% of the families in 2010 to 67% of the families in 2015 meaning that there were 766 more single head of household families in 2015. Of the single head of households in 2015, 76% were female head of household (2688), and 80% of them were in the labor force (2157). For the 849 male head of household families in 2015, 94% of them were in the workforce (796).

According to the American Psychological Association (2017), not only do women typically make less money than men, they are more likely to be the heads of single households. This is also true in DeKalb County where among children age five and under, the percent living in a family with a female head of household at or above poverty level has dropped from 8.9% in 2010 to 5.9% in 2014. Taken together, women serving as heads of single households are tasked with raising children with fewer economic resources. The stress and limited resources can contribute to lower physical, psychological, and overall quality of life for these mothers (American Psychological Association, 2017).

 Fewer economic resources lead to “doubling up” in residences, which is a form of homelessness. In DeKalb County in 2015, 3% of the grandparents were living with their grandchildren. This number had risen from 1464 in 2010 to 1573 in 2015. 616 grandparents were responsible for their own grandchildren in 2015, a 37% increase from 450 in 2010. Interestingly, even though the number of grandparents responsible for children under age five has only had a slight increase (354 in 2010 and 410 in 2015), the number of grandparents responsible for their school-age grandchildren has doubled in the past five years (96 children in 2010 and 206 in 2015).

McKinney-Vento Homelessness Act requires school districts to identify homeless children and provide supports and resources in overcoming barriers to continued attendance at school (Illinois State Board of Education). Services and materials like free lunches, school supplies, waived field trip fees, and even essential items like eyeglasses and gym uniforms are to be provided by the school district to homeless students.
DeKalb County has seen more than twice as many kindergarten and preschool students identified as homeless over the past several years.

Altogether, children from more economically advantaged homes enter kindergarten more cognitively prepared than their economically disadvantaged peers. In general, in DeKalb County, children age five and under are living in poorer households with more single parents and/or grandparents responsible for them.

According to Ballantyne, Sanderman, and McLaughlin (2008), one of the biggest demographic changes nationally over the past ten years has been the increase in English language learners within public schools. According to Ballantyne et al. (2008), many of these students are born in the United States, meaning that they are acquiring two languages at once (dual language learners). Ballantyne et al. (2008) highlight that there is an achievement gap between dual language learners and monolingual English-speaking students, even after attending US schools for five or six years. Further, dual language learners are more likely to come from low-income communities or neighborhoods. Parents within these communities are less likely to have graduated from high school, have less access to full health care services and their children are less likely to attend preschool. Therefore, dual language learners are not as likely to have early experiences that have prepared them for learning in school (Ballantyne et al., 2008).
In DeKalb County, the percentage of households that are Linguistically Isolated-Spanish Speaking has dropped every year since 2010 resulting in 1.68% of all households in 2014 having all members over 14 years old with at least some difficulty in English.

According to the Illinois Report Card, the DeKalb school district has had an increase in the percent of students as English Language Learners from 8% in 2012 to 11% in 2016, which meets the state average. The county average of English Language Learners enrolled in school districts has changed from 5% in 2012 to 6% in 2016.

2. Child and Maternal Health Factors and DeKalb County Data
Poor child and parental health can have serious implications on a child’s development and schooling. Janus and Duku (2007) explain that children who are frequently ill are likely to be chronically absent from school which means they are missing important instruction. Chronic absence is an indicator used to identify students with a greater chance of dropping out of school before graduation. Further, in their research of children on asthma medication, Naude and Pretorius (2003) found that medication can impact a child’s cognitive and psychosocial functioning.

Another serious child health concern is related to the effects of low birth weight. According to Boston Children’s Hospital (2017), a low birthweight baby is one that weighs less than five pounds, eight ounces. Low birthweight babies are a salient concern, as approximately 7.6% of US newborns have low birth weight. There are many reasons why a baby may be born with a low birth weight. According to Boston Children’s Hospital (2017), babies born to teen mothers, multiple birth babies, and mothers who use drugs and alcohol while pregnant are more likely to be born with a low birth weight. While there is a 95% survival rate for babies born between 3-5.8 pounds, there are serious health implications for these babies. According to Boston Children’s Hospital (2017), a low birthweight baby may have low oxygen levels at birth and have an inability to maintain body temperature. Further, low birthweight babies are prone to infection and may have difficulty feeding and gaining weight. Low birthweight babies may experience breathing problems such as respiratory distress syndrome, neurological problems, and gastrointestinal concerns (Boston Children’s Hospital, 2017). Taken together, low birthweight babies face serious health concerns in the first moments of their life, which may...
put them at risk for developmental delays or even disabilities such as cerebral palsy. Therefore, low birthweight babies may need extra support as they enter kindergarten given their unique development.

Janus and Duku (2007) explain that in addition to the child’s health, the mother’s health can have a direct impact on the child both biologically and environmentally. It is well documented that prenatal drug and alcohol use can have serious and long-term implications for a child including cognitive deficits and behavioral problems (Streissguth, Landesman-Dwyer, Martin, & Smith, 1981). Further, children whose parents continue to abuse alcohol may experience abuse or neglect and be at risk for medical issues and psychopathology (Lieberman, 2000). Parents with mental health concerns such as depression have difficulties forming healthy attachment relationships with their children (Campbell, Brownell, Hungerford, Spieker, Mohan, & Blessing, 2004). Depressed mothers are less likely to offer cognitively stimulating environments and are less attentive and responsive to their children (Canadian Paediatric Society, 2004). School-aged children of depressed mothers exhibit lower IQ scores, attention difficulties, difficulties in mathematical reasoning, as well as internalizing and externalizing behavioral concerns (Canadian Paediatric Society, 2004). Children who are experiencing chronic stress experience permanent declines in brain functioning, learning, and memory.

4 For 2014, 7.2% of the babies born in DeKalb County had a low birthweight, 1.6% were very low birthweight, and about 10.2% were preterm. Overall, the number of low birthweight babies seems to be increasing.

Janus and Duku (2007) explain that in addition to the child’s health, the mother’s health can have a direct impact on the child both biologically and environmentally. It is well documented that prenatal drug and alcohol use can have serious and long-term implications for a child including cognitive deficits and behavioral problems (Streissguth, Landesman-Dwyer, Martin, & Smith, 1981). Further, children whose parents continue to abuse alcohol may experience abuse or neglect and be at risk for medical issues and psychopathology (Lieberman, 2000). Parents with mental health concerns such as depression have difficulties forming healthy attachment relationships with their children (Campbell, Brownell, Hungerford, Spieker, Mohan, & Blessing, 2004). Depressed mothers are less likely to offer cognitively stimulating environments and are less attentive and responsive to their children (Canadian Paediatric Society, 2004). School-aged children of depressed mothers exhibit lower IQ scores, attention difficulties, difficulties in mathematical reasoning, as well as internalizing and externalizing behavioral concerns (Canadian Paediatric Society, 2004). Children who are experiencing chronic stress experience permanent declines in brain functioning, learning, and memory.

4 IECAM is the Illinois Early Childhood Asset Map http://iecam.illinois.edu
Even though births to teens under 19 years old in DeKalb County decreased to only 11 (18.6% of all) in 2014, births to unmarried mothers in DeKalb County has been increasing slightly over the past few years from 35.8% in 2010 to 38.8% of all births in 2014. Additionally, the infant mortality rate has increased over the past several years and even exceeded the state average in 2013 and 2014. Taken together, child and parental health concerns can negatively impact biological functioning and add stress to the family system, thus negatively impact a child’s development.

The Centers for Disease Control and Prevention (2017) emphasize the importance of children being screened and identified for potential delays as early as possible. This is significant when considering that a quarter of all school-aged children have significant vision problems which if left untreated can cause visual impairment (Medicaid.gov, n.d.). Further, two to three out of every 1,000 children are born with hearing impairments that can impact development and learning (Medicaid.gov, n.d.). Early intervention is the key to addressing delays before they become permanent.

The DeKalb County Health Department collects preschool screening data for vision and hearing. According to this data, in 2009-2010, 68% of the preschool children in the county were screened for hearing, and 66.2% of them were screened for vision. Over the years, the number of preschool-aged children screened has declined to a low in 2014-2015 of 45.9% screened in hearing and 44.8% screened in vision. An increase was seen in 2015-2016, but this could be due to private schools contributing to the totals for the first time. There are other entities who may be conducting the required screening that are not included in this total.
According to Bruner (2009), well-child visits can help identify potential health concerns that could impact kindergarten readiness. One of these is elevated levels of lead. Lead is a major concern for healthy child development because it can have serious implications on a child’s health. Lidsky and Schneider (2003) highlight that children are especially vulnerable to the harmful effects of lead due to their developing nervous systems. According to the authors, children who survive lead poisoning are severely cognitively compromised, which results in intellectual disability. Further, the authors cite research that suggests that lead at high enough levels can lead to neuropsychological deficits and social/emotional concerns that impact classroom performance.

The Centers for Disease Control (2016) consider children six to 72 months who are frequently exposed to old deteriorating buildings to be at a higher risk. The Centers for Disease Control (2016) emphasize that screening is essential to identify affected children and generate a prevention plan.

In 2014, of the 7,341 children under age five, 1,504 of them were screened (20%) and only three children had elevated Blood Lead Level. This is .04% or four in 10,000.

As noted above, screenings such as these happen as part of well-child visits, but Chung, Lee, Morrison, and Schuster (2006) stress that one of the biggest barriers to well-child visits and preventative care is health insurance. The authors highlight that only 68% of uninsured children attend well-child visits compared to 76% of privately insured and 85% of publicly insured children. Even with that high attendance rate for well-child visits, publicly insured families
experience less continuity of care with a provider, and this impacts chronically ill children who will have to be seen by several different providers (Chung et al., 2006). Refer to the chart in Appendix C for more information about activities and outcomes for well-child visits.

In DeKalb County, AllKids Healthcare for low-income families has held steady with approximately 10,000 children under age 19 enrolled for the past four years. This number dipped to 9,618 in 2016. For children under five, the American Community Survey estimates that 954 children had no insurance coverage in DeKalb in 2015 which was an increase from previous years. Even with these drops in insurance coverage, 75% of the children in DeKalb County have attended at least the recommended six or more well-child visits between 2012-2014.

Another important purpose of well-child visits is to screen for developmental delays. Kindergarten readiness is dramatically impacted by the severity of a child’s developmental delay. For children with identified delays, supports and interventions can be put into place to help the child catch up and enter school more prepared. If the delays are not identified, there is no intervention, and students will struggle and lag behind their peers.

Although children develop skills at various times, those with developmental delays significantly lag behind their peers. It is important to note that a developmental delay is different than a developmental disability. According to Morin (n.d.), a developmental delay may be caused by a temporary concern, and with the proper supports, a child may be able to catch up to typically developing peers. Conversely, although progress can be made, a developmental disability is not something a child will typically outgrow or catch up in. Morin (n.d.) highlights that delays can occur in one or more developmental areas including cognitive skills, social/emotional skills, speech and language skills, fine and gross motor skills, and daily living activities. Various risk factors may contribute to delays which include birth complications, environmental concerns, and medical conditions (Morin, n.d.).

In DeKalb County, children with developmental delays receive support from the following programs.

- Illinois Department of Human Services (IDHS) Early Intervention program called Child and Family Connections is delivered by the Carroll/JoDaviess/Stephenson Regional Office of Education.
- IDHS Home Visiting program called Healthy Family Connections is delivered by Children’s Home and Aid Society.
- ISBE Prevention Initiative called Family Enrichment Program began in 2012 and is delivered by 4-C on a flow-through grant from the DeKalb Regional Office of Education.

The graph below shows the number of children engaged in each of the three DeKalb County early intervention programs. Early Head Start is a national program used to address developmental delays, but is not in the chart because it is not being used in DeKalb County at this time.
A child who is experiencing developmental delays is likely to struggle in certain areas as they enter kindergarten. Morin (n.d.) points out that as delayed students enter school, teachers are likely to notice links between the delay and classroom learning and attention issues. Refer to Appendix C for more information on important developmental milestones from birth to age eight.

3. Early Care and Education Factors and DeKalb County Data
In their article, *Quality Early Education and Child Care From Birth to Kindergarten*, the Committee on Early Childhood, Adoption, and Dependent Care (2005) recognizes that quality early care is essential for proper development, but also acknowledges that there can be immense barriers for families in achieving such levels of care. For instance, even if a child is staying at home with a parent, it does not mean he or she is receiving quality care. This is especially true if the parent is uneducated on the characteristics of quality care or unskilled at providing those programs. In this national report, the authors also highlight that for children who attend child care centers in the United States, most are rated as poor to mediocre, with half of all centers failing to meet minimum standards. Further, the authors highlight that nationally, many centers fail to compensate their staff well, which can be a problem in attracting and retaining highly qualified teachers. With low standards and a high turnover rate, children are being deprived of experiencing positive, stable relationships with their caregivers. For programs that are considered higher quality, funding is often inadequate, and subsidies do not meet the needs of all who are eligible (Committee on Early Childhood, Adoption, and Dependent Care, 2005).

States have implemented various monitoring and rating programs to address low-quality programs while developing supports and resources to help programs achieve higher ratings. Over the years, Illinois has implemented a variety of licensing and quality monitoring systems and in 2014, began implementation of ExceleRate Illinois. Parents can search for early care and education programs in their county within selected Circles of Quality. Child care centers, part time preschools, and home-based centers can achieve Bronze, Silver, or Gold Circles of Quality.
resulting from their attainment of fifteen standards within the categories of learning environment, instructional quality, and administration\(^5\). Because of their more stringent program requirements, Preschool for All programs will achieve either a Silver or Gold Circle of Quality. Once programs have attained Gold Circle of Quality, there are several Awards of Excellence which have requirements more closely aligned to the research in serving at-risk children. Through the ExceleRate system, early care and education programs are incentivized to provide high-quality child care and receive the esteemed designations. Several different financial and technical assistance supports are in place to assist programs interested in elevating their rating.

In Illinois, early care and education is provided in a variety of settings including Department of Child and Family Services (DCFS) licensed child care centers, part time preschools and family child care homes, Illinois State Board of Education Preschool for All (PFA) programs most often located in public schools, and Head Start programs. Early care and education may also be provided in programs exempt from licensing.

According to the most recent state and local data, in 2010 there were 135 sites with a capacity of 3,356 children, which represented 42% of the five and under population of the county. In 2016, there were only 112 sites with a capacity of 3,003 children, which is 40.9% of the five and under population in DeKalb County. 457 of the 3,003 slots available in DeKalb County are in programs with a Gold Circle of Quality, which is 15% of the total capacity. Additionally, all nine of the Gold Circle of Quality centers are in the more-populated communities of DeKalb, Malta, Sycamore, and Sandwich.

Early care and education programs have several opportunities to access funds and technical assistance for increasing the Circle of Quality rating. The Illinois Department of Human Services funds ExceleRate IL, which supports child care through the Child Care Resource and Referral system. In DeKalb County, 4-C provides consultation, technical assistance, and training related to achieving Circles of Quality. Three full-time staff are available to work on site in centers, part time preschools, and family child care homes. Professional Development Funds (PDF) and Quality Improvement Funds (QI Funds) are available to offset costs associated with achieving higher Circles of Quality. Individuals can apply for PDF for credential fees and professional development, which will lead to their personal licensure advancement. Programs can apply for QI Funds Accreditation Assistance for national accreditation fees and QI Funds Training Stipends for staff to complete required ExceleRate IL trainings. Center directors and family child care providers can participate in QI Funds ExceleRate IL Training Cohorts. Upon completion of the cohort, programs can receive funds for materials and equipment based on a self-assessment. Additional resources and supports are available through Illinois’ Gateways to Opportunity professional development system. Research emphasizes the importance of intervening with children with greater risk of delays and adverse experiences by enrolling them in high-quality early care and education programs. Even though the state rating program is relatively new, a considerable number of supports are available to programs to increase their levels of quality.

In 2015, 1,255 kindergartners were enrolled in DeKalb County public schools, and in 2016, there were 1,241 kindergartners. This indicates that 2,496 openings were needed in the 2014 three- to four-year-old programs to be able to enroll the upcoming kindergarteners. In 2014, the reported total capacity for three-four-year olds in the county was 1,999 (414 in school district and 1585 in licensed programs). There is enough capacity in three- to four-year olds programs for 80% of the upcoming kindergarteners to be enrolled. This number does not include openings in non-licensed programs.

Several license exempt programs exist in the county because Illinois allows some early care and education programs to operate without a license if they meet certain criteria. The variety of licensed exempt programs include but are not limited to programs (1) operated by school districts and higher education as a learning lab; (2) accredited through American Montessori Society programs for children three years old and above; (3) provided by religious education or civic, charitable, and governmental organizations; or (4) operating as a part-day child care facility by a church or social service agency (Illinois Department of Human Services, 2015).

Note that although these programs are exempt from licensure, they may choose to be licensed, and many do choose to do so in DeKalb County. The majority of license exempt programs in DeKalb County may choose to operate as license exempt because they are faith based or operated by a civic, charitable, or governmental agency. These programs may have years of experience serving children, families, and communities, and even though 4-C collects some information on them, there is no information in state data systems about the children they serve.

Living in a more rural area can present various barriers for accessing quality early child care and education. Limited options, transportation, and demanding or irregular work schedules can decrease opportunities for rural families. Authors Maher, Frestedt, and Grace (2014), highlight that quality center-based care is limited in rural areas due to the high costs associated with opening and operating a center, coupled with large distances between families. With fewer families to serve in a geographic location, rural providers might not find it economically advantageous to open a center or pursue licensing. Therefore, for some rural communities, the closest center-based care could be as far as 50 miles away (as cited in The Frederick D. Patterson Research Institute, 2011). Considering that center-based care is often the least available option for those living in rural areas, families are more likely to depend on relatives to care for their children, which is often more accessible in affordability and availability (Smith, 2006). Rural areas of DeKalb county are noted in Appendix E.

Using relatives for child care is even more common for low-income rural children. 32% of low-income rural preschoolers with an employed mother are being cared for by relatives. Research suggests that rural mothers are less likely to pay for relative care, and when they do, the costs associated with child care are less than what urban mothers pay (Smith, 2006). Considering that mothers in more rural communities can struggle with the demands of long commutes, relative
care provides more flexibility in cost, hours, and relief from rules about minimum ages, attendance, and required minimum hours more commonly found in licensed programs. (The Frederick D. Patterson Research Institute, 2011). Relative care also provides more opportunities for child care during irregular and nonstandard work schedules. Regardless of the means a family chooses to care for their child, ensuring quality care for children in rural settings is an important challenge to overcome since these children are likely to spend an average of 37 hours in child care each week, and research shows that rural children are more likely to lag behind urban children in letter recognition and beginning sounds upon entering kindergarten (Smith, 2006).

Even though there are 3,003 slots in DeKalb County for children in licensed centers, they are not evenly distributed across the county. According to the most recent state and local data, Somonauk has no licensed programs for birth to five-year-olds or before/after school care within the Somonauk school district’s boundaries. No birth- to three-year-old licensed programs exist in Kirkland, Hinckley, Shabbona, or Waterman. Additionally, 242 total spots in licensed centers are available for before/after school care, but only three communities are represented: 137 in the DeKalb School District, 48 in the Genoa-Kingston School District, and 57 in the Sycamore School District. State data systems list several license exempt after school programs, but these are also within these three communities.

For low-income parents who can overcome the limitations of schedule and proximity to enroll their children in licensed centers, they can be eligible for the Child Care Assistance Program (CCAP) through the Illinois Department of Human Services. The subsidies are for child care services while they work or go to school/training and work.

For children under age three in DeKalb County, 103 CCAP eligible children under three are in Gold Circle of Quality centers. For ages three to five, 118 CCAP eligible children are in Gold Circle of Quality centers. This mean that 48% of the children under three in Gold Circle of Quality centers are CCAP eligible, and 49% of the children three and over in Gold Circle of Quality centers are CCAP eligible.

4. Other Risk Factors and DeKalb County Data
Similar to rural neighborhoods, families residing in poor neighborhoods experience isolation and barriers to resources. According to a report by the Urban Child Institute (2008), “a poor neighborhood is not just an area where poor people live – it is an area that is poor in resources like good schools, quality child care, and safe recreation” (p. 85). According to the same report, children who grow up in impoverished neighborhoods experience poorer health, decreased school achievement, and worse adult outcomes. Parents in impoverished neighborhoods are less likely to have social supports, which increases their stress and decreases their effectiveness to parent. Further, if the neighborhood is unsafe, children are less likely to participate in after-school activities and watch more television, resulting in higher rates of childhood obesity. Finally, children from impoverished neighborhoods are less likely to graduate from high school, resulting in lower earnings in adulthood (Urban Child Institute, 2008).
Those living in impoverished neighborhoods experience additional risk factors which impact their level of wellness, and thus, school readiness. These factors include childbearing patterns and infant health, witnessing domestic violence, mobility, and access to community services. According to the Urban Child Institute (2008), “neighborhoods of concentrated poverty are disproportionately affected by teen childbearing, low birth weight, and infant mortality” (p. 87). The Urban Child Institute (2008) highlights that children born to teen mothers are at a higher risk for exhibiting antisocial behavior, being unemployed, and becoming parents at an earlier age. Further, low birth weight babies born to impoverished teen mothers are likely to perform lower on measures of cognitive development, behavioral adjustment, and physical health. Finally, infant mortality is greater in impoverished neighborhoods due to smoking and lack of prenatal care (Urban Child Institute, 2008).

In addition to the above risk factors, children from impoverished neighborhoods are likely to change schools often. According to the Urban Child Institute (2008), low income families tend to move from one poor area to another and “in areas where families move in and out often, social ties are weak, and protecting children from negative influences is more difficult” (p. 90). Further, as poor children move and transfer schools, often mid-year, they are more vulnerable to academic failure, behavioral concerns, and high school dropout (Urban Child Institute, 2008).

In 2014, 77% of the 103,405 residents in DeKalb County did not move. Of the 23,420 residents that did move into DeKalb County communities, 56% of them moved from other DeKalb County communities. The communities outside of DeKalb County that people most commonly moved from include those in Cook County (29%) and Kane County (16%). The remaining top five places residents moved from include DuPage County, Lake County, and several Asian countries.

Of the 19,103 residents who moved away from a DeKalb County community, 68% moved to another DeKalb County community. The top five places residents moved to outside of DeKalb County included the same top two counties: Cook (24%) and Kane (22%).

In addition to differences in childbearing patterns and infant health, children reared in impoverished neighborhoods are at a greater risk for witnessing domestic violence. According to the Urban Child Institute (2008) “the fear, stress, and self-blame that often accompany exposure to family violence are traumatic for children and can have long-term consequences” (p. 89). Such consequences include sleep difficulties, physical symptoms, aggressive behavior, and impaired social development. Further, children who witness domestic violence are at a greater risk for emotional, physical, and sexual abuse themselves. Finally, the report highlights that regardless of age, witnessing domestic violence is a serious threat to a child’s development (Urban Child Institute, 2008).
In DeKalb County, the number of neglect and abuse cases has been increasing over the past five years from 161 cases in 2010 to 213 cases in 2015.

In DeKalb County, the number of school crime incidents increased by 16 incidents, and the drug crime arrest rate increased by 450 from 2013 to 2015. Domestic offenses have also increased overall by 93 incidents from 2013 to 2015, even though the serious crime offense rate per 100,000 people decreased each year in this same time period (from 2,366.8 in 2013, 2,117.6 in 2014, 2,060.5 in 2015).

These types of traumas are called Adverse Childhood Experiences (ACEs). ACEs are the more recent focus of mental health and substance abuse counselors across the state and nation. ACEs are stressful or traumatic events that include obvious negative experiences such as abuse and neglect, but also include long-term exposure from events like domestic violence, witnessing substance abuse, parent separation and divorce, or losing a caregiver (SAMHSA, 2017). According to the National Child Traumatic Stress Network (NCTSN, 2010), children including young infants are “affected by events that threaten their safety or the safety of their parents/caregivers, and their symptoms have been well-documented” (p.2).

Given their developmental abilities, young children are unable to process traumatic events the same way an older child, adolescent, or adult would. According to NCTSN (2010), young children’s “misconceptions of reality compound the negative impact of traumatic events on children’s development” (p. 3). The prevalence of ACEs in young children is connected to many physical and mental health problems throughout a person’s life, most especially issues related to early alcohol use, adult alcohol abuse, and both legal and illegal drug misuse and abuse. ACEs also lead to behavioral problems like depression, high-risk sexual behaviors, sleep disturbances, and fetal mortality. Additionally, because most ACEs happen together instead of singular types
of events, many studies are measuring the cumulative effects of them over time (SAMHA, 2017).

Regarding kindergarten readiness, the NCTSN (201) explains that young children’s brains are vulnerable to traumatic experiences. In fact, early childhood trauma is correlated with a reduced size of the brain cortex, which is associated with memory, attention, perceptual awareness, thinking, language, and consciousness. According to the network, this reduction may impact a child’s IQ, as well as the ability to regulate emotion. These implications will impact a child’s overall developmental progression, and as such, their level of kindergarten readiness. This is alarming since young children experience the highest rate of abuse and neglect (NCTSN, 2010). Not surprisingly, several landmark studies have connected the “...breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults” (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards & Marks, 1998).

Efforts at addressing the results of these experiences have included counseling, but identification of ACEs early in life provides the best opportunity for interventions that mitigate the long-term effects.

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6 As cited in Substance Abuse and Mental Health Services Administration (2017).
HOW WILL DEKALB COUNTY DEFINE KINDERGARTEN READINESS?

To launch the work in kindergarten readiness, the Kindergarten Readiness Work Group invited early childhood educators from across the county to discuss and define kindergarten readiness for DeKalb County. On February 1, 2017, more than 50 participants discussed and developed a definition along with providing suggestions for DeKalb County in supporting the work. A summary of their responses is available in Appendix B.

The Work Group used these comments to decide on a definition, a value statement, and key activities essential for kindergarten readiness.

**Definition** Kindergarten readiness is defined as students’ preparedness for school and life success.

**Value** Kindergarten readiness is enhanced, and inequalities are addressed, when schools, early childhood educators, community service providers, and policy makers work collaboratively with families as their children's first teachers.

**Essential Activities** Kindergarten readiness is measured by the extent to which students exhibit appropriate social and emotional development, positive approaches to learning, strong language and literacy skills, basic cognition and foundational skills, and healthy motor and physical development.

HOW READY ARE DEKALB COUNTY’S KINDERGARTENERS?

This report includes the results of three methods that were used in the attempt to determine the kindergarten readiness of DeKalb County.

2. Using high priority indicators to measure kindergarten readiness.
3. Using practitioner perceptions to measure kindergarten readiness.

1. **Using the Illinois Kindergarten Individual Development Survey (KIDS) assessment to measure kindergarten readiness.**

The KIDS assessment is an observational tool that has been available from the Illinois State Board of Education (ISBE) for school districts at no charge since 2010. It will be used to measure the kindergarten readiness of all kindergarteners across the state starting fall 2017. In the past six years, Illinois has collected information from hundreds of teachers in pilot districts who are using the assessment in their classrooms. Due to their feedback and administrative concerns
about the assessment, numerous changes have been made regarding the expectations for using the instrument and timelines for mandated implementation.

During 2016-2017, ISBE expects that teachers and administrators will receive training on the tool. By 2017-2018, ISBE expects that all districts will implement the tool and submit individual child data on the 14 State Readiness Measures by the fortieth day of student attendance. The data collected from the tool is intended to inform teachers’ educational practice, as well as offer parents and guardians information regarding their child’s readiness for kindergarten and continued growth and development throughout the year. The Kindergarten Readiness Work Group was interested in considering the KIDS assessment results for providing kindergarten readiness metrics across the county. On January 4, 2017, eight districts within DeKalb County Illinois were sent a survey inquiring about their training and implementation of the Kindergarten Individual Developmental Survey (KIDS).

The eight DeKalb County school districts were included in a survey on their implementation of the KIDS assessment—DeKalb CUSD 428, Genoa-Kingston CUSD 424, Hiawatha CUSD 426, Hinckley-Big Rock CUSD 429, Indian Creek CUSD 425, Sandwich CUSD 430, Somonauk CUSD 432, and Sycamore CUSD 427. All eight districts responded to the survey and reported that even though they have been in compliance with the required phases of implementation and even though several of them are piloting some to all of the assessments, they have locally determined assessments that they prefer. More specific information about the districts’ responses is in Appendix D. In general, DeKalb county school districts are using a variety of other assessments such as AIMSweb, MAPs, STAR, and locally created assessments to determine kindergarten readiness. The KIDS assessment is not currently an accepted standard used by practitioners for measuring kindergarten readiness in DeKalb County.

The required measures by the Illinois State Board of Education starting 2017-2018 school year.
2. Using high priority indicators to measure kindergarten readiness.

More than 30 different tables in the data summary in Appendix E in this report summarize the available DeKalb County data on key indicators known to impact kindergarten readiness. From this in-depth data review, the following High Priority Indicators have been identified and presented in the following dashboard for a quick view of the health, welfare, and education of DeKalb County’s children under age five and the adults who care for them. In this dashboard, the colors in the Change from Base column indicate whether the change in the indicator is positive or negative for the community. The tan color indicates a change that increases risk factors (negative for the community), white indicates no change, and gray indicates a decrease in that risk factor (positive for the community). Change from Base numbers in parenthesis indicates a negative change.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Primary Metrics</th>
<th>Base</th>
<th>Current</th>
<th>Change from Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix E.1 – Demographics and the Economy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Learners</td>
<td>Children ages five and under</td>
<td>Year 2010 7,958</td>
<td>Year 2014 7,341</td>
<td>(7.8%)</td>
</tr>
<tr>
<td>Economic Security</td>
<td>Among children age five and under, percent not in low income families (=&gt;200% FPL)</td>
<td>Year 2010 54.8%</td>
<td>Year 2014 51.6%</td>
<td>(3.2) Percentage Points</td>
</tr>
<tr>
<td>Children in Poverty: Below 50% FPL</td>
<td>Among children age five and under, percent in low income families (&lt;50% FPL)</td>
<td>Year 2010 12.8%</td>
<td>Year 2014 15.9%</td>
<td>3.1 Percentage Points</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Primary Metrics</th>
<th>Base</th>
<th>Current</th>
<th>Change from Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Poverty: Below 100% FPL</td>
<td>Among children age five and under, percent in low income families (&lt;100% FPL)</td>
<td>Year 2010 24.2%</td>
<td>Year 2014 30.8%</td>
<td>6.6 Percentage Points</td>
</tr>
<tr>
<td>Working Parent Demand for Early Care and Education Programs (May Not Include Parents Searching for Jobs or Going to School)</td>
<td>Among children age five and under, with at least one working parent</td>
<td>Year 2010 65.7%</td>
<td>Year 2014 70.9%</td>
<td>5.1 Percentage Points</td>
</tr>
<tr>
<td>Involvement of Grandparents</td>
<td>Number of grandparents responsible for own grandchildren under 18 years</td>
<td>Year 2010 450</td>
<td>Year 2014 616</td>
<td>36.9%</td>
</tr>
<tr>
<td>Children at or Above Poverty Living with a Single Female Householder</td>
<td>Among children age five and under, percent living in a family with a female householder and no husband present, at or above poverty level</td>
<td>Year 2010 8.9%</td>
<td>Year 2014 5.9%</td>
<td>(3.0) Percentage Points</td>
</tr>
<tr>
<td>Education of Mothers: Less than 1 Year of College</td>
<td>Percent of all mothers with education level of &quot;less than one year of college&quot; and below</td>
<td>Year 2012 43.8%</td>
<td>Year 2014 39.9%</td>
<td>(3.9) Percentage Points</td>
</tr>
<tr>
<td>Education of Mothers: At least 1 Year of College or More</td>
<td>Percent of all mothers with education level of &quot;one or more years of college with no degree&quot; and above</td>
<td>Year 2012 56.2%</td>
<td>Year 2014 60.1%</td>
<td>3.9 Percentage Points</td>
</tr>
<tr>
<td>Linguistically Isolated Households – Spanish Speaking</td>
<td>Percent of Households Linguistically Isolated – Spanish Speaking</td>
<td>Year 2010 3.29%</td>
<td>Year 2014 1.68%</td>
<td>(1.61) Percentage Points</td>
</tr>
</tbody>
</table>

**Appendix E.2 – Health**

<table>
<thead>
<tr>
<th>Well Child Visits</th>
<th>Among children receiving Medicaid/SCHIP for first 15 months of life, number and percentage attending six or more well child visits</th>
<th>Year 2012 422 (74.3%)</th>
<th>Year 2014 438 (75.4%)</th>
<th>1.1 Percentage Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool Vision Screenings</td>
<td>Among preschoolers (ages three and four), percent screened for vision</td>
<td>Year 2009/2010 1,782 (66.2%)</td>
<td>Year 2015/2016 1,189 (48.6%)</td>
<td>(17.6) Percentage Points</td>
</tr>
<tr>
<td>Preschool Hearing Screenings</td>
<td>Among preschoolers (ages three and four), percent screened for hearing</td>
<td>Year 2009/2010 1,830 (68.0%)</td>
<td>Year 2015/2016 1,203 (49.2%)</td>
<td>(18.8) Percentage Points</td>
</tr>
<tr>
<td>No Health Insurance Coverage</td>
<td>Children Under Age 18 without insurance coverage</td>
<td>Year 2013 7.4%</td>
<td>Year 2015 12.8%</td>
<td>5.4 Percentage Points</td>
</tr>
<tr>
<td>Indicators</td>
<td>Primary Metrics</td>
<td>Base</td>
<td>Current</td>
<td>Change from Base</td>
</tr>
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<td>------------</td>
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</tr>
<tr>
<td>Blood-lead Level (BLL) in Children</td>
<td>Among children predominantly ages five and under tested for lead, percent tested positive</td>
<td>Year 2010 .5%</td>
<td>Year 2014 .2%</td>
<td>(.3) Percentage Points</td>
</tr>
<tr>
<td>Teen Births</td>
<td>Mothers under the age of 19</td>
<td>Year 2010 5.6%</td>
<td>Year 2014 4.9%</td>
<td>(.7) Percentage Points</td>
</tr>
<tr>
<td>Births to Unmarried Mothers</td>
<td>Percent of births to unmarried mothers</td>
<td>Year 2010 35.8%</td>
<td>Year 2014 38.8%</td>
<td>3.0 Percentage Points</td>
</tr>
<tr>
<td>Low Birth Weights</td>
<td>Births &lt;2,500 grams</td>
<td>Year 2010 5.5%</td>
<td>Year 2014 7.2%</td>
<td>1.7 Percentage Points</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>Births &lt; 37 weeks</td>
<td>Year 2010 10.2%</td>
<td>Year 2014 10.2%</td>
<td>Neutral</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>Infant mortality rate per 1,000 live births</td>
<td>Year 2010 1.6</td>
<td>Year 2014 8.3</td>
<td>6.7</td>
</tr>
</tbody>
</table>

**Appendix E.3 – Early Care and Education Centers/Programs, Capacity, Enrollments & School Boundaries**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Primary Metrics</th>
<th>Base</th>
<th>Current</th>
<th>Change from Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Care and Education Participation Rate</td>
<td>Among children age five and under, participating in an Early Care and Education Type of Program/Licensed Home (Excluding School Districts and Home-visiting Programs)</td>
<td>Year 2010 42.2%</td>
<td>Year 2016 40.9%</td>
<td>(1.3) Percentage Points</td>
</tr>
<tr>
<td>High Quality Program Participation Rate</td>
<td>Among children age five and under enrolled in an early care and education program (percent enrolled in Gold ExceleRate program)</td>
<td>NA</td>
<td>Year 2016 15.2%</td>
<td></td>
</tr>
<tr>
<td>High Quality Early Care and Education for Infants and Toddlers: Count</td>
<td>Among children under age three, number receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care</td>
<td>NA</td>
<td>Year 2016 103</td>
<td>NA</td>
</tr>
<tr>
<td>High Quality Early Care and Education for Infants and Toddlers: Percent of all CCAP Children in this Age Category</td>
<td>Among children under the age 3, children receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care as a percent to all children receiving CCAP assistance in this age category</td>
<td>NA</td>
<td>Year 2016 28.1%</td>
<td>NA</td>
</tr>
</tbody>
</table>
## Indicators

### Primary Metrics

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Description</th>
<th>Base</th>
<th>Current</th>
<th>Change from Base</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Quality Early Care and Education for Preschoolers:</strong>&lt;br&gt;Count</td>
<td>Among children <em>ages three through five</em>, number receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care</td>
<td>NA</td>
<td>Year 2016 118</td>
<td>NA</td>
</tr>
<tr>
<td><strong>High Quality Early Care and Education for Preschoolers:</strong>&lt;br&gt;Percent of all CCAP Children in this Age Category</td>
<td>Among children <em>ages three through five</em>, children receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care as a percent to all children receiving CCAP assistance in this age category</td>
<td>NA</td>
<td>Year 2016 25.4%</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Sources: Enrollments and school counts per IRC.

Note – ELDC – Early Learning and Development Center (Year 2015 balance per survey). Elem. = Elementary
*Genoa elementary schools only include grades 4-5 (Genoa) and grades 2-3 (Kingston); CUSD 428 ELDC ’15 figure is self-reported.
**Hiawatha elementary school includes grades PK-8 (junior high included).
***Herman E. Dummer only includes grades 4-5.
# were unavailable in IRC and self-reported by the school districts

## Appendix E.4 – Other Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Year 2010</th>
<th>Year 2015</th>
<th>Change</th>
<th>Year 2013/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and Neglect</td>
<td>Among Children Under 18 Years, percent abused and neglected</td>
<td>.69%</td>
<td>.93%</td>
<td>.24%</td>
<td></td>
</tr>
<tr>
<td>Homeless Preschoolers</td>
<td>Preschool for All (PFA) children classified as homeless</td>
<td>Year 2010 1</td>
<td>Year 2014 11</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Homeless Kindergartners</td>
<td>Kindergartners classified as homeless</td>
<td>Year 2010 16</td>
<td>Year 2014 31</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>Percent of the County’s population that did not move</td>
<td>NA</td>
<td>Year 2014 77.4%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Crime Rate – Serious Offenses</td>
<td>Number of serious crime offenses (criminal homicide, rape, robbery, aggravated assault/aggravated battery, burglary, theft, motor vehicle theft, arson and human trafficking) per 100,000 residents</td>
<td>Year 2013 2,366.8</td>
<td>Year 2015 2,060.5</td>
<td>(306.3)</td>
<td></td>
</tr>
<tr>
<td>Drug Crime Arrest Rate</td>
<td>Number for arrests related to drug crimes per 100,000 residents</td>
<td>Year 2013 1,034.9</td>
<td>Year 2015 1,484.9</td>
<td>450</td>
<td></td>
</tr>
<tr>
<td>Domestic Offenses</td>
<td>Number of domestic offenses reported (raw count)</td>
<td>Year 2013 809</td>
<td>Year 2015 902</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>School Incidents</td>
<td>Number of school incidents reported (raw count)</td>
<td>Year 2014 23</td>
<td>Year 2015 39</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>
The data provided in this dashboard identified factors that are known to influence kindergarten readiness.

3. Using practitioner perceptions the measure kindergarten readiness.
Six separate online surveys were conducted across groups of kindergarten teachers, early care and education teachers, district administrators, and program directors to collect information about their perceptions of kindergarten readiness in DeKalb County. The survey was conducted from March 3, 2017, to April 9, 2017. An invitation email explaining the purpose of the survey and providing a link to the survey was sent to the individual survey recipients for whom contact information was available, including previously identified kindergarten teachers and district administrators as well as early care and education teachers and administrators.

Response rates for employees of school districts was 50% of the kindergarten teachers, 63% of the district pre-school teachers, and 38% of the administrators. For early care and education teachers and program directors in centers and in homes, response rates were less reliable since directors were contacted for the information and may have submitted as the only representative of the entire center. Sixteen early care and education teachers from centers responded, twelve program directors, and seven home providers. Since their participation is unclear, caution was taken when trying to generalize their responses unless the finding was supported by comments or other data sources.

Responses generated from the survey will be useful for the assessment of kindergarten readiness in DeKalb County and in developing ways to support improvement. The team identified the key findings recapped below. The survey participants generated numerous comments not included here. Please refer to Appendix F for those comments.
Tenure
The group with the highest percent of first year staff was from center-based early care and education teachers. It is not known if this is due to openings and closings of centers or turnover within existing centers. However, it is indicative of fewer teachers with long-term experience in this group.

Kindergarten Preparation Activities
The most commonly reported kindergarten preparation activity for all six groups of respondents was preschool children visiting kindergarten classes. A high percent of district administrators reported these visits, and 50% or more of other district personnel reported these activities as well. The next two highest reported activities were spring orientations for students and spring orientation for parents. District administrators reported participating in these far more than the other respondents as well.
All district administrators reported having kindergarten preparation activities even though 14% of the other respondents reported no activities.

When comparing the district personnel perception of kindergarten prep activities with the center-based and home-based programs, in general, the district personnel reported spring orientations as the most common activities with center- and home-based programs whereas, the center- and home-based programs reported students and parents attending visits the most.
Planning and Coordination
Survey responses indicate having little planning and coordination across early care and education programs within the district as well as across home- and center-based programs. Few reported that early care and education was part of their school improvement processes. However, about two-thirds of the kindergarten teachers indicated having regular common planning time with each other for curriculum development and review of assessment results. All district personnel reported that their curriculum is aligned to their relevant Illinois Learning Standards whereas the center- and home-based program curricula are not as aligned.
Kindergarten Readiness

Kindergarten teachers report that 71% of their students arrive ready for kindergarten. The preschool program teachers and directors from districts, centers, and homes report a higher percentage ready for kindergarten (81-89%), but they are only reporting on the children in their programs, which is only a portion of the total kindergarten students in DeKalb County. This data also supports the finding from the research that quality early care and education opportunities increases the kindergarten readiness of children though more study would need to be made to verify this for DeKalb County.
Several of the comments by kindergarten teachers also noted that students enrolling with preschool experiences arrive better prepared for kindergarten, but that they do not receive information about these students. This supports the previous data about a lack of record sharing across early childhood to kindergarten. One district administrator noted that they were trying to address this by including a question regarding preschool programs on their new kindergarten screener, but the data was not shared because it was not complete since so many students arrived too late to be screened.

Program directors and center- and home-based teachers’ comments highlighted the work they are doing to prepare all students for kindergarten including those with special needs. Most listed social/emotional readiness as the area in which most unprepared students struggle.
Readiness Skills
The kindergarten teachers reported that the children arrived for kindergarten with readiness in these skills: Communication and use of language and Reciprocal communication and conversation. The skills least ready were Phonological awareness and Number sense of operations.

Many of the kindergarten teacher comments indicated a concern with social emotional skills even though those were not among the lowest percentage in readiness. As far as the students who arrived from preschool programs, their teachers and directors indicate that skills in which they were the most-ready were -communication and use of language and reciprocal communication and conversation. The skills that they were the least ready were-self-control of feelings and behavior and fine motor along with some noting phonological awareness as a weakness.
Personnel from center- and home-based programs indicated that the highest percent of their students were ready in these skills when they left their preschool programs and entered kindergarten.

### Highest % Readiness Skills Reported by Center- or Home-based Personnel

<table>
<thead>
<tr>
<th></th>
<th>Academic Skills</th>
<th>Social-Emotional Skills</th>
<th>Physical Development Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>District PreK Teachers</td>
<td>Shapes (Communication was 2nd)</td>
<td>Curiosity and initiative</td>
<td>Gross Motor</td>
</tr>
<tr>
<td>Center-Based Teachers</td>
<td>Communication/Conversation</td>
<td>Relationships with peers</td>
<td>Perceptual/Personal Care</td>
</tr>
<tr>
<td>Center Program Directors</td>
<td>Communication/Conversation</td>
<td>Relationships with adults</td>
<td>Safety</td>
</tr>
<tr>
<td>Home-Based Teachers</td>
<td>Communication/Conversation</td>
<td>Curiosity/Peers/Adults</td>
<td>NA</td>
</tr>
</tbody>
</table>

Personnel from center- and home-based programs indicated that the lowest percent of their students were ready in these skills when they left their preschool programs and entered kindergarten.

### Lowest % Readiness Skills

<table>
<thead>
<tr>
<th></th>
<th>Academic Skills</th>
<th>Social-Emotional Skills</th>
<th>Physical Development Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>District PreK Teachers</td>
<td>Phonological awareness</td>
<td>Self-control of feelings and behavior</td>
<td>Fine motor/ Safety/Personal care</td>
</tr>
<tr>
<td>Center-Based Teacher</td>
<td>Number sense of quantity</td>
<td>Self-control of feelings and behavior</td>
<td>Fine motor</td>
</tr>
<tr>
<td>Center Program Director</td>
<td>Phonological awareness</td>
<td>Curiosity and initiative in learning</td>
<td>Fine motor</td>
</tr>
<tr>
<td>Home-Based Teacher</td>
<td>Number sense of math operations</td>
<td>Self-control, Engagement, and persistence</td>
<td>NA</td>
</tr>
</tbody>
</table>

Most of the comments from the PreK, center- and home- based respondents supported the observation that students in their programs were beneficiaries of quality structured learning experiences which are based on play and allow children to learn academic skills.
Individualized Education Plans (IEPs)
Except for district PreK teachers, respondents indicated 7% or less of preschoolers had IEPs; home-based teachers reported they did not have any children with IEPs. District PreK teachers reported a ratio of 40%, a considerably higher percent than all of the others. Several districts choose to provide only the mandated preschool program to self-contained early childhood special education. Those districts which have some regular education preschool classes often enroll special education and general education students in the same class to “blend” the programs. This explains the much higher percentage of special education students enrolled in district programs than in center- or home-based programs.

Kindergartners Retained
Kindergarten teachers and district administrators both indicated 1% of kindergartners had been retained from the last year.

Involvement of Parents/Guardians/Family
Home-based teachers reported 100% involvement by parent/guardian/family followed by district administrators at 84%. PreK and center-based teachers reported the least involved parents/guardians/family at 57% and 62%, respectively.

Respondents gave many suggestions for how to engage families. Some were more traditional suggestions like field trips, guest speakers, family nights, daily communication, special projects, reading programs, book fairs, and Grandparent’s Day.

Home-based teachers noted that the structure and smaller groups in their programs result in deeper relationships with their families and ample time to connect one-to-one with families during drop-offs and pick-ups.
Offering Education Classes for Parents/Guardians/Family

Only 24% kindergarten, PreK, and home-based center teachers as well as district administrators offered education classes to parents/guardians/family of their students.

Respondents noted in their comments that kindergarten readiness is the most well-attended topic for the family education classes which are successful. Other suggestions include parenting topics like how to set up routines at home, limiting screen time, and parenting from the ground up. One unique suggestion was starting a coffee hour in the building for sharing between parents.

Important Challenges

Survey responses pertaining to the two most important challenges were analyzed for themes within the content of each response. The top three themes (57% of the responses) that emerged involved challenges pertaining to the following:

- Support for or support from parents (25%)
- Working with children who have social/emotional issues (17%)
- Academic demands that are too high, not appropriate for kindergarteners (15%)

Two other themes included class size/too many students (8%) which coincides with another theme of needing more teaching time and classroom assistance (8%). Remaining themes included different levels of readiness (8%), need for increased collaboration among providers and administrators/directors (8%), children with special needs (4%), and others such as funding (7%).

Support from DeKalb County

Survey responses were aggregated and assessed for themes. The most common request for county assistance arose from the need for educating, preparing, and supporting parents/guardians/families (45%) followed by assistance with collaborations across the early care and education community (36%).
HOW CAN WE INCREASE KINDERGARTEN READINESS IN DEKALB COUNTY?

This report summarizes much of the research on the importance of kindergarten readiness and the factors with the most impact on the degree to which children are ready for kindergarten. This section highlights the results of both the data review and the survey of practitioners and notes several changes or trends along with some considerations in addressing the issues. A significant effort will be needed to engage stakeholders and then facilitate a process to prioritize, plan, fund, and implement strategies to address the findings. Metrics will need to be monitored to provide in-process adjustments in the programs and activities along with an overall evaluation of the work. The breadth of need and the depth of what is at stake is overwhelming.

In the face of this enormous task, DeKalb County will use collective impact strategies for a community system development approach in addressing these issues in an efficient and effective coordinated approach. In utilizing collective impact and community systems development approach, various stakeholders, with unique services and skills, collaborate to form a comprehensive system to address common goals in a community. Through this community systems approach, systems are strengthened, and children and families experience improved outcomes.

In order to address kindergarten readiness, stakeholders across all sectors in DeKalb County need to be engaged. Successful collective impact initiatives require a robust commitment to produce alignment through a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations (FSG, 2017).

Additional information on successful community collaboratives is available through the Partner Plan Act initiative of the Illinois Action for Children (2015). Communities have submitted profiles describing their collaborative work across providers in key areas. Throughout the state, these communities have found success in approaching their early childhood supports through a comprehensive system development approach. The Department of Human Services has created a series of All Our Kids (AOK) networks across the state with a competitive grant process. Communities agree to foundational principles and then conduct needs assessments as to the type of coordination the county would most benefit from. Key focus areas include community engagement, family support, and system building (AOK, 2017).

The DeKalb County community systems collaborative can work together to address the following activities supported by findings and considerations.

1. Measure and monitor kindergarten readiness.
2. Provide coordination and communication across early childhood and kindergarten systems.
3. Engage in more innovative family-centered education.
4. Use the results of the data scan to implement activities to prevent, reduce, or ameliorate adverse early childhood experiences (ACEs).
5. Commission additional study.

1. **Measure and monitor kindergarten readiness.**
*Finding*
Half of the kindergarten teachers in DeKalb County participated in the practitioners’ survey of kindergarten readiness and reported that 71% of their kindergarteners arrive ready.

*Consideration*
Use 71% as a baseline number for the percent of students who arrive in kindergarten with the skills, knowledge, and dispositions needed to succeed. The survey can be updated and repeated periodically to monitor improvements after activities are implemented. Results can be used to provide targeted joint professional development for teachers in district preschool and center- and home-based programs. Respondents noted that children with early care and education experiences arrive better prepared for kindergarten. More information is needed about the children who are not attending, the family’s reasons for not enrolling as well as their needs, and suggested ways to provide services to those identified for supports but not enrolled.

An example of one of the first activities that could be undertaken by a DeKalb County Early Childhood Collaborative is a more robust measurement of kindergarten readiness. Even though the school districts use assessments to measure kindergarten readiness and plan for instruction and support services within their own buildings, there is no common assessment across the county and very little faith in the effectiveness of the upcoming KIDS assessment. By convening a work group with representation from all eight school districts, a collaborative could be instrumental in facilitating discussions on assessments already in use in some districts and possible adoption in others. This would be especially useful given that the 2014 data showed that more than 55% of the residents moving in DeKalb County actually move within DeKalb County. A common kindergarten readiness assessment could also be used to measure the results of efforts toward increasing the number of DeKalb County’s children who arrive prepared for school and life success.

Finally, there could be discussions about using a multiple measures approach to measuring kindergarten readiness. Collecting information in a dashboard would be more useful instead of trying to summarize this complex issue into one assessment or one number. How ready are students in academics, social-emotional, physical health and development and more? This multiple-measures approach would be more difficult to understand, but more beneficial to monitoring small changes as county-wide activities are implemented.

2. **Provide coordination and communication across early childhood and kindergarten systems.**
*Finding*
The data showed very little coordination or collaboration across the early childhood providers and kindergartens, which results in spotty kindergarten preparedness activities, no record-sharing, absence of collaborative curriculum planning, and lack of comparable assessment
results that could be used to influence and monitor activities to increase kindergarten readiness.

**Consideration**

Improve coordination, collaboration, and planning between kindergarten and Early Care and Education programs. One of the most important suggestions of the study was to identify the children with the greatest number of adverse early childhood experiences into a single county-wide list and then cooperate and coordinate across programs and communities so that these children are prioritized for enrollment in high-quality programming for three- and four-year-olds. This report confirms that connecting the children with the highest needs to programs with the highest quality will ensure the greatest impact to the county’s overall kindergarten readiness, but this approach will take considerable long-term coordination and cooperation.

The respondents gave several strong suggestions of ways to support DeKalb County’s early childhood providers.

- Implement targeted professional development such as working with the center- and home-based programs to align their curriculum to the Illinois Early Learning and Development Standards (2013)
- Providing supports to new Early Care and Education teachers since most of the new teachers are in center-based programs, while the most experienced are in kindergarten.
- Provide more standardized kindergarten preparation activities with district prek and center- and home-based programs.

3. **Engage in more innovative family-centered education.**

**Finding**

Only 24% of respondents indicated that they offered parent education activities, yet many of the comments highlighted the need for coordinated parent training and materials.

**Consideration**

Collaboratively implement family education around kindergarten readiness. Conveniently, those who do offer programs indicated that the topic of kindergarten readiness is the most well attended. The county could convene a group of educators and families to jointly plan and deploy a new parent/family education initiative for children age three through kindergarten that is similar to activities used in the Prevention Initiative with birth to three-year-olds. This program has more of a focus on protective factors and building on the children's and families' assets; that is, the personal, familial, community, and cultural protective factors, benefits, and strengths within the family units.

There is some discussion among early childhood providers that in the past educators have given parents the message that they are the experts and know best, and parents should attend the "parent training" sessions so that they can be taught the necessary skills to be better parents. This is a deficit model, and Illinois early childhood collaboratives have been moving toward a strengths-based model. Several examples of parent leadership models can be found in which parents are trained and then deliver workshops to their peers. Others use parent cafes and
workshops facilitated by parents and supported by educators. Families are the children’s first teachers and educators are partners with families in this process of preparing children for all kinds of family, home, community, and school experiences.

An early childhood collaborative could gather stakeholders to reimagine parent education in DeKalb County into more of a family-centered parent education and leadership process based on a similar approach as the Prevention Initiative family services, including individual family service planning and goal setting. This approach provides for various levels of parent participation, which is an individual choice of the family (Illinois Early Learning Project, 2013). The key is that mutual expertise from both parents and program staff is used to best meet the child’s needs.

4. Use the results of the data scan to implement activities to prevent, reduce, or ameliorate adverse childhood experiences (ACEs).

The following findings were from the dashboard provided in this report. The suggested responses would involve many different DeKalb County agencies and providers in preventing, reducing, or ameliorating adverse experiences for children under five years old.

Suggested Responses to Demographic and Economic Findings Impacting Kindergarten Readiness

- **Finding**
  Fewer children under five years old are in economically secure households, more children under five live in poverty/extreme poverty, and the number of identified homeless students in preschool and kindergarten has more than doubled since 2011.

  **Consideration**
  Identify children under five who are experiencing particularly adverse early childhood experiences such as extreme poverty and homelessness and offer intensive supports to the families which includes prioritizing these children in quality early childhood programs across the county.

- **Finding**
  More mothers have at least one or more years of college, but more are female single head of households, fewer of them living above poverty limits, and only 80% of them are in the labor force.

  **Consideration**
  Focus on better-supporting female single head of households. This support includes access to high-quality child care, referrals for additional social service supports, and access to programs to develop employability skills. Include mothers of children under five who are under skilled and either unemployed or under employed in federally funded employment and training programs such as those offered under the Workforce Innovation and Opportunity Act.

- **Finding**
Twice as many school-aged children have grandparents responsible for them.

Consideration
Collaborate with the school districts to offer tailored supports for grandparents responsible for parenting their school-aged grandchildren.

Suggested Response to Child and Maternal Health Findings Impacting Kindergarten Readiness

- Finding
  Even though fewer births are to teens under 18 years old, more births are resulting in low birth weight babies and more births are to unmarried mothers.

Consideration
Engage the medical community in efforts to study, coordinate, and expand prenatal care for low-income families and single mothers.

- Finding
  75% of children have the recommended well-child visits in their first 15 months, but there was an unexplained increase in the children under five without insurance coverage in 2015.

Consideration
Support healthcare providers in their efforts to promote the importance of well-child visits and programs for children without health insurance.

- Finding
  Less than half of children ages three to four are being screened for vision and hearing.

Consideration
Coordinate with the DeKalb County Health Department to provide universal screenings to preschool-aged children and ensure that screening data is collected from all providers.

Suggested Response to Early Care and Education Findings Impacting Kindergarten Readiness

- Finding
  DeKalb County has nine ExeleRate Gold Circle of Quality programs, but they are only located in the more populated communities of DeKalb/Malta, Sandwich, and Sycamore.

Consideration
Complete an awareness campaign around the Circles of Quality and promote supports already available for early care and education programs to achieve an ExeleRate IL Bronze, Silver, or Gold Circle of Quality, especially in the more rural communities.
• **Finding**
  According to the most recent state data and licensure systems, Kirkland, Hinckley, Shabbona, and Waterman do not have any licensed birth to three-year-old early care and education programs. Somonauk does not have any licensed programs within school district boundaries.

  **Consideration**
  Further study the county distribution and county need for licensed programs especially for children ages birth to three. More information is needed about commuter patterns within the county and how that affects child care needs in the more rural communities.

• **Finding**
  The single best intervention for children with adverse early childhood experiences (ACEs) is attendance at high-quality early care and education programs. DeKalb County has enough capacity in licensed and school district three- to four-year-old programs to enroll 80% of the incoming kindergarteners in these programs, but there is no coordinated effort to ensure enrollment of the highest need children.

  **Consideration**
  Convene a group of early care and education leaders with social service agency leaders to study the feasibility of creating a single list of DeKalb County high-needs, three- to four-year-olds and prioritize their enrollment into the many high quality county programs.

• **Finding**
  There are many license-exempt, unlicensed, faith-based centers, and preschool programs throughout the county. Many of these have years of experience serving children, families, and communities, but there is no information about their children in state data systems and limited public information about the quality of their programs.

  **Consideration**
  Convene several meetings for conversations with directors and/or teachers in these programs to better understand their programs and their needs along with their interest in contributing to the county-wide kindergarten readiness efforts.

**Considerations to Other Risk Factor Findings Impacting Kindergarten Readiness**

• **Finding**
  More children under age 17 are abused and neglected.

  **Consideration**
  Support the Department of Child and Family Services and the DeKalb County Children’s Advocacy Center in awareness, prevention, and intervention activities for abused and neglected children along with coordinating more supports for children with ACEs.
Finding
Three quarters of DeKalb’s residents do not move, but of those that do, 58% move into other DeKalb County communities. When residents do move into or outside of the county, most move to or from Cook County.

Consideration
Implement processes that will provide more seamless early care and education, public school transitioning, healthcare, housing, and child care changes for moves within DeKalb County and then join local efforts assisting families moving into and out of Cook county.

5. Commission additional study
This first study of kindergarten readiness in DeKalb County provides several key findings and considerations. The final consideration, which is integral to the collective impact process is to research factors in greater depth, according to a regular schedule and captured from more stakeholders. Some examples include the following:

- Disaggregate the early childhood data by school district or municipality to provide more targeted information and supports.
- Disaggregate data for important demographic groups across DeKalb County including but not limited to African American, Hispanic, English Language Learners, and more.
- Research the early care and education system throughout the county in a mapping process or type of asset review so that the effectiveness and efficiency of the full system can be studied.
- Survey additional early care and education providers and directors, along with kindergarten teachers and administrators to verify the data collected in this first attempt.
- Target private schools and programs along with license exempt early care and education programs for their input and suggestions.
- Involve other stakeholders such as the health care community, social service agencies, and staff from the prevention initiatives for their perspective on the needs of DeKalb County’s young children and their families.
- Engage parents in data collection efforts so that their needs and experiences are captured and used in planning efforts.

CONCLUSION
The span from birth to age five offers a unique time in a child’s life to positively or negatively impact the future. Unfortunately, children under five years old in DeKalb County are experiencing increasingly adverse experiences: larger numbers of children living in poverty and homelessness, fewer children have health insurance, less capacity for child care in early care and education programs, and considerable mobility among families. These factors and others mentioned in this report are known to negatively impact kindergarten readiness and success in life. Failure to address these factors will continue to cause negative outcomes for these children.
into adulthood as measured by a lower standard of living, less employment potential, and worse health throughout their lives. With a community systems development approach, the Kindergarten Readiness Work Group can lead a county-wide collective impact approach across all sectors within DeKalb County to increase kindergarten readiness in DeKalb County. Together with prioritizing and implementing various responses to the findings in this report, stakeholders can mitigate the impacts of adverse childhood experiences and better meet the needs of children and families of DeKalb County. All children have the right to enter kindergarten prepared for school and life success.
Appendix A

References


Appendix B
Results of the DeKalb County Kindergarten Readiness Definition Session
February 1, 2017

Summary of comments within the statements
The statements from all of the groups broken down into categories in the excel spreadsheet and then were regrouped according to themes

1. Information about the roles of entities in the EC system
   a. communities
   b. families
   c. schools
   d. along with the need to address inequities and promote collaboration
2. Information about specific skills of children entering kindergarten
   a. social emotional
   b. approaches to learning
   c. language and literacy
   d. cognition/foundational skills
   e. perceptual, motor and physical development
3. Suggestions about the foundation’s role
   a. community leadership
   b. facilitation within the system
   c. parent education and engagement
   d. professional development for educators and caregivers

Original statements (12) – from the table groups

In DeKalb County, readiness is
- Enhanced when schools, families, community services, and policy makers work collaboratively
- Addressing the inequities in early life experience so that all children have the access to opportunities that promote success
- Fostering the development of ALL children for school and life success

In DeKalb County, kindergarten readiness is
- A collaboration among families, schools, and communities
- Having experience in socialization, emotional development, and language/literacy opportunities
- Tolerance for change and differences

Kindergarten Readiness-DeKalb County
- A matter of social and emotional readiness
- Involves parents as their child’s first teacher
- Addressing inequities in early life
- Communities and policy makers supporting families and value early learning
In DeKalb County, Kindergarten readiness is

- Community provides access to basic human needs and learning opportunities
- Schools provide a welcoming and accepting environment for all children and establishes a partnership with families
- Families understand supporting and encouraging their children, participating in an equal and supportive partnership with the school system
- Children excited to learn

In DeKalb County, Kindergarten Readiness is

- Collaboration
- Support and Networking
- Five Domains
- Value and Understand the child

In DeKalb County, Kindergarten Readiness is

- Family preparedness
- Community support
- Approaches to learning
- Social and emotional development
- Language and literacy
- Cognition
- Perceptual, motor, and physical development

In DeKalb County Kindergarten Readiness includes

- Children ready to
  - be engaged in group activities
  - Follow directions
  - Get along with other children
- Families READY to support their children in school

Readiness in DeKalb County

- Social emotional skills
- Foundational and preliteracy skills
- Ability to pay attention and follow directions
- Parent/families understand the student and the school

Kindergarten Readiness is

- Self-help skills
- Soc-emotional skills
- The school’s readiness for the children
- Parent education on development levels
- Basic communication skills
- Intrinsic motivation/LOVE for learning

Readiness in Kindergarten encompasses:

- Social awareness in a group environment with peers (i.e. following directions, self to self, sharing, taking turns) group and class role/expectations
• Emotional development (self-expression, impact on peers, empathy)
• Understanding structure, boundaries, transition
• Ability to self-regulate
• Basic knowledge (ABCs, 123, etc.)
• Fine motor (cutting, gluing, etc.)
• Empowered parents
• Positive view of learning/school

Kindergarten readiness is
• Social/emotional
• Independence
• Listening – follow directions, sustained
• Kindness
• Self-worth
• Respect
• Healthy
• Community-family opportunities
• Language development

In DeKalb County Kindergarten readiness is
• Share screening dates with families
• Parent workshop for Kinder-readiness
• Team meetings to discuss individual child readiness
• Community/school connections
• Social emotional development
• Practice with problem solving

Ideas for Ways the Foundation Could Help
<table>
<thead>
<tr>
<th>Community Leadership</th>
<th>Facilitation within the System</th>
<th>Parent Education and Engagement</th>
<th>Professional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster collaboration among all of the agencies, institutions that serve children and families</td>
<td>Meet and greet with pre-K and K teachers</td>
<td>A cheat sheet of what your child will be expected to have upon entry to K</td>
<td>Provide awareness and provide professional development on kindergarten standards.</td>
</tr>
<tr>
<td>Establish an early care and education council (health department, medical, schools, child care, library, park district, city, commerce) to, perhaps, develop goals, actions items to create a common vision for the county</td>
<td>Substitutes for teachers attending roundup gatherings</td>
<td>Resources for collaborating with the schools (narrowing the scope)</td>
<td>Continuing education for teachers</td>
</tr>
<tr>
<td>Open communication</td>
<td>County wide screening promotion</td>
<td>Sponsor events for family and children (game night, fitness night, cooking, CATCH)</td>
<td>Professional development funds, opportunities for teachers, staff and family care providers</td>
</tr>
<tr>
<td>Hear the people, plan, implement and do</td>
<td>Funds for the district to get teachers out to visit preschool programs</td>
<td>Kindergarten readiness bags</td>
<td></td>
</tr>
<tr>
<td>Coordinate important task orientated fact-finding sessions for more collaboration and connecting the gaps between schools, educators and families</td>
<td>Prevention initiative - money for extended home visiting programs</td>
<td>DeKalb Co Kindergarten Readiness bag (like GK)</td>
<td></td>
</tr>
<tr>
<td>Education of the community</td>
<td>Bridging the gap between the centers and schools: providing resources and education, support services (transportation, food, space)</td>
<td>Parent resources and education - ideas of activities to do at home with their child</td>
<td></td>
</tr>
<tr>
<td>211-coordination of resources</td>
<td>Sponsored collaboration - get people together</td>
<td>Sycamore transportation/playground</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent education - website and resources</td>
<td>Scholarships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DeKalb pre-K at risk transportation</td>
<td>Parent education resource page</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Classes/resources available</td>
<td>Newsletter</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix C

Supplementary Material on Early Childhood Growth and Development

### OUTCOMES OF WELL-CHILD CARE DURING THE FIRST FIVE YEARS OF LIFE

<table>
<thead>
<tr>
<th>Well-Child Care</th>
<th>Contribution to School Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• All vision problems detected and corrected optimally</td>
</tr>
<tr>
<td></td>
<td>• All hearing problems detected and managed</td>
</tr>
<tr>
<td></td>
<td>• Management plans in place for all chronic health problems</td>
</tr>
<tr>
<td></td>
<td>• Immunizations complete for age</td>
</tr>
<tr>
<td></td>
<td>• All congenital anomalies/birth defects detected</td>
</tr>
<tr>
<td></td>
<td>• All lead poisoning detected</td>
</tr>
<tr>
<td></td>
<td>• All children free from exposure to tobacco smoke</td>
</tr>
<tr>
<td></td>
<td>• Good nutritional habits and no obesity; attained appropriate growth and good health</td>
</tr>
<tr>
<td></td>
<td>• All dental caries treated</td>
</tr>
<tr>
<td></td>
<td>• Live and travel in physically safe environments</td>
</tr>
<tr>
<td><strong>CHILD PHYSICAL HEALTH AND DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All developmental delays recognized and treated (emotional, social, cognitive, communication)</td>
</tr>
<tr>
<td></td>
<td>• Child has good self-esteem</td>
</tr>
<tr>
<td></td>
<td>• Child recognizes relationship between letters and sounds</td>
</tr>
<tr>
<td></td>
<td>• Child has adaptive skills and positive social behaviors with peers and adults</td>
</tr>
<tr>
<td><strong>CHILD EMOTIONAL, SOCIAL AND COGNITIVE DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Parents knowledgeable about child’s physical health status and needs</td>
</tr>
<tr>
<td></td>
<td>• Warning signs of child abuse and neglect detected</td>
</tr>
<tr>
<td></td>
<td>• Parents feel valued and supported as their child’s primary caregiver and function in partnership with the child health care provider</td>
</tr>
<tr>
<td></td>
<td>• Maternal depression, family violence and family substance abuse detected and referral initiated</td>
</tr>
<tr>
<td></td>
<td>• Parents understand and are able to fully use well-child health care services</td>
</tr>
<tr>
<td></td>
<td>• Parents work regularly to the child</td>
</tr>
<tr>
<td></td>
<td>• Parents knowledgeable and skilled to anticipate and meet a child’s developmental needs</td>
</tr>
<tr>
<td></td>
<td>• Parents have access to consistent sources of emotional support</td>
</tr>
<tr>
<td></td>
<td>• Parents linked to all appropriate community services</td>
</tr>
<tr>
<td><strong>FAMILY CAPACITY AND FUNCTIONING</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>What children do at this age:</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| Birth to 3 months | • Begin to smile, track people and objects with their eyes  
• Prefer faces and bright colours  
• Turn towards sound  
• Discover feet and hands | • Protection from physical danger  
• Adequate nutrition  
• Adequate health care, such as immunization, oral rehydration therapy and hygiene  
• Appropriate language stimulation  
• Motor and sensory stimulation |
| 4 to 6 months | • Smile  
• Develop preferences generally to parents and older siblings  
• Repeat actions with interesting results  
• Listen intently  
• Respond when spoken to  
• Laugh and gargle  
• Imitate sounds  
• Explore hands and feet  
• Put objects in mouth  
• Sit when propped  
• Roll over  
• Grasp objects without using thumb | • Protection from physical danger  
• Adequate nutrition  
• Adequate health care, such as immunization, oral rehydration therapy and hygiene  
• Appropriate language stimulation  
• Motor and sensory stimulation |
| 7 to 12 months | • Remember simple events  
• Identify themselves and body parts, and familiar voices  
• Understand their own name and other common words  
• Say first meaningful words  
• Explore objects and find hidden objects  
• Put objects in containers  
• Sit alone  
• Pull themselves up to stand and walk. | • Protection from physical danger  
• Adequate nutrition  
• Adequate health care, such as immunization, oral rehydration therapy and hygiene  
• Appropriate language stimulation  
• Motor and sensory stimulation |
| 1 to 2 years | • Imitate adult actions  
• Speak and understand words and ideas  
• Experiment with objects  
• Walk steadily, climb stairs and run  
• Recognize ownership of objects  
• Develop friendships  
• Solve problems  
• Show pride in accomplishments  
• Begin pretend play | In addition to the requirements for healthy growth of the previous years, children at this age require support in acquiring:  
• Motor, language and thinking skills  
• Developing independence  
• Learning self-control  
• Opportunities for play with other children  
• Health care must include de-worming. |
| 2 to 3.5 years | • Enjoy learning new skills  
• Learn language rapidly  
• Gain increased control of hands and fingers  
• Act more independently | In addition to the requirements for healthy growth of the previous years, children at this age require the opportunity to:  
• Make choices  
• Engage in dramatic play  
• Have increasingly complex books read to them  
• Sing favourite songs  
• Solve simple puzzles |
| 3.5 to 5 years | • Develop a longer attention span,  
• Talk a lot, ask many questions,  
• Test physical skills and courage with caution,  
• Reveal feeling in dramatic play  
• Like to play with friends, do not like to lose, share and take turns sometimes. | In addition to the requirements for healthy growth of the previous years, children at this age require the opportunity to:  
• Develop fine motor skills  
• Continue expanding language skills through talking, reading, and singing  
• Learn cooperation by helping and sharing  
• Experiment with pre-writing and pre-reading skills |
| 5 to 8 years | • Gain curiosity about people & how the world works  
• Show more interest in numbers, letters, reading and writing  
• Gain more confidence and use words to express feelings and cope  
• Play cooperatively  
• Develop interest in final products | In addition to the requirements for healthy growth of the previous years, children at this age require the opportunity to:  
• Develop numeracy and reading skills  
• Engage in problem solving  
• Practise teamwork  
• Develop sense of personal competency  
• Practice questioning and observing  
• Acquire basic life skills  
• Attend basic education |

(Provided by UNICEF, 2014)
Appendix D

Results of the Survey on the Illinois Kindergarten Individual Developmental Survey (KIDS) use in DeKalb County
February 13, 2017

Introduction
On January 4, 2017, the eight school districts within DeKalb County Illinois were sent a survey inquiring about their training and implementation of the Kindergarten Individual Developmental Survey (KIDS). KIDS is an observational tool used to collect school readiness information. KIDS has been available for school districts to use since 2010. In the past 6 years, Illinois has collected information from several teachers in pilot districts who are using the assessment in their classrooms. Due to their feedback and administrative concerns about the assessment, numerous changes have been made to the expectations on the instrument and timelines for mandated implementation. During 2016-2017, it is expected that teachers and administrators receive training on the tool. By 2017-2018, it is expected that all districts implement the tool and report the 14 State Readiness Measures to the Illinois State Board of Education by the 40th day of student attendance. The data collected from the tool is intended to inform teachers’ educational practice, as well offer parents and guardians information regarding their child’s readiness for Kindergarten and continued growth and development throughout the year. The eight districts that were included in the survey were DeKalb CUSD 428, Genoa-Kingston CUSD 424, Hiawatha CUSD 426, Hinckley-Big Rock CUSD 429, Indian Creek CUSD 425, Sandwich CUSD 430, Somonauk CUSD 432, and Sycamore CUSD 427. All eight districts responded to the survey.

14 State Readiness Measures

Approaches to Learning - Self-Regulation
- ATL-REG: 1 - Curiosity and Initiative in Learning
- ATL-REG: 2 - Self-Control of Feelings and Behavior
- ATL-REG: 3 - Engagement and Persistence

Social and Emotional Development
- SED 3 - Relationships and Social Interactions with Familiar Adults
- SED 4 - Relationships and Social Interactions with Peers

Cognition: Math
- COG: MATH 1 - Classification
- COG: MATH 2 - Number Sense of Quantity
- COG: MATH 3 - Number Sense of Math Operations
- COG: MATH 6 - Shapes

Language and Literacy Development
- LLD 3 - Communication and Use of Language (Expressive)
- LLD 4 - Reciprocal Communication and Conversation
- LLD 6 - Comprehension of Age-Appropriate Text
- LLD 8 - Phonological Awareness
- LLD 9 - Letter and Word Knowledge

Illinois State Board of Education (2017)
Findings

Training
All eight district respondents reported having their kindergarten teachers and/or administrators trained to use the KIDS assessment. DeKalb CUSD 428 has had seven administrators and all 22 kindergarten teachers trained. Genoa-Kingston CUSD 424 has had six teachers and/or administrators trained. Hiawatha CUSD 426 has had four teachers and one administrator trained. Hinckley-Big Rock CUSD 429 has had four teachers and no administrators trained. Indian Creek CUSD 425 has had five teachers and two administrators trained. Sandwich CUSD 425 has had all of their kindergarten teachers trained. Somonauk CUSD 432 has had all of their kindergarten teachers trained. Sycamore CUSD 427 has had all 11 kindergarten teachers and two administrators trained.

Piloting
Out of the eight district respondents, five served as KIDS pilot sites. These include DeKalb CUSD 428, Hiawatha CUSD 426, Hinckley-Big Rock CUSD 429, Indian Creek CUSD 425, and Sandwich CUSD 430. Somonauk CUSD 432 began gathering data during the 2015–2016 school year, but was unable to continue after losing paraprofessional support. DeKalb CUSD 428 completed the 40 and 170-day assessment with 30% of teacher-selected students. Hiawatha CUSD 426 has been piloting KIDS since the first pilot year and collects data on the 40th and 170th day of student attendance using only the required metrics. Hiawatha reported that the Language and Literacy Development and Math information they collected from KIDS was the most valuable information as it correlated to the skills within their kindergarten report card. Hiawatha teachers do not use the data collected from KIDS to inform their instruction. However, Hiawatha reports some adjustments have been made to the curriculum to include activities to fulfill various measures. Hinckley-Big Rock CUSD 429 has been piloting KIDS since 2012 or 2013. Hinckley-Big Rock reported that they completed all three assessment windows (days 40, 105, and 170) until this year. Hinckley-Big Rock reported that the data from KIDS has not been used to inform instruction as they did not find the data valuable. Indian Creek CUSD 424 piloted KIDS in 2014–2015, and in that time, collected data in all three assessment windows (days 40, 105, and 170). Indian Creek reported that teachers have not used the data from KIDS for instruction since they have their assessment that they prefer. However, Indian Creek did report appreciating the Language and Literacy Development and Math metrics, which align to the common core state standards. Sandwich CUSD 430 participated in a trial run during 2015-2016 but were not required to submit data this year. Sandwich used the piloting opportunity to become familiar with the assessment.

Implementation
Hiawatha CUSD 426 reported full implementation beyond the pilot but did not provide further information.

Communicating Results
Of the programs that have piloted KIDS, none have communicated results to various stakeholders including first-grade teachers, preschool programs in the district or community,
and families. Sycamore CUSD 427 plans on including KIDS data information with first trimester progress reports once full implementation is in place.

Other Kindergarten Assessments
In terms of other kindergarten assessments used by districts, DeKalb CUSD 428 uses AimsWeb, ACCESS, and F7P (Fountas & Pinnell). Genoa-Kingston CUSD 424 has a common kindergarten assessment that was created by the kindergarten team. Genoa-Kingston reports that the common assessment is used in the beginning of the school year as a benchmark, and then used quarterly. Genoa-Kingston also uses AimsWeb three times a year. Genoa-Kingston reports using the data from these assessments for RTI and enrichment. Hiawatha CUSD 426 uses Measures of Academic Progress (MAPs) and AimsWeb for kindergarten assessments and communicates the data to families. Hinckley-Big Rock CUSD 429 uses teacher created assessments. Indian Creek CUSD 425 uses an assessment tool that was designed to align with common core standards. Sandwich CUSD 430 uses AimsWeb, MAPs for Primary Grades (MPG), and a common quarterly assessment created by the kindergarten teachers. Somonauk CUSD 432 uses the STAR assessment four times a year, as well as common assessments. Somonauk reported previously using AimsWeb as well. Sycamore CUSD 427 uses ISEAL, DRA, MPG, and Access.

Additional Comments
Genoa-Kingston reported that they have been waiting to implement KIDS to ensure no additional changes are made to the form. Hiawatha CUSD 426 reported that KIDS has been an extra tool but is not the driving factor in determining student growth in core academic areas. Hinckley-Big Rock CUSD 429 found the KIDS assessment to be less than adequate to guide their instruction and monitor student growth. Hinckley-Big Rock also found KIDS to be lengthy, both in observation and scoring. Indian Creek CUSD 425 reported that KIDS is unreasonably time-consuming, not well aligned with common core standards, and very subjective.
Appendix E

DeKalb County Data Summary and Tables

Data primarily pertaining to children ages 5 and under living in DeKalb County or attending an early care and education program or school district in DeKalb County from a variety of sources was collected and analyzed. Information was obtained from the Illinois Early Childhood Assessment Map (IECAM); 4-C: Community Coordinated Child-Care; Illinois Interactive Report Card; U.S. Census Bureau American Community Survey; IL State Police Uniform Crime Reports; Illinois Department of Human Services; DeKalb County’s Health Department and other sources such as individual community & County websites.

Limitation of the Data Analysis
Early care and education centers and homes that are not “recognized” by either becoming licensed or participating in the ExceleRate Quality rating program are not tracked in the data repositories utilized in this study. Therefore, faith-based centers, smaller early care and education centers and home care arrangements are not included in this analysis. Additionally, some indicators (i.e., types of developmental delays and other health related information) related to the development of early learners were very limited or not available either at the county, community and/or age-specific level or for a given year.

DeKalb County Demographic and Economic Data

General Demographics
In 2014 there were 7,341 children five years old and under. This is 619 fewer children than in 2010. Their balance to the total population in 2014 was distributed as follows
- 5-year-old children were 17.3% of the population of the youth 5 and under
- 3 and 4-year-old children were 34.4% of the population 5 and under (approximately 17% per year)
- Birth to 3-year-old children were 48.2% of this population category (approximately 16% per year)
The race/ethnicity of the population across DeKalb County has changed little from 2010 to 2015. In 2015, 84% of the population was white, 7% black, 2% Asian and the rest a combination of other races or multi-racial. The Latino population is calculated by the American Community Survey separately from race/ethnicity. Within the total population, there were 10.6% Latino people in 2015, which was a slight increase from 10.1% in 2010.
In DeKalb County, the percentage of households that are Linguistically Isolated-Spanish Speaking has dropped every year since 2010 resulting in 1.68% of all households in 2014 having all members over 14 years old with at least some difficulty in English. According to the Illinois Report Card, DeKalb school district has had an increase in the percent of students as English Language Learners from 8% in 2012 to 11% in 2016, which meets the state average. The county average of students enrolled in school districts has changed from 5% in 2012 to 6% in 2016.

Income and Employment
The median household income declined from $58,556 (2010) to $54,101 (2015) and the preliminary 2015 unemployment rate for DeKalb County was approximately 5.6%.

About 34,500 persons work in DeKalb County with almost half of these jobs filled by County residents while the other half commuted in from nearby counties. Also, more than 27,000 DeKalb County residents commuted to jobs outside of the county (mostly to the east) with a mean travel time of 25.8 minutes in 2015 (slightly more than 2010 (25.2 minutes).
Poverty

Early learners are living in poorer households in 2014 compared to 2010. The increases of early learners within Federal Poverty Limits (FPL) are reflected below.

- There were 338 fewer children 5 and under in economically secure households in 2014 (3,782) than 2010 (4,120).
- There were 440 more children 5 and under living at 100% of the FPL in 2014 (2,259) than 2010 (1,819).
- There were 201 more children 5 and under living below 50% of the FPL in 2014 (1,162) than in 2010 (961) which is more than a 20% increase of children 5 and under living in extreme poverty.

The number of young homeless students in DeKalb County school districts has been steadily increasing from only 1 identified homeless preschool student in 2011 to 11 students in 2014. This trend is also true for Kindergartners. There were only 16 identified homeless students in 2011 but 31 in 2014 (doubled).

The number of children 5 and under living with single female head of households, living above the FPL, decreased from 8.9% in 2010 to 5.9% in 2014.

Characteristics of Families

The characteristics of families in DeKalb County have changed as well. There were 22,659 families in DeKalb County in 2015 consisting of 10,649 families (47%) with children under 18 which is decreased from 50% in 2010.

In 2014 out of 7,341 children 5 and under, 7,329 of them were living in families. The following characteristics describe families of children 5 and under in 2014:
• 2,986 (40.7%) lived with two working parents compared to 3,301 (43.9%) living with two working parents in 2010,
• 2,207 (30.1%) lived with one working parent compared to 1,645 (21.9%) in 2010, and
• 562 more children under 5 were living in one working parent households compared to 2010.

The number of married couple families has declined from 77% of the families in 2010 to only 67% of the families in 2015. There were 766 more single head of household families in 2015 than in 2010. Of the single head of household families in 2015, 76% were a female head of household (2,688) and 80% of them were in the labor force (2,157). Of the 849 male head of household families, 94% (796) of them are in the workforce.

There were 52,588 grandparents in DeKalb County in 2015 and the number living with their grandchildren had risen from 1,464 in 2010 to 1,573. There were 616 grandparents responsible for their own grandchildren in 2015, which was a 37% increase from 450 in 2010. The number of grandparents responsible for their children under 5 years old has only had a slight increase (354 in 2010 and 410 in 2015), but the number of grandparents responsible for their school age grandchildren has doubled in 5 years, from 96 children in 2010 to 206 in 2015.

The education level of mothers in DeKalb County showed an overall increase from 2012 to 2014. In 2012, 56.2% of all mothers had 1 or more years of college but no degree compared to 70.5% in 2013 and 60.1% in 2014.
DeKalb County Maternal and Child Health & Welfare Data

Birth Characteristics
There were 1,209 births in DeKalb County in 2014, which were 63 fewer births than in 2010. For 2014, 7.2% of the babies born in DeKalb County had a low birthweight, 1.6% are very low birthweight, and 10.2% were preterm. Overall, the number of low birthweight babies seems to be increasing.

Additionally, more babies were born to unmarried mothers (35.8% in 2010 compared to 38.8% in 2014) but to fewer teens (5.6% in 2010 compared to 4.9% in 2014) and to mothers whose level of education is increasing (less than a high school graduation was 10.5% in 2010 compared to 7.3% in 2014).

The DeKalb County Health Department collects preschool screening data for vision and hearing. According to this data, in 2009-2010, 68% of the preschool children in the county were screened for hearing, and 66.2% of them were screened for vision. Over the years, the reported number of preschool-aged children screened has declined to a low in 2014-2015 of 45.9% screened in hearing and 44.8% screened in vision. An increase was seen in 2015-2016, but this could be due to private schools contributing to the totals for the first time. There are other entities who may be conducting the required screening and are not included in this total.
More information about hearing and vision screenings of school aged children in DeKalb County is in the chart below.

In 2014, of the 7,341 children 5 years old and younger, 1,504 of them were screened for blood lead level and only 3 children had elevated blood lead levels.

With regards to health insurance coverage, AllKids Healthcare for low-income families has held steady with approximately 10,100 children under the age 19 in DeKalb County enrolled for the past 4 years. In 2016, this number dipped to 9,618. For children under 5, the American Community Survey estimates that 954 children had no insurance coverage in 2015.

DeKalb County Early Care and Education Program Data
The term “licensed centers” does not include programs in school districts or license-exempt centers like various faith-based programs or smaller programs unless they have chosen to pursue licensure. Programs in which services are delivered in the child’s home are also excluded, i.e. visiting programs.

In general, there are fewer licensed early care and education opportunities for DeKalb county’s children than a few years ago. In 2010, there were 135 sites with a capacity of 3,356 children, which represented a capacity of 42.2% of the population 5 and under in the county8. In 2016, there were only 112 sites with a capacity of 3,003 children, which is only 40.9% of the

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8 Pam Wicking, Child Care Resource and Referral Director, has stated that capacity of the centers approximates the enrollments countywide, although there are some gaps in enrollment compared to capacity from center to center.
population 5 and under in DeKalb County.

In 2016, there were 8 (9 as of April 20, 2017) ExceleRate Gold Circle of Quality centers in DeKalb County. This means that 457 (15%) of the 3,003 slots are in these centers and the centers are only in the more-populated county communities of DeKalb/Malta, Sycamore, and Sandwich.

For children under age 3, there were 103 children eligible for the Child Care Assistance Program (CCAP) and 113 who were classified as self-pay which means that 48% of the children under 3 in Gold Circle of Quality centers were CCAP eligible. For ages 3-5, there were 118 CCAP recipients and 123 classified as self-pay enrolled in gold rated centers. Thus, 49% of the children between the ages 3 and 5 enrolled in Gold Circle of Quality centers were eligible for CCAP.
Even though there are 3,003 slots in DeKalb County for children in licensed centers, they are not evenly distributed across the county. According to the most recent state and local data, Somonauk has no licensed programs for birth to five-year-olds or before/after school care within the Somonauk school district’s boundaries. No birth- to three-year-old licensed programs exist in Kirkland, Hinckley, Shabbona, or Waterman. Additionally, 242 total spots in licensed centers are available for before/after school care, but only three communities are represented: 137 in the DeKalb School District, 48 in the Genoa-Kingston School District, and 57 in the Sycamore School District. State data systems list several license exempt after school programs, but these are also within these three communities.

School district programs
In 2015, 1,255 kindergartners were enrolled in DeKalb County public schools, and in 2016, there were 1,241 kindergartners. This indicates that 2,496 openings were needed in the 2014 three-to four-year-old programs to be able to enroll the upcoming kindergarteners. In 2014, the reported total capacity for three-four-year olds in the county was 1,999 (414 in school district and 1585 in licensed programs). There is enough capacity in three- to four-year olds programs for 80% of the upcoming kindergarteners to be enrolled. This number does not include openings in non-licensed programs.
### Table 1

<table>
<thead>
<tr>
<th>Community</th>
<th>School District Pre-K Enrollment (2014)</th>
<th>Kindergarten Enrollment (2015 and 2016)</th>
<th>Percent of Kindergarteners enrolled in District Pre-K programs</th>
<th>Licensed Center Capacity for 3-4 years old*</th>
<th>Total Community Capacity for 3-4 years old</th>
<th>Percent of K enrolled in district and licensed center 3-4 years old programs*</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeKalb, Malta</td>
<td>225</td>
<td>1,094</td>
<td>21%</td>
<td>644</td>
<td>869</td>
<td></td>
</tr>
<tr>
<td>Genoa-Kingston</td>
<td>11</td>
<td>214</td>
<td>5%</td>
<td>60</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Kirkland</td>
<td>42</td>
<td>73</td>
<td>58%</td>
<td>40</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Hinckley</td>
<td>11</td>
<td>100</td>
<td>11%</td>
<td>40</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Shabbona and Waterman</td>
<td>20</td>
<td>114</td>
<td>18%</td>
<td>58</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>Sandwich</td>
<td>79</td>
<td>273</td>
<td>29%</td>
<td>238</td>
<td>317</td>
<td></td>
</tr>
<tr>
<td>Somonauk</td>
<td>11</td>
<td>94</td>
<td>12%</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Sycamore</td>
<td>15</td>
<td>534</td>
<td>3%</td>
<td>505</td>
<td>520</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>414</strong></td>
<td><strong>2,496</strong></td>
<td><strong>17%</strong></td>
<td><strong>1,585</strong></td>
<td><strong>1,999</strong></td>
<td><strong>80%</strong></td>
</tr>
</tbody>
</table>

Sources: IIRC (K enrollments); 4-C (licensed center capacity by age). Does not include any non-licensed or licensed exempt centers.

*Licensed centers often serve children living in other communities; this number is generalized to most-often represent DeKalb County citizens.

DeKalb CUSD 428 consolidated their pre-K programs and opened an Early Learning Development Center in 2014-2015. In spring of 2017, this center had attained a Silver Circle of Quality designation.

### Other Risk Data

The number of children under the age 18 with neglect and abuse cases has been increasing over the past five years from 161 cases in 2010 to 213 cases in 2015. The number of sexual abuse cases has remained at a count of 50 or less.
The County’s number of school crime incidents increased by 16 incidents and the drug crime arrest rate increased by 450 from 2013 to 2015. Domestic offenses increased overall by 93 incidents from 2013 to 2015. Serious crime offense rate per 100,000 people decreased each year in this same period (from 2,366.8 in 2013; 2,117.6 in 2014; to 2,060.5 in 2015).

Out of 103,405 residents (over the age one) in 2014, 23,420 moved into DeKalb County communities (22.6%) and 19,103 moved out (19.3%) for a net in-migration of 4,317 residents. Of the 23,420 that moved into DeKalb County communities, 55.7% of them moved from other DeKalb County communities. The top 5 places people moved from outside of the County included

- Cook county, which was 29.2% of the total moves from other Illinois counties
- Kane county, which was 16.2% of the total moves from other Illinois counties
- DuPage County, Lake County, and several Asian countries were the rest of the top 5 moves into DeKalb County from other places

Of the 19,103 residents (one year and older) who moved out of a DeKalb County community, 13,044 (68%) moved to other DeKalb County communities. The top 5 places moved to outside of the county included:

- Cook County, which was 23.7% of the total moves to other Illinois counties
- Kane County, which was 22.2 % of the total moves to other Illinois counties
- DuPage County, Winnebago County, and LaSalle County were the rest of the top 5 moves out of DeKalb County
Rural Communities in DeKalb County

The U.S. Census has different ways to classify communities (i.e., population or densities) as rural or urban. Generally, areas with more than 2,500 residents are considered urban. If boundaries of smaller communities are adjoining larger communities, they may be considered urban as well. Classification of these communities for future studies involving DeKalb County may differ than the ones presented here.
## High Priority Indicators – DeKalb County, IL

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Primary Metrics</th>
<th>Base</th>
<th>Current</th>
<th>Change from Base</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Learners</strong></td>
<td>Children ages 5 and under</td>
<td>Year 2010 7,958</td>
<td>Year 2014 7,341</td>
<td>(7.8%)</td>
</tr>
<tr>
<td><strong>Economic Security</strong></td>
<td>Among children 5 and under, percent <em>not in</em> low income families (=&gt;200% FPL)</td>
<td>Year 2010 54.8%</td>
<td>Year 2014 51.6%</td>
<td>(3.2) Percentage Points</td>
</tr>
<tr>
<td><strong>Children in Poverty: Below 50% FPL</strong></td>
<td>Among children 5 and under, percent <em>in</em> low income families (&lt;50% FPL)</td>
<td>Year 2010 12.8%</td>
<td>Year 2014 15.9%</td>
<td>3.1 Percentage Points</td>
</tr>
<tr>
<td><strong>Children in Poverty: Below 100% FPL</strong></td>
<td>Among children 5 and under, percent <em>in</em> low income families (&lt;100% FPL)</td>
<td>Year 2010 24.2%</td>
<td>Year 2014 30.8%</td>
<td>6.6 Percentage Points</td>
</tr>
<tr>
<td><strong>Working Parent Demand for Early Care and Education Programs</strong></td>
<td>Among children 5 and under, with at least one working parent</td>
<td>Year 2010 65.7%</td>
<td>Year 2014 70.9%</td>
<td>5.1 Percentage Points</td>
</tr>
<tr>
<td><strong>Involvement of Grandparents</strong></td>
<td>Number of grandparents responsible for own grandchildren under 18 years</td>
<td>Year 2010 450</td>
<td>Year 2014 616</td>
<td>36.9%</td>
</tr>
<tr>
<td><strong>Children at or Above Poverty Living with a Single Female Householder</strong></td>
<td>Among children 5 and under, percent living in a family with a female householder and no husband present, at or above poverty level</td>
<td>Year 2010 8.9%</td>
<td>Year 2014 5.9%</td>
<td>(3.0) Percentage Points</td>
</tr>
<tr>
<td><strong>Education of Mothers: Less than One Year of College</strong></td>
<td>Percent of all mothers with education level of &quot;less than 1 year of college&quot; and below</td>
<td>Year 2012 43.8%</td>
<td>Year 2014 39.9%</td>
<td>(3.9) Percentage Points</td>
</tr>
<tr>
<td><strong>Education of Mothers: At least One Year of College or More</strong></td>
<td>Percent of all mothers with education level of &quot;One or more years of college with no degree&quot; and above</td>
<td>Year 2012 56.2%</td>
<td>Year 2014 60.1%</td>
<td>3.9 Percentage Points</td>
</tr>
<tr>
<td><strong>Linguistically Isolated Households – Spanish Speaking</strong></td>
<td>Percent of Households Linguistically Isolated – Spanish Speaking</td>
<td>Year 2010 3.29%</td>
<td>Year 2014 1.68%</td>
<td>(1.61) Percentage Points</td>
</tr>
<tr>
<td>Indicators</td>
<td>Primary Metrics</td>
<td>Base</td>
<td>Current</td>
<td>Change from Base</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Appendix E.2 – Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Child Visits</td>
<td>Among children receiving Medicaid/SCHIP for first 15 months of life, number and percentage attending 6 or more well child visits</td>
<td>Year 2012 422 (74.3%)</td>
<td>Year 2014 438 (75.4%)</td>
<td>1.1 Percentage Points</td>
</tr>
<tr>
<td>Preschool Vision Screenings</td>
<td>Among preschoolers (ages three and four), percent screened for vision</td>
<td>Year 2009/2010 1,782 (66.2%)</td>
<td>Year 2015/2016 1,189 (48.6%)</td>
<td>(17.6) Percentage Points</td>
</tr>
<tr>
<td>Preschool Hearing Screenings</td>
<td>Among preschoolers (ages three and four), percent screened for hearing</td>
<td>Year 2009/2010 1,830 (68.0%)</td>
<td>Year 2015/2016 1,203 (49.2%)</td>
<td>(18.8) Percentage Points</td>
</tr>
<tr>
<td>No Health Insurance Coverage</td>
<td>Children Under Age 18 without insurance coverage</td>
<td>Year 2013 7.4%</td>
<td>Year 2015 12.8%</td>
<td>5.4 Percentage Points</td>
</tr>
<tr>
<td>Blood-lead Level (BLL) in Children</td>
<td>Among children predominantly 5 years and under tested for lead, percent tested positive</td>
<td>Year 2010 .5%</td>
<td>Year 2014 .2%</td>
<td>(.3) Percentage Points</td>
</tr>
<tr>
<td>Teen Births</td>
<td>Mothers under the age of 19</td>
<td>Year 2010 5.6%</td>
<td>Year 2014 4.9%</td>
<td>(.7) Percentage Points</td>
</tr>
<tr>
<td>Births to Unmarried Mothers</td>
<td>Percent of births to unmarried mothers</td>
<td>Year 2010 35.8%</td>
<td>Year 2014 38.8%</td>
<td>3.0 Percentage Points</td>
</tr>
<tr>
<td>Low Birth Weights</td>
<td>Births &lt;2,500 grams</td>
<td>Year 2010 5.5%</td>
<td>Year 2014 7.2%</td>
<td>1.7 Percentage Points</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>Births &lt; 37 weeks</td>
<td>Year 2010 10.2%</td>
<td>Year 2014 10.2%</td>
<td>Neutral</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>Infant mortality rate per 1,000 live births</td>
<td>Year 2010 1.6</td>
<td>Year 2014 8.3</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Appendix E.3 – Early Care and Education Centers/Programs, Capacity, Enrollments &amp; School Boundaries</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Care and Education Participation Rate</td>
<td>Among children 5 years and under, participating in Early Care and Education Type of Program/Licensed Home (Excluding School Districts and Home-visiting Programs)</td>
<td>Year 2010 42.2%</td>
<td>Year 2016 40.9%</td>
<td>(1.3) Percentage Points</td>
</tr>
<tr>
<td>High Quality Program Participation Rate</td>
<td>Among children 5 years and under enrolled in an early care and education program, percent enrolled in Gold ExceleRate program</td>
<td>NA</td>
<td>Year 2016 15.2%</td>
<td></td>
</tr>
<tr>
<td>Indicators</td>
<td>Primary Metrics</td>
<td>Base</td>
<td>Current</td>
<td>Change from Base</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>High Quality Early Care and Education for Infants and Toddlers: Count</td>
<td>Among children under the age 3, number receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care</td>
<td>NA</td>
<td>Year 2016 103</td>
<td>NA</td>
</tr>
<tr>
<td>High Quality Early Care and Education for Infants and Toddlers: Percent of all CCAP Children in this Age Category</td>
<td>Among children under the age 3, children receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care as a percent to all children receiving CCAP assistance in this age category</td>
<td>NA</td>
<td>Year 2016 28.1%</td>
<td>NA</td>
</tr>
<tr>
<td>High Quality Early Care and Education for Preschoolers: Count</td>
<td>Among children ages 3 through 5, number receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care</td>
<td>NA</td>
<td>Year 2016 118</td>
<td>NA</td>
</tr>
<tr>
<td>High Quality Early Care and Education for Preschoolers: Percent of all CCAP Children in this Age Category</td>
<td>Among children ages 3 through 5, children receiving assistance through CCAP and enrolled in Gold Circle of Quality ExceleRate Illinois licensed centers/preschools and licensed family child care as a percent to all children receiving CCAP assistance in this age category</td>
<td>NA</td>
<td>Year 2016 25.4%</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Sources: Enrollments and school counts per IRC.**

Note – ELDC – Early Learning and Development Center (Year 2015 balance per survey). Elem. = Elementary
*Genoa elementary schools only include grades 4-5 (Genoa) and grades 2-3 (Kingston); CUSD 428 ELDC ’15 figure is self-reported.
**Hiawatha elementary school includes grades PK-8 (junior high included).
***Herman E. Dummer only includes grades 4-5.
# were unavailable in IRC and self-reported by the school districts

### Appendix E.4 – Other Risk Factors

<table>
<thead>
<tr>
<th>Category</th>
<th>Metric</th>
<th>Year 2010 %</th>
<th>Year 2015 %</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and Neglect</td>
<td>Among Children Under 18 Years, percent abused and neglected</td>
<td>.69%</td>
<td>.93%</td>
<td>.24%</td>
</tr>
<tr>
<td>Homeless Preschoolers</td>
<td>Preschool For All (PFA) children classified as homeless</td>
<td>1</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Homeless Kindergartners</td>
<td>Kindergartners classified as homeless</td>
<td>16</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Mobility</td>
<td>Percent of the County’s population that did not move</td>
<td>NA</td>
<td>Year 2014 77.4%</td>
<td>NA</td>
</tr>
<tr>
<td>Indicators</td>
<td>Primary Metrics</td>
<td>Base</td>
<td>Current</td>
<td>Change from Base</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>---------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Crime Rate – Serious Offenses</td>
<td>Number of serious crime offenses (criminal homicide, rape, robbery, aggravated assault/aggravated battery, burglary, theft, motor vehicle theft, arson and human trafficking) per 100,000 residents</td>
<td>Year 2013 2,366.8</td>
<td>Year 2015 2,060.5</td>
<td>(306.3)</td>
</tr>
<tr>
<td>Drug Crime Arrest Rate</td>
<td>Number for arrests related to drug crimes per 100,000 residents</td>
<td>Year 2013 1,034.9</td>
<td>Year 2015 1,484.9</td>
<td>450</td>
</tr>
<tr>
<td>Domestic Offenses</td>
<td>Number of domestic offenses reported (raw count)</td>
<td>Year 2013 809</td>
<td>Year 2015 902</td>
<td>93</td>
</tr>
<tr>
<td>School Incidents</td>
<td>Number of school incidents reported (raw count)</td>
<td>Year 2014 23</td>
<td>Year 2015 39</td>
<td>16</td>
</tr>
</tbody>
</table>

**Other Supplementary Indicators**

| Coordinated Community Systems     | Among all children Birth to 5, number and percentage in communities with successful community collaborations | NA           | System Mapping Required | NA               |

Note – figures here and throughout the data assessment may differ slightly due to rounding.
**Appendix E.1 – Demographics and the Economy**

Table 1: Population, Working Parents and Poverty

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population - Total (A)</td>
<td>105,160</td>
<td>104,478</td>
<td>104,693</td>
<td>104,802</td>
<td>105,462</td>
<td>0.3%</td>
</tr>
<tr>
<td>Population – 5 Years and Under</td>
<td>7,958</td>
<td>7,728</td>
<td>7,535</td>
<td>7,411</td>
<td>7,341</td>
<td>-7.8%</td>
</tr>
<tr>
<td>5 Years Old</td>
<td>1,313</td>
<td>1,348</td>
<td>1,269</td>
<td>1,260</td>
<td>1,273</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Population - Under 5 Years</td>
<td>6,645</td>
<td>6,380</td>
<td>6,266</td>
<td>6,151</td>
<td>6,068</td>
<td>-8.7%</td>
</tr>
<tr>
<td>Birth up to 3 Years Old</td>
<td>3,953</td>
<td>3,772</td>
<td>3,697</td>
<td>3,611</td>
<td>3,540</td>
<td>-10.4%</td>
</tr>
<tr>
<td>3 &amp; 4 Years Old</td>
<td>2,692</td>
<td>2,608</td>
<td>2,569</td>
<td>2,540</td>
<td>2,528</td>
<td>-6.1%</td>
</tr>
<tr>
<td>Median Age</td>
<td>29.0</td>
<td>29.1</td>
<td>29.4</td>
<td>29.6</td>
<td>29.8</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Children 5 Years and Under Family Status (B)

| Living in Families (B)                            | 7,523 | 7,756 | 7,523 | 7,399 | 7,329 | -2.6%              |
| Living with Two Working Parents (Count)           | 3,301 | 3,203 | 3,064 | 3,014 | 2,986 | -9.5%              |
| Living with Two Working Parents (% of B)          | 43.9% | 41.3% | 40.7% | 40.7% | 40.7% | -3.1%              |
| Living with One Working Parent (Count)            | 1,645 | 1,932 | 2,265 | 2,228 | 2,207 | 34.2%              |
| Living with One Working Parent (% of B)           | 21.9% | 24.9% | 30.1% | 30.1% | 30.1% | 8.2%               |
| Living with at Least One Working Parent (Count)   | 4,946 | 5,135 | 5,329 | 5,242 | 5,193 | 5.0%               |
| Living with at Least One Working Parent (% of B)  | 65.7% | 66.2% | 70.8% | 70.8% | 70.9% | 5.1%               |

Percent of Children Age 5 and Under Living in Family with Female Householder and No Husband Present, At or Above Poverty Level (Count)

| Percent of Children Age 5 and Under Living in Family with Female Householder and No Husband Present, At or Above Poverty Level (Count) | 696 | 587 | 538 | 418 | 438 | -37.1%              |

Percent of Children Age 5 and Under Living in Family with Female Householder and No Husband Present, At or Above Poverty Level (% of B)

| Percent of Children Age 5 and Under Living in Family with Female Householder and No Husband Present, At or Above Poverty Level (% of B) | 8.9% | 7.6% | 7.1% | 5.6% | 5.9% | -3.0%              |

Poverty Levels of Children 5 Years and Under

| Living Below 50% Federal Poverty Level (Count)     | 961 | 1,152 | 1,194 | 1,173 | 1,162 | 20.9%              |
| Living Below 50% Federal Poverty Level (% of B)   | 12.8% | 14.9% | 15.9% | 15.9% | 15.9% | 3.1%               |
| Living Below 100% Federal Poverty Level (Count)   | 1,819 | 2,230 | 2,317 | 2,280 | 2,259 | 24.2%              |
| Living Below 100% Federal Poverty Level (% of B)  | 24.2% | 28.8% | 30.8% | 30.8% | 30.8% | 6.6%               |
| Living Below 200% Federal Poverty Level (Count)   | 3,403 | 3,642 | 3,640 | 3,581 | 3,547 | 4.2%               |
| Living Below 200% Federal Poverty Level (% of B)  | 45.2% | 47.0% | 48.4% | 48.4% | 48.4% | 3.2%               |
| Not Living Below 200% Federal Poverty Level (Count) | 4,120 | 4,114 | 3,883 | 3,818 | 3,782 | -8.2%              |
| Not Living Below 200% Federal Poverty Level (% of B) | 54.8% | 53.0% | 51.6% | 51.6% | 51.6% | -3.2%              |

* Source: IECAM; Median Age Source = ACS 5-Year Estimates; Note - The population of children 5 years and under (A) differs from the number of children 5 years and under living in families (B) due to the families figure excluding the number of children in group homes and other non-family arrangements.
Table 2: Employment Status of Family Members

<table>
<thead>
<tr>
<th>Subject</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Families with own children under 18 years</td>
</tr>
<tr>
<td></td>
<td>Estimate</td>
<td>Margin of Error</td>
</tr>
<tr>
<td>Families</td>
<td>23,580</td>
<td>+/-553</td>
</tr>
<tr>
<td>EMPLOYMENT STATUS CHARACTERISTICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married-couple families</td>
<td>19,008</td>
<td>+/-537</td>
</tr>
<tr>
<td>Both husband and wife in labor force</td>
<td>65.30%</td>
<td>+/-2.0</td>
</tr>
<tr>
<td>Husband in labor force, wife not in labor force</td>
<td>18.20%</td>
<td>+/-1.6</td>
</tr>
<tr>
<td>Wife in labor force, husband not in labor force</td>
<td>5.90%</td>
<td>+/-0.9</td>
</tr>
<tr>
<td>Both husband and wife not in labor force</td>
<td>10.70%</td>
<td>+/-1.0</td>
</tr>
<tr>
<td>Other families</td>
<td>4,572</td>
<td>+/-409</td>
</tr>
<tr>
<td>Female householder, no husband present</td>
<td>71.00%</td>
<td>+/-4.4</td>
</tr>
<tr>
<td>In labor force</td>
<td>55.10%</td>
<td>+/-4.3</td>
</tr>
<tr>
<td>Not in labor force</td>
<td>16.00%</td>
<td>+/-3.5</td>
</tr>
<tr>
<td>Male householder, no wife present</td>
<td>29.00%</td>
<td>+/-4.4</td>
</tr>
<tr>
<td>In labor force</td>
<td>26.80%</td>
<td>+/-4.2</td>
</tr>
<tr>
<td>Not in labor force</td>
<td>2.20%</td>
<td>+/-1.3</td>
</tr>
<tr>
<td>WORK STATUS CHARACTERISTICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families</td>
<td>23,580</td>
<td>+/-553</td>
</tr>
<tr>
<td>No workers in the past 12 months</td>
<td>8.50%</td>
<td>+/-0.9</td>
</tr>
<tr>
<td>1 worker in the past 12 months</td>
<td>26.10%</td>
<td>+/-1.7</td>
</tr>
<tr>
<td>Subject</td>
<td>2010</td>
<td>2015</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Families with own children under 18 years</td>
</tr>
<tr>
<td></td>
<td>Estimate</td>
<td>Margin of Error</td>
</tr>
<tr>
<td>2 or more workers in the past 12 months</td>
<td>65.40%</td>
<td>+/- 1.9</td>
</tr>
<tr>
<td>Married-couple families</td>
<td>19,008</td>
<td>+/- 537</td>
</tr>
<tr>
<td>Householder worked full-time, year-round in the past 12 months</td>
<td>55.40%</td>
<td>+/- 2.2</td>
</tr>
<tr>
<td>Spouse worked full-time, year-round in the past 12 months</td>
<td>28.00%</td>
<td>+/- 2.1</td>
</tr>
<tr>
<td>Householder worked part-time or part-year in the past 12 months</td>
<td>28.30%</td>
<td>+/- 2.3</td>
</tr>
<tr>
<td>Spouse worked part-time or part-year in the past 12 months</td>
<td>9.80%</td>
<td>+/- 1.6</td>
</tr>
<tr>
<td>Householder did not work in the past 12 months</td>
<td>16.30%</td>
<td>+/- 1.4</td>
</tr>
<tr>
<td>Spouse did not work in the past 12 months</td>
<td>9.90%</td>
<td>+/- 1.1</td>
</tr>
</tbody>
</table>

### Table 3: Population Race Composition

<table>
<thead>
<tr>
<th>Race/Ethnicity Composition</th>
<th>2010</th>
<th>2015</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Population, Total</td>
<td>105,160</td>
<td>100.0%</td>
<td>104,352</td>
</tr>
<tr>
<td>White alone</td>
<td>89,491</td>
<td>85.1%</td>
<td>87,343</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>6,730</td>
<td>6.4%</td>
<td>7,200</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>315</td>
<td>0.3%</td>
<td>209</td>
</tr>
<tr>
<td>Asian alone</td>
<td>2,419</td>
<td>2.3%</td>
<td>2,504</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>-</td>
<td>0.0%</td>
<td>104</td>
</tr>
<tr>
<td>Some other Race alone</td>
<td>4,101</td>
<td>3.9%</td>
<td>4,591</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>2,103</td>
<td>2.0%</td>
<td>2,400</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>10,621</td>
<td>10.1%</td>
<td>11,061</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>94,539</td>
<td>89.9%</td>
<td>93,291</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau QuickFacts

### Table 4: Grandparents Living with and Responsible for Grandchildren

<table>
<thead>
<tr>
<th>Subject</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>Grandparents, Total</td>
<td>50,528</td>
<td></td>
</tr>
<tr>
<td>Not living with own grandchildren under 18 years</td>
<td>49,064</td>
<td>97.1%</td>
</tr>
<tr>
<td>Living with own grandchildren under 18 years</td>
<td>1,464</td>
<td>2.9%</td>
</tr>
<tr>
<td>Grandparent responsible for own grandchildren under 18 years</td>
<td>450</td>
<td>0.9%</td>
</tr>
<tr>
<td>Grandparent not responsible for own grandchildren under 18 years</td>
<td>1,014</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Table 5: Education of Mothers and Parents

<table>
<thead>
<tr>
<th>Education of Mothers</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum of &quot;less than 1 year of college&quot; and below</td>
<td>6,779</td>
<td>4,996</td>
<td>5,579</td>
</tr>
<tr>
<td>Sum of &quot;1 or more years of college with no degree&quot; and</td>
<td>8,702</td>
<td>11,964</td>
<td>8,413</td>
</tr>
<tr>
<td>above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of all mothers with education level of &quot;less than 1</td>
<td>43.79%</td>
<td>29.46%</td>
<td>39.87%</td>
</tr>
<tr>
<td>year of college&quot; and below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of all mothers with education level of &quot;1 or more</td>
<td>56.21%</td>
<td>70.54%</td>
<td>60.13%</td>
</tr>
<tr>
<td>years of college with no degree&quot; and above</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: IECAM

Table 6: Linguistically Isolated Households (LIH)

<table>
<thead>
<tr>
<th>LIH’s</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Linguistically Isolated Households – Speaking</td>
<td>3.3%</td>
<td>2.5%</td>
<td>2.3%</td>
<td>1.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of Linguistically Isolated Households – Speaking</td>
<td>.7%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>.8%</td>
</tr>
<tr>
<td>Other Languages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: IECAM

Commuting Patterns

• Percentage of workers in each municipality that work in DeKalb County

Data Source: U.S. Census Bureau, County and SMSA Origin-Destination Employment Statistics

*Boundaries cross to an adjacent county
Appendix E.2 – Health

In the past, the Illinois Department of Public Health has produced valuable information about mother and infant data (i.e., drinking and smoking during pregnancy rates, adequacy of care during pregnancy, etc.) but the data is currently outdated. The majority of this information was prior to 2010 for indicators within IDPH’s IQuery tool; the DeKalb County Community Analysis: 2012; or the 2013 Illinois Project for Local Assessment of Needs (IPLAN): Community Health Needs Assessment and Plan. Children born during this time frame are now past the kindergarten age for assessing readiness. Additionally, the DeKalb County Community Mental Health Board recommended agencies to contact as potential data sources but the information was not received as of the report date. Any subsequent information collected which would be relevant to this study will be forward to the DeKalb County Community Foundation.

A. Blood-lead Level

Table 7: Blood-Lead Levels Among Children Predominantly 5 Years and Under

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children tested 2014 (see notes for age) - predominantly 5 years</td>
<td>1,248</td>
<td>1,473</td>
<td>1,446</td>
<td>1,610</td>
<td>1,504</td>
</tr>
<tr>
<td>and Under</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children with elevated BLL (equal to or greater than</td>
<td>6</td>
<td>21</td>
<td>9</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>10 microg/dL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children tested who have elevated BLL (equal to or</td>
<td>0.5%</td>
<td>1.4%</td>
<td>0.6%</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>greater than 10 microg/dL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: IECAM

B. Vision & Hearing Screening

Table 8: Vision and Hearing Screening for Preschool Children

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Screening (Count)</td>
<td>1,782</td>
<td>1,399</td>
<td>1,233</td>
<td>1,216</td>
<td>1,179</td>
<td>1,133</td>
<td>1,189</td>
<td>1,315</td>
<td>-15.01%</td>
</tr>
<tr>
<td>Vision Screening (% of 3 &amp; 4 Year Olds)</td>
<td>66.2%</td>
<td>52.0%</td>
<td>47.3%</td>
<td>47.3%</td>
<td>46.4%</td>
<td>44.8%</td>
<td>48.6%</td>
<td>NA</td>
<td>-17.6%</td>
</tr>
<tr>
<td>Hearing Screening (Count)</td>
<td>1,830</td>
<td>1,442</td>
<td>1,258</td>
<td>1,221</td>
<td>1,207</td>
<td>1,160</td>
<td>1,203</td>
<td>1,354</td>
<td>-16.57%</td>
</tr>
<tr>
<td>Hearing Screening (% of 3 &amp; 4 Year Olds)</td>
<td>68.0%</td>
<td>53.6%</td>
<td>48.2%</td>
<td>47.5%</td>
<td>47.5%</td>
<td>45.9%</td>
<td>49.2%</td>
<td>NA</td>
<td>-18.8%</td>
</tr>
</tbody>
</table>

Source: DeKalb County Public Health Department.

Note – In 2016, some private schools began sharing information as well. Also, not all children receive vision screenings in preschools, so hearing screenings will be higher than vision screenings each year. 2014 preschool populations (ages 3 & 4) were used as a proxy for population in 2015-2016 but were too distant to use for 2016-2017.
Vision and Hearing Screening Mandates

Hearing screening must be provided annually for **preschool children** 3 years of age or older in any public or private educational program or licensed child care facility, and for all **school age children** grades kindergarten, first, second and third; are in special education class; have been referred by a teacher; or are transfer students. These screening services shall be provided in all public, private and parochial schools. In lieu of the screening services required, a completed and signed report form, indicating the child had an ear examination by a physician and an audiological evaluation completed by an audiologist within the previous 12 months, is acceptable.

Vision screening must be provided annually for **preschool children** 3 years of age or older in any public or private educational program or licensed child care facility, and for **school age children** in kindergarten, second and eighth grades; are in special education class; have been referred by a teacher; or are transfer students. Such screening services shall be provided in all public, private and parochial schools. In lieu of the screening services required, a completed and signed report form, indicating that an eye examination by a doctor specializing in diseases of the eye or a licensed optometrist has been administered within the previous 12 months, is acceptable.


C. DeKalb County, IL Well Child Visits in the First 15 Months of Life (W15) – 2012 to 2014

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Measure</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 Or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Eligible Population</td>
<td>568</td>
<td>568</td>
<td>568</td>
<td>568</td>
<td>568</td>
<td>568</td>
<td>568</td>
</tr>
<tr>
<td></td>
<td>Well Child Visit Count</td>
<td>16</td>
<td>18</td>
<td>22</td>
<td>18</td>
<td>30</td>
<td>42</td>
<td>422</td>
</tr>
<tr>
<td></td>
<td>Well Child Visit %</td>
<td>2.80%</td>
<td>3.20%</td>
<td>3.90%</td>
<td>3.20%</td>
<td>5.30%</td>
<td>7.40%</td>
<td>74.30%</td>
</tr>
<tr>
<td>2013</td>
<td>Eligible Population</td>
<td>549</td>
<td>549</td>
<td>549</td>
<td>549</td>
<td>549</td>
<td>549</td>
<td>549</td>
</tr>
<tr>
<td></td>
<td>Well Child Visit Count</td>
<td>21</td>
<td>21</td>
<td>12</td>
<td>16</td>
<td>16</td>
<td>29</td>
<td>434</td>
</tr>
<tr>
<td></td>
<td>Well Child Visit %</td>
<td>3.80%</td>
<td>3.80%</td>
<td>2.20%</td>
<td>2.90%</td>
<td>2.90%</td>
<td>5.30%</td>
<td>79.10%</td>
</tr>
<tr>
<td>2014</td>
<td>Eligible Population</td>
<td>581</td>
<td>581</td>
<td>581</td>
<td>581</td>
<td>581</td>
<td>581</td>
<td>581</td>
</tr>
<tr>
<td></td>
<td>Well Child Visit Count</td>
<td>16</td>
<td>28</td>
<td>13</td>
<td>17</td>
<td>25</td>
<td>44</td>
<td>438</td>
</tr>
<tr>
<td></td>
<td>Well Child Visit %</td>
<td>2.80%</td>
<td>4.80%</td>
<td>2.20%</td>
<td>2.90%</td>
<td>4.30%</td>
<td>7.60%</td>
<td>75.40%</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Healthcare and Family Services (IDPAEIS100-T3 data as of 09/08/2015)
D. Healthcare

**Table 10: AllKids Healthcare**

<table>
<thead>
<tr>
<th>AllKids Enrollment (medical assistance program for low income families)</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllKids Healthcare</td>
<td>10,135</td>
<td>10,049</td>
<td>10,061</td>
<td>10,146</td>
<td>9,618</td>
</tr>
</tbody>
</table>

Source: IECAM and https://www.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/dekalb.aspx

Note - The number of persons enrolled as of the last day of the State Fiscal Year. State Fiscal Year runs from July 1 through June 30. Enrollment data is available 90 days after the end of the State Fiscal Year. Children as defined as persons less than the age of 19. Comprehensive Benefit enrollees are clients who are eligible for all services provided under the State’s Medical Assistance Program. Partial Benefit enrollees are clients who are not covered under the Medical Program, but are enrolled in certain programs that offer a limited service package.

**Table 11: Health Insurance Coverage: Children 5 Years and Under**

<table>
<thead>
<tr>
<th>Health Insurance Coverage of Children 5 Years and Under</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 5 Years and Under (A)</td>
<td>7,411</td>
<td>7,341</td>
<td>7,435</td>
<td></td>
</tr>
<tr>
<td>Public Coverage (Count)</td>
<td>3,558</td>
<td>2,532</td>
<td>3,039</td>
<td></td>
</tr>
<tr>
<td>Public Coverage (% of A)</td>
<td>48.0%</td>
<td>34.5%</td>
<td>40.9%</td>
<td>-7.1</td>
</tr>
<tr>
<td>Employer-based Coverage (Count)</td>
<td>3,308</td>
<td>4,539</td>
<td>3,442</td>
<td></td>
</tr>
<tr>
<td>Employer-based Coverage (% of A)</td>
<td>44.6%</td>
<td>61.8%</td>
<td>46.3%</td>
<td>1.7</td>
</tr>
<tr>
<td>No Coverage (Count)</td>
<td>545</td>
<td>270</td>
<td>954</td>
<td></td>
</tr>
<tr>
<td>No Coverage (% of A)</td>
<td>7.4%</td>
<td>3.7%</td>
<td>12.8%</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Source: American Community Survey 1-year estimates; "No Coverage" was estimated as Children 5 Years and Under less Public Coverage and Employer-based Coverage, combined.
### Table 12: Births and Mothers Data

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate Per 1,000 Live Births</td>
<td>1.6</td>
<td>6.5</td>
<td>5.1</td>
<td>7.6</td>
<td>8.3</td>
<td>6.7</td>
<td>6.6</td>
</tr>
<tr>
<td>Births</td>
<td>1,272</td>
<td>1,231</td>
<td>1,188</td>
<td>1,180</td>
<td>1,209</td>
<td>-5.0%</td>
<td>158,522</td>
</tr>
<tr>
<td>Low Birth Weight: &lt;2,500 grams (Count)</td>
<td>70</td>
<td>86</td>
<td>105</td>
<td>74</td>
<td>87</td>
<td>24.3%</td>
<td>12,966</td>
</tr>
<tr>
<td>Low Birth Weight: &lt; 2,500 grams (%)</td>
<td>5.5%</td>
<td>7.0%</td>
<td>8.8%</td>
<td>6.3%</td>
<td>7.2%</td>
<td>1.7</td>
<td>8.2%</td>
</tr>
<tr>
<td>Very Low Weight: &lt;1,500 grams (Count)</td>
<td>12</td>
<td>18</td>
<td>17</td>
<td>14</td>
<td>19</td>
<td>58.3%</td>
<td>2,448</td>
</tr>
<tr>
<td>Very Low Weight: &lt;1,500 grams (%)</td>
<td>0.9%</td>
<td>1.5%</td>
<td>1.4%</td>
<td>1.2%</td>
<td>1.6%</td>
<td>.7</td>
<td>1.5%</td>
</tr>
<tr>
<td>Preterm: &lt; 37 Weeks (Count)</td>
<td>130</td>
<td>120</td>
<td>147</td>
<td>97</td>
<td>123</td>
<td>-5.4%</td>
<td>16,003</td>
</tr>
<tr>
<td>Preterm: &lt; 37 Weeks (%)</td>
<td>10.2%</td>
<td>9.7%</td>
<td>12.4%</td>
<td>8.2%</td>
<td>10.2%</td>
<td>0.0</td>
<td>10.1%</td>
</tr>
<tr>
<td>Mothers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Births to Unmarried Mothers (Count)</td>
<td>456</td>
<td>426</td>
<td>437</td>
<td>446</td>
<td>469</td>
<td>2.9%</td>
<td>63,521</td>
</tr>
<tr>
<td>Births to Unmarried Mothers (%)</td>
<td>35.8%</td>
<td>34.6%</td>
<td>36.8%</td>
<td>37.8%</td>
<td>38.8%</td>
<td>3.0</td>
<td>40.1%</td>
</tr>
<tr>
<td>Births to Mothers Older than 20, Not H.S. Grads (Count)</td>
<td>126</td>
<td>122</td>
<td>86</td>
<td>79</td>
<td>84</td>
<td>-33.3%</td>
<td>15,778</td>
</tr>
<tr>
<td>Births to Mothers Older than 20, Not H.S. Grads (%)</td>
<td>10.5%</td>
<td>10.4%</td>
<td>7.7%</td>
<td>7.0%</td>
<td>7.3%</td>
<td>-3.2</td>
<td></td>
</tr>
<tr>
<td>Births to Teens – 19 Years and Under (Count)</td>
<td>71</td>
<td>59</td>
<td>70</td>
<td>45</td>
<td>59</td>
<td>-16.9%</td>
<td>9,684</td>
</tr>
<tr>
<td>Births to Teens – 19 Years and Under (% of Births)</td>
<td>5.6%</td>
<td>4.8%</td>
<td>5.9%</td>
<td>3.8%</td>
<td>4.9%</td>
<td>-0.7</td>
<td>6.1%</td>
</tr>
<tr>
<td>Births to Teens – Under Age 18 (Count)</td>
<td>21</td>
<td>19</td>
<td>20</td>
<td>17</td>
<td>11</td>
<td>-47.6%</td>
<td>2,714</td>
</tr>
<tr>
<td>Births to Teens – Under Age 18 (% of Teen Births)</td>
<td>29.6%</td>
<td>32.2%</td>
<td>28.6%</td>
<td>37.8%</td>
<td>18.6%</td>
<td>-11.0%</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

Source: IECAM
F. Other Healthcare Data

Note, in the past the Illinois Department of Public Health has produced valuable information about mother and infant data (i.e., drinking and smoking during pregnancy rates, adequacy of care during pregnancy, etc.) but the data is currently outdated. The most recent set of information was 2007 and 2008 for these types of indicators which could be extracted by IDPH’s IQuery tool. Children born during this time frame are now long past the kindergarten age for assessing readiness.

Table 13: Adults with Asthma

<table>
<thead>
<tr>
<th>Prevalence of Adults with Asthma</th>
<th>Count</th>
<th>%</th>
<th>Confidence Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever diagnosed with Asthma and has Asthma now - Responded &quot;Yes&quot;</td>
<td>6,928</td>
<td>8.5%</td>
<td>4.4% - 15.7%</td>
</tr>
<tr>
<td>Ever diagnosed with Asthma and has Asthma now - Responded &quot;No&quot;</td>
<td>74,889</td>
<td>91.5%</td>
<td>84.3% - 95.6%</td>
</tr>
<tr>
<td>Sample</td>
<td>81,817</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health

Table 14: Depressive Disorder

<table>
<thead>
<tr>
<th>Prevalence of Adults with Depressive Disorder</th>
<th>2010 to 2014 (Round 5)</th>
<th>Confidence Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever diagnosed with Asthma and has Asthma now - Responded &quot;Yes&quot;</td>
<td>14,019</td>
<td>17.1%</td>
</tr>
<tr>
<td>Ever diagnosed with Asthma and has Asthma now - Responded &quot;No&quot;</td>
<td>67,798</td>
<td>82.9%</td>
</tr>
<tr>
<td>Sample</td>
<td>81,817</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health
## Appendix E.3 – Early Care and Education Centers/Programs, Capacity, Enrollments & School Boundaries

*Table 15: Early Care and Education Program Information (Excludes programs where delivery is at the child’s home).*

<table>
<thead>
<tr>
<th>Early Care and Education Programs</th>
<th>Sites/Programs</th>
<th>Capacity</th>
<th>Sites/Programs</th>
<th>Capacity</th>
<th>Sites/Programs</th>
<th>Capacity</th>
<th>Sites/Programs</th>
<th>Capacity</th>
<th>Sites/Programs</th>
<th>Capacity</th>
<th>Sites/Programs</th>
<th>Capacity</th>
<th>Sites/Programs</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool For All (PFA) (3 &amp; 4 Year Olds Only)</td>
<td>11</td>
<td>385</td>
<td>10</td>
<td>470</td>
<td>5</td>
<td>260</td>
<td>6</td>
<td>300</td>
<td>6</td>
<td>292</td>
<td>4</td>
<td>296</td>
<td>4</td>
<td>340</td>
</tr>
<tr>
<td>Head Start (3 &amp; 4 Year Olds Only)</td>
<td>1</td>
<td>118</td>
<td>1</td>
<td>118</td>
<td>1</td>
<td>119</td>
<td>1</td>
<td>119</td>
<td>1</td>
<td>119</td>
<td>1</td>
<td>119</td>
<td>1</td>
<td>94</td>
</tr>
<tr>
<td>Licensed Child Care Centers (Birth-2, 3-4 &amp; 5-K)</td>
<td>24</td>
<td>1,736</td>
<td>23</td>
<td>1,611</td>
<td>21</td>
<td>1,611</td>
<td>19</td>
<td>1,518</td>
<td>20</td>
<td>1,594</td>
<td>19</td>
<td>1,489</td>
<td>19</td>
<td>1,389</td>
</tr>
<tr>
<td>License-Exempt Child Care Centers (Birth-2, 3-4 &amp; 5-K)</td>
<td>8</td>
<td>309</td>
<td>10</td>
<td>453</td>
<td>10</td>
<td>499</td>
<td>9</td>
<td>386</td>
<td>10</td>
<td>479</td>
<td>11</td>
<td>416</td>
<td>10</td>
<td>427</td>
</tr>
<tr>
<td>Licensed Family Child Care Homes (Birth-2, 3-4 &amp; 5-K)</td>
<td>91</td>
<td>808</td>
<td>95</td>
<td>855</td>
<td>78</td>
<td>694</td>
<td>78</td>
<td>713</td>
<td>70</td>
<td>651</td>
<td>83</td>
<td>770</td>
<td>78</td>
<td>753</td>
</tr>
<tr>
<td>Subtotal: Programs</td>
<td>135</td>
<td>3,356</td>
<td>139</td>
<td>3,507</td>
<td>115</td>
<td>3,183</td>
<td>113</td>
<td>3,036</td>
<td>107</td>
<td>3,135</td>
<td>118</td>
<td>3,090</td>
<td>112</td>
<td>3,003</td>
</tr>
<tr>
<td>Capacity as a % of Children 5 Years and Under</td>
<td>42.2%</td>
<td>45.4%</td>
<td>42.2%</td>
<td>41.0%</td>
<td>42.7%</td>
<td>42.1%</td>
<td>40.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: IECAM (2010-2015) *Per capita estimates based on 2014 population in IECAM (most current year available); Per Pam Wicking, enrollments across programs vary mainly due to part-time employed parents but are often close to capacity (programs have almost full status).
Table 16: Home-visiting Early Care and Education Program Information (Programs where delivery is at the child’s home).

<table>
<thead>
<tr>
<th>Home Visiting Early Care and Education Programs</th>
<th>2010 Programs Total Served</th>
<th>2011 Programs Total Served</th>
<th>2012 Programs Total Served</th>
<th>2013 Programs Total Served</th>
<th>2014 Programs Total Served</th>
<th>2015 Programs Total Served</th>
<th>2016 Programs Total Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISBE Prevention Initiative</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>90</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>IDHS Bureau of Childhood Development, Home Visiting Programs</td>
<td>60</td>
<td>55</td>
<td>49</td>
<td>64</td>
<td>66</td>
<td>54</td>
<td>N/A</td>
</tr>
<tr>
<td>Early Headstart</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>IDHS Early Intervention</td>
<td>162</td>
<td>180</td>
<td>148</td>
<td>169</td>
<td>179</td>
<td>171</td>
<td>180</td>
</tr>
</tbody>
</table>

Source: IECAM; IDHS Early Intervention IFSPs figures provided by ROE, Angela Hodges. Note: IDHS Early Intervention is for children younger than the age of 3; when children turn 3, they are screened for IEPs.
### Table 17: Gold Rated Program Participation and Child Care Assistance Program (CCAP) Recipients versus Self-Pay

<table>
<thead>
<tr>
<th>Gold ExceleRate Participation In Licensed Centers (excluding school district programs)</th>
<th>Programs &amp; Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CCAP Recipients by Provider Location</td>
<td>830</td>
</tr>
<tr>
<td>Received CCAP by Provider Location: Below Age 3</td>
<td>366</td>
</tr>
<tr>
<td>Received CCAP by Provider Location: Ages 3 – 5</td>
<td>464</td>
</tr>
<tr>
<td>Gold Rated ExceleRate Programs</td>
<td>6</td>
</tr>
<tr>
<td>Enrolled in Gold Rated ExceleRate Programs with Pay Status per 4-C</td>
<td>457</td>
</tr>
<tr>
<td>Receive CCAP &amp; enrolled in a Gold Rated ExceleRate Program: Below Age 3</td>
<td>103</td>
</tr>
<tr>
<td>Receive CCAP &amp; enrolled in a Gold Rated ExceleRate Program: Ages 3 – 5</td>
<td>118</td>
</tr>
<tr>
<td>Self-Pay &amp; enrolled in a Gold Rated ExceleRate Program: Below Age 3</td>
<td>113</td>
</tr>
<tr>
<td>Self-Pay &amp; enrolled in a Gold Rated ExceleRate Program: Ages 3 – 5</td>
<td>123</td>
</tr>
</tbody>
</table>

Sources: IECAM (Year 2015 CCAP data); 4-C (Year 2016 Gold Rating Data); Ratios calculated by CGS. Note: Per Pam Wicking, 4-C stats may differ from IECAM due to timing differences in data collection.
### Table 18: CCAP Only & Gold Rated Program Participation, by Age Category

<table>
<thead>
<tr>
<th>CCAP &amp; Gold Rated ExceleRate Program for Licensed Centers (excluding school district programs)</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among children <em>under the age 3</em>, number receiving assistance through CCAP and enrolled in Gold rated ExceleRate Illinois licensed centers/preschools and licensed family child care</td>
<td>103</td>
</tr>
<tr>
<td>Among children <em>under the age 3</em>, children receiving assistance through CCAP and enrolled in Gold rated ExceleRate Illinois licensed centers/preschools and licensed family child care as a percent to all children receiving CCAP assistance in this age category <em>(By Provider Location)</em></td>
<td>28.1%</td>
</tr>
<tr>
<td>Among children <em>ages 3 through 5</em>, number receiving assistance through CCAP and enrolled in Gold rated ExceleRate Illinois licensed centers/preschools and licensed family child care</td>
<td>118</td>
</tr>
<tr>
<td>Among children <em>ages 3 through 5</em>, children receiving assistance through CCAP and enrolled in Gold rated ExceleRate Illinois licensed centers/preschools and licensed family child care as a percent to all children receiving CCAP assistance in this age category <em>(By Provider Location)</em></td>
<td>25.4%</td>
</tr>
</tbody>
</table>

Sources: IECAM (Year 2015 CCAP data); 4-C (Year 2016 Gold Rating Data); Ratios calculated by CGS.

### Table 19: 2016 Enrollments and Programs by ExceleRate Status

<table>
<thead>
<tr>
<th>ExceleRate Program Enrollees in Licensed Programs (excluding school district programs)</th>
<th>Circle of Quality</th>
<th>Number of Programs</th>
<th>CCAP Children 0-35 months</th>
<th>CCAP Children 3-5 months</th>
<th>Self-Pay Children 0-35 months</th>
<th>Self-Pay Children 3-5 months</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCFS Licensed Center/Preschool</td>
<td>Bronze Circle</td>
<td>3</td>
<td>27</td>
<td>16</td>
<td>4</td>
<td>142</td>
<td>189</td>
</tr>
<tr>
<td></td>
<td>Silver Circle</td>
<td>3</td>
<td>23</td>
<td>29</td>
<td>90</td>
<td>96</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>Gold Circle</td>
<td>6</td>
<td>103</td>
<td>116</td>
<td>111</td>
<td>120</td>
<td>450</td>
</tr>
<tr>
<td>Licensed Family Child Care</td>
<td>Bronze Circle</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Silver Circle</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Gold Circle</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>17</td>
<td>160</td>
<td>168</td>
<td>212</td>
<td>366</td>
<td>906</td>
</tr>
</tbody>
</table>

Source: 4-C
The following tables include the entities participating in the ExceleRate program as of April 20, 2017 along with their location and hours of service. Information within the system is not updated regularly, thus results could vary slightly from other reporting systems. Furthermore, some early care and education program consolidations have taken place such as those programs previously administered at Brooks Elementary School, LittleJohn Elementary School, Tyler Elementary School and Jefferson Elementary School which consolidated into the DeKalb Early Learning and Child Development Center located at Huntley Middle School in 2016 as part of the Early Childhood Block Grant (ECBG). According to Chris Brady, DeKalb County Community Foundation Crib to Career Committee member (former D428 teacher and Pre-K Program Coordinator), the District 428 Pre-K program serves 200 students and its early care programs serve 64 children. There is a waiting list of 110 (in total) for children to enter in the 2017-2018 school year.

---

### ExceleRate Rating by Community

<table>
<thead>
<tr>
<th>ExceleRate- Gold</th>
<th>Place</th>
<th>Ages</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bird, Deborah L and David C</td>
<td>DeKalb</td>
<td>All</td>
<td>7:00 AM-5:30 PM</td>
</tr>
<tr>
<td>Childrens’ Learning Center Main Center</td>
<td>DeKalb</td>
<td>All</td>
<td>6:35 AM - 5:30 PM</td>
</tr>
<tr>
<td>FCNS Child Development Laboratory at NIU</td>
<td>DeKalb</td>
<td>All</td>
<td>7:45 AM – 5:00 PM</td>
</tr>
<tr>
<td>Growing Place Main Site</td>
<td>DeKalb</td>
<td>All</td>
<td>6:45 AM - 5:30PM</td>
</tr>
<tr>
<td>Kindercare Learning Center 300978</td>
<td>DeKalb</td>
<td>All</td>
<td>6:30AM – 6:00 PM</td>
</tr>
<tr>
<td>NIU Campus Child Care</td>
<td>DeKalb</td>
<td>All</td>
<td>7:15 AM - 5:30 PM</td>
</tr>
<tr>
<td>Kishwaukee College Early Childhood Center</td>
<td>Malta</td>
<td>All</td>
<td>7:15 AM - 5:15 PM</td>
</tr>
<tr>
<td>Lynn G Haskin Elementary School</td>
<td>Sandwich</td>
<td>All</td>
<td>Not Provided</td>
</tr>
<tr>
<td>Once Upon a Time Child Care</td>
<td>Sycamore</td>
<td>All</td>
<td>6:30 AM - 5:30 PM</td>
</tr>
<tr>
<td><strong>Number of Sites</strong></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>ExceleRate- Silver</td>
<td>Place</td>
<td>Ages</td>
<td>Hours</td>
</tr>
<tr>
<td>Quintero, Gabriela</td>
<td>DeKalb</td>
<td>All</td>
<td>5:30 AM – 5:00 PM</td>
</tr>
<tr>
<td>Wogen, Lisa M.</td>
<td>DeKalb</td>
<td>All</td>
<td>5:00 AM – 11:00 PM</td>
</tr>
<tr>
<td>DeKalb Early Learning and Dev Center</td>
<td>DeKalb</td>
<td>Pre-K (3,4 &amp; 5)</td>
<td>8:45 – 11:45 (AM) &amp; 12:30 – 3:30 (PM)</td>
</tr>
<tr>
<td>Walnut Street Daycare Center</td>
<td>Genoa</td>
<td>All</td>
<td>6:30 AM – 6:00 PM</td>
</tr>
<tr>
<td>Hiawatha Elementary School PreK-8</td>
<td>Kirkland</td>
<td>Pre-K</td>
<td>8:00 – 10:55 (AM) &amp; 12:20 – 3:00 (PM)</td>
</tr>
<tr>
<td>Byrd, Suellen M.</td>
<td>Sycamore</td>
<td>All</td>
<td>5:30 AM – 7:00 PM</td>
</tr>
<tr>
<td>Land of Learning Child Care</td>
<td>Sycamore</td>
<td>All</td>
<td>6:30 AM - 5:30 PM</td>
</tr>
<tr>
<td>Sycamore Childcare</td>
<td>Sycamore</td>
<td>All</td>
<td>6:30 AM - 5:30PM</td>
</tr>
<tr>
<td><strong>Number of Sites</strong></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>ExceleRate – Bronze</td>
<td>Place</td>
<td>Ages</td>
<td>Hours</td>
</tr>
<tr>
<td>Bachara, Angela N.</td>
<td>DeKalb</td>
<td>All</td>
<td>7:00 AM – 5:00 PM</td>
</tr>
<tr>
<td>Little Lambs Preschool of Immanuel Lutheran</td>
<td>DeKalb</td>
<td>Pre-K</td>
<td>9:00 AM - 12:00 PM</td>
</tr>
<tr>
<td>Federated Church Nursery School</td>
<td>Sycamore</td>
<td>No Infants</td>
<td>8:30AM – 3:00 PM</td>
</tr>
<tr>
<td><strong>Number of Sites</strong></td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ExceleRate - Licensed (Green)</th>
<th>Place</th>
<th>Number of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cortland</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>DeKalb</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Hinckley</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Kirkland</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Malta</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sandwich</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Somonauk</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sycamore</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Waterman</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>75</td>
</tr>
</tbody>
</table>
Table 21: DeKalb County, IL Early Care and Education Centers and Programs Capacity

<table>
<thead>
<tr>
<th>Communities (zip codes) with 2015 Population Estimates</th>
<th>*2016 Daily Capacity, Excluding License-exempt Centers/School Districts Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>DeKalb (60115) – Pop. 43,483</td>
<td>1,126</td>
</tr>
<tr>
<td>Cortland (60112) – Pop. 4,323</td>
<td>40</td>
</tr>
<tr>
<td>Malta (60150) – Pop. 1,118</td>
<td>58</td>
</tr>
<tr>
<td>Genoa (60135) – Pop. 5,233</td>
<td>171</td>
</tr>
<tr>
<td>Kingston (60145) – Pop. 1,066</td>
<td>374</td>
</tr>
<tr>
<td>Kirkland (60146) – Pop. 1,655</td>
<td>40</td>
</tr>
<tr>
<td>Hincley (60520) – Pop. 2,035</td>
<td>40</td>
</tr>
<tr>
<td>Shabbona (60550) – Pop. 936</td>
<td>58</td>
</tr>
<tr>
<td>Waterman (60556) – Pop. 1,539</td>
<td>58</td>
</tr>
<tr>
<td>Sandwich (60548) – Pop. 7,540</td>
<td>374</td>
</tr>
<tr>
<td>Somonauk (60552) – Pop. 2,128</td>
<td>0</td>
</tr>
<tr>
<td>Sycamore (60178) – Pop. 17,572</td>
<td>753</td>
</tr>
<tr>
<td></td>
<td>2,562</td>
</tr>
</tbody>
</table>

Source: 4-C (Pam Wicking) as of Fall 2016. 4-C capacity excludes License-Exempt Child Care Centers (Birth to 5 Year Olds) and License-Exempt Child Care Homes (Birth to 5 Year Olds). Figures will differ slightly from IECAM due to timing of when the data was extracted. Populations derived from U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates. The sum of the community populations will not reflect the trend based on the previously reported population figures from IECAM due to the change in sources (from PEP to ACS 5 Yr Estimates); the change was necessary to obtain the smaller communities not included in PEP.

*Daily Capacity total differs from Total Capacity in 4-C supply sheet to account for multiple sessions (i.e., morning class versus afternoon class) offered per day at some sites (equals total daily capacity); 4-C total capacity equals number of children that can be cared for at one time.
Figure 1 – DeKalb County, IL School District Boundaries Map
### Table 22: DeKalb County, IL Public School District Enrollments of Early Learners (PK & K)

<table>
<thead>
<tr>
<th>School District</th>
<th>DeKalb County Community(ies) &amp; Zip Codes</th>
<th>PK – 5 &amp; ELDC</th>
<th>K-5 (Non PK or ELDC Elem.) Sites</th>
<th>Elem. without PK, K or ELDC Sites</th>
<th>Total Elem. Schools &amp; ELDC Sites</th>
<th>‘14 Pre-K</th>
<th>‘15 Pre-K</th>
<th>‘16 Pre-K</th>
<th>‘14 K</th>
<th>‘15 K</th>
<th>‘16 K</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeKalb CUSD 428</td>
<td>DeKalb (60115), Cortland (60112), Malta (60150)</td>
<td>1 ELDC</td>
<td>8</td>
<td>0</td>
<td>9</td>
<td>225</td>
<td>200</td>
<td>#</td>
<td>245</td>
<td>525</td>
<td>572</td>
</tr>
<tr>
<td>Genoa- Kingston CUSD 424</td>
<td>Genoa (60135), Kingston (60145)</td>
<td>1</td>
<td>0</td>
<td>2*</td>
<td>3</td>
<td>11</td>
<td>22</td>
<td>21</td>
<td>111</td>
<td>112</td>
<td>102</td>
</tr>
<tr>
<td>Hiawatha CUSD 426</td>
<td>Kirkland (60146)</td>
<td>1**</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>42</td>
<td>40</td>
<td>36</td>
<td>31</td>
<td>37</td>
<td>36</td>
</tr>
<tr>
<td>Hinckley Big Rock CUSD 429</td>
<td>Hinckley (60520)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>15</td>
<td>10</td>
<td>47</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>Indian Creek CUSD 425</td>
<td>Shabbona (60550), Waterman (60556)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>20</td>
<td>20</td>
<td>17</td>
<td>56</td>
<td>54</td>
<td>60</td>
</tr>
<tr>
<td>Sandwich CUSD 430</td>
<td>Sandwich (60548)</td>
<td>1</td>
<td>2</td>
<td>1***</td>
<td>4</td>
<td>79</td>
<td>72</td>
<td>64</td>
<td>137</td>
<td>127</td>
<td>146</td>
</tr>
<tr>
<td>Somonauk CUSD 432</td>
<td>Somonauk (60552)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>48</td>
<td>44</td>
<td>50</td>
</tr>
<tr>
<td>Sycamore CUST 427</td>
<td>Sycamore (60178)</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>15</td>
<td>36</td>
<td>#</td>
<td>267</td>
<td>261</td>
<td>273</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>8</td>
<td>14</td>
<td>3</td>
<td>25</td>
<td>414</td>
<td>415</td>
<td>404</td>
<td>1,222</td>
<td>1,255</td>
<td>1,241</td>
</tr>
</tbody>
</table>

Sources: Enrollments and school counts per IRC.

Note – ELDC – Early Learning and Development Center (Year 2015 balance per survey). Elem. = Elementary

* Genoa elementary schools only include grades 4-5 (Genoa) and grades 2-3 (Kingston); CUSD 428 ELDC ’15 figure is self-reported.

**Hiawatha elementary school includes grades PK-8 (junior high included).

***Herman E. Dummer only includes grades 4-5.

# were unavailable in IRC and self-reported by the school districts

### Appendix E.4 – Other Risk Factors

The following risk factors are presented by schools and assigned school districts as well as by type of risk and fiscal year reported. Future analyses of this data will need to take into consideration any boundary changes that take place between schools and districts.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DeKalb CUSD 428</td>
<td>Cortland (598)</td>
<td>1.6%</td>
<td>2.6%</td>
<td>.8%</td>
<td>60.5%</td>
<td>65.3%</td>
<td>65.2%</td>
<td>2.6%</td>
<td>1.7%</td>
<td>1.0% (10%)</td>
<td>29.4%</td>
<td>35.6%</td>
<td>38.6% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>Founders (564)</td>
<td>3.0%</td>
<td>1.2%</td>
<td>1.1%</td>
<td>59.5%</td>
<td>66%</td>
<td>62.9%</td>
<td>2.6%</td>
<td>2.0%</td>
<td>2.7% (10%)</td>
<td>21.8%</td>
<td>26.5%</td>
<td>27.5% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>Gwendolyn Brooks (344)</td>
<td>2.8%</td>
<td>2.0%</td>
<td>.9%</td>
<td>53.8%</td>
<td>61.6%</td>
<td>61.9%</td>
<td>4.1%</td>
<td>11.6%</td>
<td>10.9% (10%)</td>
<td>2.3%</td>
<td>3.8%</td>
<td>2.2% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>Jefferson (321)</td>
<td>4.7%</td>
<td>2.7%</td>
<td>.3%</td>
<td>58.7%</td>
<td>59.9%</td>
<td>55.5%</td>
<td>2.4%</td>
<td>1.4%</td>
<td>.6% (10%)</td>
<td>32.6%</td>
<td>30.3%</td>
<td>27.1% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>Lincoln (281)</td>
<td>2.8%</td>
<td>4.8%</td>
<td>1.8%</td>
<td>65%</td>
<td>69.1%</td>
<td>63.7%</td>
<td>14.6%</td>
<td>9.6%</td>
<td>10.2% (10%)</td>
<td>1.4%</td>
<td>1.7%</td>
<td>2.8% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>Littlejohn (334)</td>
<td>2.8%</td>
<td>2.3%</td>
<td>2.7%</td>
<td>62%</td>
<td>68.8%</td>
<td>62.3%</td>
<td>1.3%</td>
<td>6.7%</td>
<td>8.1% (10%)</td>
<td>3.6%</td>
<td>8.4%</td>
<td>7.2% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>Malta (321)</td>
<td>1.3%</td>
<td>2.6%</td>
<td>4.0%</td>
<td>41%</td>
<td>44.7%</td>
<td>48.3%</td>
<td>.3%</td>
<td>1.0%</td>
<td>12.2% (10%)</td>
<td>1.9%</td>
<td>1.6%</td>
<td>1.2% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>Tyler (262)</td>
<td>4.1%</td>
<td>3.2%</td>
<td>2.3%</td>
<td>69.8%</td>
<td>76.5%</td>
<td>73.7%</td>
<td>2.9%</td>
<td>1.7%</td>
<td>6.9% (10%)</td>
<td>5.3%</td>
<td>4.0%</td>
<td>4.2% (11.4%)</td>
</tr>
<tr>
<td></td>
<td>ELDC (200)</td>
<td>1.7%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>40.6%</td>
<td>46.6%</td>
<td>38.9%</td>
<td>1.5%</td>
<td>4.3%</td>
<td>0.5% (3.6%)</td>
<td>12.6%</td>
<td>22.2%</td>
<td>16.7% (3.5%)</td>
</tr>
<tr>
<td>Genoa- Kingston CUSD 424</td>
<td>Davenport (235)</td>
<td>.4%</td>
<td>0%</td>
<td>0.0%</td>
<td>39.9%</td>
<td>49.8%</td>
<td>37.4%</td>
<td>.8%</td>
<td>.9%</td>
<td>2.3% (1.1%)</td>
<td>15%</td>
<td>12.7%</td>
<td>12.3% (6.5%)</td>
</tr>
<tr>
<td>Hiawatha CUSD 426</td>
<td>Hiawatha (381)</td>
<td>1.3%</td>
<td>7.8%</td>
<td>3.4%</td>
<td>42.7%</td>
<td>53.2%</td>
<td>45.9%</td>
<td>0%</td>
<td>0%</td>
<td>0.9% (0.6%)</td>
<td>0%</td>
<td>2.1%</td>
<td>1.6% (1.5%)</td>
</tr>
<tr>
<td>Hinckley Big Rock CUSD 429</td>
<td>Hinckley-Big Rock (312)</td>
<td>2.2%</td>
<td>0%</td>
<td>0%</td>
<td>28.5%</td>
<td>22.8%</td>
<td>16%</td>
<td>0.3%</td>
<td>1.0%</td>
<td>1.7% (3.7%)</td>
<td>0%</td>
<td>0%</td>
<td>0% (0%)</td>
</tr>
<tr>
<td>Indian Creek CUSD 425</td>
<td>Indian Creek (291)</td>
<td>X</td>
<td>X</td>
<td>1.7%</td>
<td>X</td>
<td>X</td>
<td>37.8%</td>
<td>X</td>
<td>X</td>
<td>3.0% (2.7%)</td>
<td>X</td>
<td>X</td>
<td>4.8% (2.1%)</td>
</tr>
<tr>
<td></td>
<td>Shabonna</td>
<td>3.8%</td>
<td>3.7%</td>
<td>36.6%</td>
<td>36.4%</td>
<td>X</td>
<td>1.0%</td>
<td>.5%</td>
<td>X</td>
<td>.9%</td>
<td>1.4%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Watermann</td>
<td>0%</td>
<td>3.3%</td>
<td>30.3%</td>
<td>37.5%</td>
<td>X</td>
<td>0%</td>
<td>0%</td>
<td>X</td>
<td>4.1%</td>
<td>4.2%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sandwich CUSD 430</td>
<td>Lynn G Haskin (252)</td>
<td>1.7%</td>
<td>2.3%</td>
<td>2.0%</td>
<td>40.6%</td>
<td>46.6%</td>
<td>38.9%</td>
<td>1.5%</td>
<td>4.3%</td>
<td>0.5% (3.6%)</td>
<td>12.6%</td>
<td>22.2%</td>
<td>16.7% (3.5%)</td>
</tr>
<tr>
<td></td>
<td>Prairie View (180)</td>
<td>1.7%</td>
<td>1.7%</td>
<td>1.1%</td>
<td>43.2%</td>
<td>40.8%</td>
<td>41.1%</td>
<td>1.3%</td>
<td>0.6%</td>
<td>0% (3.6%)</td>
<td>6.8%</td>
<td>7.5%</td>
<td>7.2% (3.5%)</td>
</tr>
<tr>
<td></td>
<td>W W Woodbury (171)</td>
<td>2.2%</td>
<td>1%</td>
<td>1.2%</td>
<td>38.2%</td>
<td>44.5%</td>
<td>50.9%</td>
<td>0.7%</td>
<td>2.4%</td>
<td>0% (3.6%)</td>
<td>4.3%</td>
<td>6%</td>
<td>6.4% (3.5%)</td>
</tr>
</tbody>
</table>
## Table 24: School District IEPs

<table>
<thead>
<tr>
<th>School Dist.</th>
<th>2016 DeKalb County Elem. Schools with Pre-K and K Programs (2016 Enrollments)</th>
<th>FY16 Pre-K IEPs</th>
<th>FY16 Pre-K IEPs % of Pre-K Students Enrolled</th>
<th>FY17 Pre-K IEPs</th>
<th>FY17 Pre-K IEPs % of Pre-K Students Enrolled</th>
<th>FY16 K IEPs</th>
<th>FY16 K IEPs % of Pre-K Students Enrolled</th>
<th>FY17 K IEPs</th>
<th>FY17 K IEPs % of Pre-K Students Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeKalb CUSD 428</td>
<td>Cortland</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>12</td>
<td>12%</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Founders</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>5</td>
<td>5%</td>
<td>15</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Gwendolyn Brooks</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>8</td>
<td>15%</td>
<td>10</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Jefferson</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>5</td>
<td>9%</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Lincoln</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>4</td>
<td>11%</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>LittleJohn</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>6</td>
<td>7%</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Malta</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>5</td>
<td>9%</td>
<td>5</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Tyler</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>4</td>
<td>8%</td>
<td>8</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>ELDC</td>
<td>85</td>
<td>35%</td>
<td>82</td>
<td>33%</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Genoa-Kingston CUSD 424</td>
<td>Davenport</td>
<td>19</td>
<td>95%</td>
<td>19</td>
<td>86%</td>
<td>13</td>
<td>13%</td>
<td>11</td>
<td>9%</td>
</tr>
<tr>
<td>Hiawatha CUSD 426</td>
<td>Hiawatha (PK–8)</td>
<td>5</td>
<td>14%</td>
<td>14</td>
<td>37%</td>
<td>1</td>
<td>3%</td>
<td>5</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Dist.</th>
<th>2016 DeKalb County Elem. Schools with Pre-K and K Programs (2016 Enrollments)</th>
<th>FY16 Pre-K IEPs</th>
<th>FY16 Pre-K % of Pre-K Students Enrolled</th>
<th>FY17 Pre-K IEPs</th>
<th>FY17 Pre-K % of Pre-K Students Enrolled</th>
<th>FY16 K IEPs</th>
<th>FY16 K IEPs % of Pre-K Students Enrolled</th>
<th>FY17 K IEPs</th>
<th>FY17 K IEPs % of Pre-K Students Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hinckley Big Rock CUSD 429</td>
<td>Hinckley-Big Rock</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>100%</td>
<td>5</td>
<td>10%</td>
<td>7</td>
<td>18%</td>
</tr>
<tr>
<td>Indian Creek CUSD 425</td>
<td>Indian Creek</td>
<td>2</td>
<td>2%</td>
<td>6</td>
<td>30%</td>
<td>7</td>
<td>12%</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Sandwich CUSD 430</td>
<td>Lynn G Haskin</td>
<td>8</td>
<td>13%</td>
<td>9</td>
<td>13%</td>
<td>5</td>
<td>10%</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Prairie View</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>10%</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>W W Woodbury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>6%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Somonauk CUSD 432</td>
<td>James R Wood</td>
<td>10</td>
<td>91%</td>
<td>10</td>
<td>100%</td>
<td>5</td>
<td>10%</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Sycamore CUST 427</td>
<td>5 Elementary Schools Combined</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>87%</td>
<td>18</td>
<td>7%</td>
<td>12</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: DeKalb County Regional Office of Education; percentages computed by CGS based on enrollments provided by the ROE which differ slightly than those reported in the Illinois Interactive Report Card due to the timing of when the data was captured (per ROE Superintendent).

Table 25: School District Special Education Enrollments for PFA and K

<table>
<thead>
<tr>
<th>Special Education in Public School Districts</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool For All (PFA)</td>
<td>64</td>
<td>78</td>
<td>82</td>
<td>79</td>
<td>23.4%</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>127</td>
<td>143</td>
<td>163</td>
<td>156</td>
<td>22.8%</td>
</tr>
</tbody>
</table>

Source: IECAM
Table 26: Welfare of Children in DeKalb County

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Under 18 Years in Households</td>
<td>Ages birth to 17</td>
<td>23,295</td>
<td>23,238</td>
<td>23,140</td>
<td>23,139</td>
<td>22,945</td>
</tr>
<tr>
<td>Abuse and Neglect (Count)</td>
<td>Children under age 17 abused and/or neglected</td>
<td>161</td>
<td>166</td>
<td>145</td>
<td>177</td>
<td>197</td>
</tr>
<tr>
<td>Abuse and Neglect (% of Children Under 18 Years)</td>
<td>Children under age 17 abused and/or neglected</td>
<td>0.69%</td>
<td>0.71%</td>
<td>0.63%</td>
<td>0.76%</td>
<td>0.86%</td>
</tr>
<tr>
<td>Sexual Abuse (Count)</td>
<td>Children under age 17 sexually abused</td>
<td>50</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Sexual Abuse (% of Children Under 18 Years)</td>
<td>Children under age 17 sexually abused</td>
<td>0.21%</td>
<td>0.07%</td>
<td>0.07%</td>
<td>0.07%</td>
<td>0.05%</td>
</tr>
</tbody>
</table>

Source: IECAM; Age Under 18 Years in Households estimates derived from individual 5-year estimates with the U.S. Census Bureau American Community Survey.

Table 27: Homelessness of Preschool For All (PFA) and Kindergarten Children in DeKalb County

<table>
<thead>
<tr>
<th>Homelessness</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Increase/(Decrease) from 2011 to 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFA</td>
<td>1</td>
<td>4</td>
<td>9</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Kindergartners</td>
<td>16</td>
<td>23</td>
<td>25</td>
<td>31</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: IECAM
**Table 28: Mobility of People Moving Into and Out of DeKalb County**

<table>
<thead>
<tr>
<th>2014 Mobility</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population &gt;1 Year Old, beginning</td>
<td>99,088</td>
<td></td>
</tr>
<tr>
<td>Non-movers</td>
<td>79,985</td>
<td></td>
</tr>
<tr>
<td>Movers from Illinois, <strong>Within DeKalb County</strong></td>
<td>13,044</td>
<td></td>
</tr>
<tr>
<td>Moved Out</td>
<td>6,059 (6,059)</td>
<td></td>
</tr>
<tr>
<td>Moved In</td>
<td>10,376</td>
<td></td>
</tr>
<tr>
<td>Abroad</td>
<td>616 5.9%</td>
<td></td>
</tr>
<tr>
<td>Moved In From Outside Illinois</td>
<td>1,488 14.3%</td>
<td></td>
</tr>
<tr>
<td>Moved In From Within Illinois, Outside the County</td>
<td>8,272 79.7%</td>
<td></td>
</tr>
<tr>
<td>Population &gt; 1 Year Old, ending</td>
<td><strong>103,405</strong></td>
<td></td>
</tr>
<tr>
<td>Population excludes Births and Deaths Rates.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Top 5 Places Moved From (51.1% of Move Ins)**

<table>
<thead>
<tr>
<th></th>
<th>% of Move Ins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>2,415 23.3%</td>
</tr>
<tr>
<td>Kane County</td>
<td>1,339 12.9%</td>
</tr>
<tr>
<td>DuPage County</td>
<td>581 5.6%</td>
</tr>
<tr>
<td>Asia</td>
<td>507 4.9%</td>
</tr>
<tr>
<td>Lake County</td>
<td>461 4.4%</td>
</tr>
</tbody>
</table>

**Top 5 Places Moved To (47.7% of Move Outs)**

<table>
<thead>
<tr>
<th></th>
<th>% of Move Outs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>1,029 -17.0%</td>
</tr>
<tr>
<td>Kane County</td>
<td>966 -15.9%</td>
</tr>
<tr>
<td>DuPage County</td>
<td>393 -6.5%</td>
</tr>
<tr>
<td>Winnebago County</td>
<td>275 -4.5%</td>
</tr>
<tr>
<td>LaSalle County</td>
<td>227 -3.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau American Community Survey 5-Year Estimates (2010 – 2014). Note total population (103,405) computed here is based on the ACS 5-Year Estimates of persons > 1 year old and differs from our previously reported population obtained from IECAM per the Population Estimates Program, or PEP< (105,462) due to differences in estimating methods.
Table 29: DeKalb County Urban/Rural Populations

DeKalb County Census Definition Urban/Rural Populations

<table>
<thead>
<tr>
<th>Winnebago</th>
<th>Boone</th>
<th>Moline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirkland, 1,066</td>
<td>Genoa, 5,233</td>
<td></td>
</tr>
<tr>
<td>Kingston, 1,066</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malta, 1,118</td>
<td>DeKalb, 43,483</td>
<td>Maple Park, 1,316</td>
</tr>
<tr>
<td>Cortland, 4,323</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee, 352</td>
<td>Shabbona, 936</td>
<td>Waterman, 1,539</td>
</tr>
<tr>
<td>Hinckley, 2,035</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somonauk, 2,128</td>
<td>Sandwich, 7,540</td>
<td></td>
</tr>
<tr>
<td>Lake Holiday, 4,852</td>
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</tr>
</tbody>
</table>

Legend:
- Urban
- Rural
- County Boundary
Table 30: DeKalb County Crime Reports

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Index Crime Offenses</th>
<th>Criminal Homicide</th>
<th>Rape</th>
<th>Robbery</th>
<th>Aggravated Assault</th>
<th>Aggravated Battery</th>
<th>Burglary</th>
<th>Theft</th>
<th>Motor Vehicle Theft</th>
<th>Arson</th>
<th>Sex Acts</th>
<th>Servitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2,173</td>
<td>1</td>
<td>71</td>
<td>38</td>
<td>190</td>
<td>223</td>
<td>1,596</td>
<td>41</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>2,218</td>
<td>1</td>
<td>53</td>
<td>14</td>
<td>191</td>
<td>258</td>
<td>1,654</td>
<td>26</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015</td>
<td>(2,060.5)</td>
<td>(0.9)</td>
<td>(67.3)</td>
<td>(33.2)</td>
<td>(180.2)</td>
<td>(211.5)</td>
<td>(1,512.4)</td>
<td>(38.9)</td>
<td>(16.1)</td>
<td>(0.0)</td>
<td>(0.0)</td>
<td>(0.0)</td>
</tr>
<tr>
<td>2014</td>
<td>(2,117.6)</td>
<td>(1.0)</td>
<td>(50.6)</td>
<td>(13.4)</td>
<td>(182.4)</td>
<td>(246.3)</td>
<td>(1,579.1)</td>
<td>(24.8)</td>
<td>(20.0)</td>
<td>(0.0)</td>
<td>(0.0)</td>
<td>(0.0)</td>
</tr>
</tbody>
</table>

Rate per 100,000 is in parentheses.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Index Crime Arrests</th>
<th>Criminal Homicide</th>
<th>Rape</th>
<th>Robbery</th>
<th>Aggravated Assault</th>
<th>Aggravated Battery</th>
<th>Burglary</th>
<th>Theft</th>
<th>Motor Vehicle Theft</th>
<th>Arson</th>
<th>Sex Acts</th>
<th>Servitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>630</td>
<td>3</td>
<td>15</td>
<td>19</td>
<td>152</td>
<td>115</td>
<td>343</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>703</td>
<td>1</td>
<td>12</td>
<td>10</td>
<td>129</td>
<td>59</td>
<td>489</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015</td>
<td>(999.3)</td>
<td>(2.6)</td>
<td>(14.2)</td>
<td>(16.0)</td>
<td>(125.2)</td>
<td>(108.0)</td>
<td>(325.2)</td>
<td>(1.9)</td>
<td>(2.6)</td>
<td>(0.0)</td>
<td>(0.0)</td>
<td>(0.0)</td>
</tr>
<tr>
<td>2014</td>
<td>(871.2)</td>
<td>(1.0)</td>
<td>(11.5)</td>
<td>(0.5)</td>
<td>(122.2)</td>
<td>(56.3)</td>
<td>(466.9)</td>
<td>(1.0)</td>
<td>(2.9)</td>
<td>(0.0)</td>
<td>(0.0)</td>
<td>(0.0)</td>
</tr>
</tbody>
</table>

Rate per 100,000 is in parentheses.

** Verified 2015 agency data through the verification process. (Y) Yes, (N) No
(1) Incomplete data — Noncompliance to report

(http://www.isp.state.il.us/docs/cii/cii15/cii15_Section1_Pg11_to_244.pdf)
### Index Crime Offenses/Crime Rate Comparison 2014/2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Crime Offenses</th>
<th>Criminal Homicide</th>
<th>Rape*</th>
<th>Robbery</th>
<th>Agg Assault</th>
<th>Agg Battery</th>
<th>Burglary</th>
<th>Theft</th>
<th>Motor Vehicle</th>
<th>Sex Acts</th>
<th>Servitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2,218</td>
<td>1</td>
<td>53</td>
<td>14</td>
<td>191</td>
<td>258</td>
<td>1,254</td>
<td>26</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>2,472</td>
<td>3</td>
<td>62</td>
<td>62</td>
<td>263</td>
<td>277</td>
<td>1,265</td>
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<td>17</td>
<td>Not Collected in 2013</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>(2,103.1)</td>
<td>(0.9)</td>
<td>(50.3)</td>
<td>(13.9)</td>
<td>(181.1)</td>
<td>(244.6)</td>
<td>(1,568.3)</td>
<td>(24.7)</td>
<td>(19.9)</td>
<td>(0.0)</td>
<td>(0.0)</td>
</tr>
<tr>
<td>2013</td>
<td>(2,366.8)</td>
<td>(2.9)</td>
<td>(59.3)</td>
<td>(30.6)</td>
<td>(193.8)</td>
<td>(264.5)</td>
<td>(1,761.5)</td>
<td>(38.2)</td>
<td>(16.2)</td>
<td>Not Collected in 2013</td>
<td>0</td>
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</table>

*Rate per 100,000 is in parentheses.

### Index Crime Arrest Rate Comparison 2014/2013

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<th>Year</th>
<th>Total Crime Arrests</th>
<th>Criminal Homicide</th>
<th>Rape*</th>
<th>Robbery</th>
<th>Agg Assault</th>
<th>Agg Battery</th>
<th>Burglary</th>
<th>Theft</th>
<th>Motor Vehicle</th>
<th>Sex Acts</th>
<th>Servitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>724</td>
<td>1</td>
<td>11</td>
<td>10</td>
<td>128</td>
<td>83</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>684</td>
<td>1</td>
<td>9</td>
<td>29</td>
<td>65</td>
<td>66</td>
<td>466</td>
<td>9</td>
<td>1</td>
<td>Not Collected in 2013</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>(686.9)</td>
<td>(0.9)</td>
<td>(10.4)</td>
<td>(9.5)</td>
<td>(121.4)</td>
<td>(78.7)</td>
<td>(461.8)</td>
<td>(0.9)</td>
<td>(2.8)</td>
<td>(0.0)</td>
<td>(0.0)</td>
</tr>
<tr>
<td>2013</td>
<td>(653.0)</td>
<td>(1.0)</td>
<td>(8.0)</td>
<td>(19.1)</td>
<td>(87.8)</td>
<td>(63.0)</td>
<td>(464.0)</td>
<td>(8.6)</td>
<td>(1.0)</td>
<td>Not Collected in 2013</td>
<td>0</td>
</tr>
</tbody>
</table>

*Rate per 100,000 is in parentheses.

### Drug Crime Arrest Comparison 2014/2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
<th>Total Drug Arrests</th>
<th>Cannabis Control Act</th>
<th>Controlled Substances Act</th>
<th>Hypodermic Needles Act</th>
<th>Drug Paraphernalia Act</th>
<th>Methamphetamine Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1,422.3</td>
<td>1,500</td>
<td>717</td>
<td>248</td>
<td>17</td>
<td>485</td>
<td>33</td>
</tr>
<tr>
<td>2013</td>
<td>1,334.9</td>
<td>1,084</td>
<td>551</td>
<td>134</td>
<td>6</td>
<td>380</td>
<td>13</td>
</tr>
</tbody>
</table>

### Domestic Offenses Reported 2014/2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Domestic Offenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>814</td>
</tr>
<tr>
<td>2013</td>
<td>809</td>
</tr>
</tbody>
</table>

### Hate Crime Offenses Reported 2014/2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Hate Crime</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>21</td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
</tr>
</tbody>
</table>

### School Incidents Reported 2014/2013

<table>
<thead>
<tr>
<th>Year</th>
<th>School Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>22</td>
</tr>
<tr>
<td>2013</td>
<td>Not Collected in 2013</td>
</tr>
</tbody>
</table>

*In 2014 the Forcible Rape definition was modified to Rape. Refer to page 8 for details.

**Verification:** 2014 agency data through the verification process. (Y) Yes, (N) No

- (Y) Incomplete data
- (N) Not able to calculate
- NC = Not able to calculate
- MCA = Multi-county agency
- GCA = Grandparent agency
- NC = Not able to calculate
- NC = Noncompliant/Agency failure to report


[http://www.isp.state.il.us/docs/cii/cii14/cii14_Section1_Pg11_to_242.pdf](http://www.isp.state.il.us/docs/cii/cii14/cii14_Section1_Pg11_to_242.pdf)
Appendix E.5 – Supplementary Information

Table 31: Park Districts in DeKalb County

<table>
<thead>
<tr>
<th>Park District</th>
<th>Population Served</th>
<th>Preschool Program (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeKalb</td>
<td>44,054</td>
<td>No</td>
</tr>
<tr>
<td>Franklin Township</td>
<td>2,550</td>
<td>No</td>
</tr>
<tr>
<td>Genoa</td>
<td>6,000</td>
<td>Yes</td>
</tr>
<tr>
<td>Kingston</td>
<td>1,160</td>
<td>No</td>
</tr>
<tr>
<td>Sandwich</td>
<td>5,624</td>
<td>Yes</td>
</tr>
<tr>
<td>Sycamore</td>
<td>17,500</td>
<td>No</td>
</tr>
</tbody>
</table>


A scan of individual websites, including www.enjoyillinois.com, reveals several family programs, events and resources across DeKalb County to support a healthy quality of life and supplement experiential learning activities outside of the child care environment such as:

- Summer camps
- Farmers Markets
- Wee Naturalist Program
- Natural Resources Education Consortium (NREC) at the University of Illinois Extension
- NIU’s Convocation Center
- Egyptian Theatre
- Stage Coach Theatre
- Bike Trails – Great Western Bike Trail and hiking trails
- Jonamac Orchard
- Honey Hill Orchard
- Plank Road Orchard
- Larson’s Family Farm
- You Pick Berries
- 11 Libraries, Bookmobiles and Research Services
- DeKalb County Community Gardens
- DeKalb Market Square Theatre
- DeKalb Municipal Band
- Sycamore Family Sports Center
- Sycamore History Museum
- Sycamore State St. Theatre
- Ellwood House Museum
- Gurler House
- Joseph F. Glidden Homestead
- Joiner History Room
- Nehring Gallery
- Milan One-Room Schoolhouse
- Sycamore North Grove One-Room Schoolhouse
- Midwest Museum of Natural History
- Sandwich Opera House
- Lake Shabonna
- YMCA
- Kishwaukee Symphony Orchestra

Variety of family events (i.e., Sycamore Pumpkin Festival; DeKalb Corn Fest; Northern Illinois Steam Show; Somonauk Summer Fest; Annual Waterman Lions Summer Fest and Antique Tractor & Truck Show; Winterfest; various 4th of July fireworks shows; etc.) and several other programs across the various park districts located within the County

---

10 See http://www.everylibrary.com/county/Dekalb-IL.html
### Types of IECAM data available on-line

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Townships</th>
<th>Municipalities</th>
<th>Zip Codes</th>
<th>ZCTA Codes</th>
<th>ISBE &amp; IDHS regions</th>
<th>Legislative districts (1)</th>
<th>School Districts (Unit, Elem)</th>
<th>CCAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISBE PFA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Head Start</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Early Head Start</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Migrant and Seasonal Head Start</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed child care centers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>License-exempt child care centers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Licensed family child care homes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>School-age child care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Child care program accreditation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>ISBE Prevention Initiative 0-3</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>(P)</td>
</tr>
<tr>
<td>Medicaid Home Visiting</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Early Intervention</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Child Care Assistance Program</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Using this table, you can find which geographic regions are available for any data type on IECAM.

**Note:** The table indicates data available by geographic region for the most recent year or two; data may not be available at that region for earlier years of data.

**Note:** Data are typically available in the IECAM before they are available in the GIS map section.

**Types of IECAM data available on-line**

1. **X** = available in the IECAM public database
2. **P** = in process

---

Table 3. IECAM Data. Data available by geographic region (updated: October 6, 2016)

---

Note: The post-2000 census legislative districts (that is, IL house and senate districts through the 97th GA and congressional districts through the 112th Cong) are displayed through 2010. The post-2010 census legislative districts (that is, beginning with IL house and senate districts for the 98th GA and congressional districts for the 113th Cong) are displayed in 2011 and later.
Table 1. IECAM Data. Availability of data types by year  (updated: October 6, 2016)

Note: Using these tables, you can: (1) find which years’ data are available for a given data type, (2) find which data types are available for a given year.

Note: Data available by year may not be available at every geographic region for that year. (See separate table on geographic regions.)

Note: Data are typically available in the tables-only section of IECAM before they are available in the GIS map section.

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<th></th>
<th></th>
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<th></th>
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<td>Early childhood services</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDOE PFA</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td>(P)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Head Start</td>
<td>(P)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrant and Seasonal Head Start</td>
<td>(P)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed child care centers</td>
<td>(P)</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Licensed family child care homes</td>
<td>(P)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>School-age child care</td>
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<tr>
<td>Child care program accreditation</td>
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<td></td>
</tr>
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<td>IDOE Prevention Initiative 0.3</td>
<td>(P)</td>
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<td>IDHS Home Visiting</td>
<td>(P)</td>
<td></td>
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<td>IDHS Early Intervention</td>
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<td>(P)</td>
<td>(P)</td>
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</table>

<table>
<thead>
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<td>Demographics</td>
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<td>(1)</td>
<td>(1)</td>
<td>(1)</td>
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<td>Population (total, age cohort 0-5, sum 0-5)</td>
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<td></td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Population (sum 6-12)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Population by race/ethnicity (age 6-12)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>100% FPL (age cohort 0-5, sum 0-5)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>130% FPL (age cohort 0-5, sum 0-5)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>165% FPL (age cohort 0-5, sum 0-5)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>185% FPL (age cohort 0-5, sum 0-5)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>200% FPL (age cohort 0-5, sum 0-5)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>400% FPL (age cohort 0-5, sum 0-5)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Linguistically isolated households</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Children in working families</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

FY = fiscal year (July 1 – June 30)
X = available in the IECAM public database
P = in process
1 = These data are available in an Excel file on the IECAM Methodology page.
Appendix F

Terms & Acronyms

CCAP – Child Care Assistance Program: This program assists low-income families in paying for child care. Payments are based on income and all participants have a co-pay responsibility. It is funded through the Illinois Department of Human Services and administered by 4-C: Community Coordinated Child Care in DeKalb County.

CCDBG - Child Care Development Block Grant: The Child Care Development Block Grant is designed to support families by increasing the availability, affordability, and quality of child care in the United States.

Domestic Offenses – Illinois State Police define domestic offenses as “offenses committed between family or household members. Family or household members include spouses; former spouses; parents; children; foster parents; foster children; legal guardians and their wards; stepchildren; other persons related by blood (aunt, uncle, cousin) or by present or previous marriage (in-laws); persons who share, or formerly shared, a common dwelling; persons who have, or allegedly have, a child in common; persons who share, or allegedly share, a blood relationship through a child; persons who have, or have had, a dating or engagement relationship; and persons with disabilities, their personal care assistants, or care givers outside the context of an employee of a public or private care facility. (http://www.isp.state.il.us/docs/DomOffense_frmguidelines.pdf)

IDHS – Illinois Department of Human Services. This state agency administers a range of early childhood and school-age and youth programs, including the Child Care Assistance Program, the statewide child care resource and referral system, the Early Intervention System, and Teen Reach

IECAM – Illinois Early Childhood Asset Map

IFSP - An Individual Family Service Plan (IFSP) is a plan involving a team of specialists for families with children younger than 3 years old having developmental delays. Once a child turns 3 years old, they become eligible for an Individual Education Plan (IEP).

IEP – Individualized Education Plan for children attending public schools.

IDPH – Illinois Department of Public Health

INCRRA – Illinois Network of Child Care Resource & Referral Agencies: INCRA, in partnership with the 16 child care resource and referral agencies, is a recognized leader, catalyst and resource for making high-quality, affordable early care and education options available for children and families in Illinois.

IRC - Illinois Resource Center: IRC is funded by ISBE to provide a broad range of professional development services and instructional resources for school communities throughout the state.

ISBE – Illinois State Board of Education

Licensed Early Care and Education Centers and Homes – a center or home is included for data purposes when it becomes licensed by the Illinois Department of Children and Family Services or is part of the ExceleRate program.

License exempt Child Care Centers - IECAM’s 2016 definition states define these as “Centers that are not required to be licensed by the Illinois Department of Children and Family Services (DCFS). DCFS uses
the term “day care center” (instead of “child care center”). DCFS provides the following definition: Day care center means any child care facility which regularly provides day care for less than 24 hours per day for more than 8 children in a family home or more than 3 children in a facility other than a family home, including senior citizen buildings. DCFS lists several types of centers that are not included in its definition of day care center. A list of these types is provided in Section 377.2 of document Part 377. FACILITIES AND PROGRAMS EXEMPT FROM LICENSING. School districts are classified as license-exempt.

**Linguistically Isolated Household (LIH)** – No member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English “very well.” In other words, all members 14 years old and over have at least some difficulty with English (Per IECAM)

**Low Income** – ISBE defines low income as the percentage of students in families receiving public aid, living in substitute care, or eligible to receive free or reduced-price lunches.

**NAEYC** – National Association for the Education of Young Children.

**Non-Visiting Programs** – Early Care and Education programs in which services are not delivered in the child’s home.

**School Incidents** – Per the IL State Police website these incidents are defined as attacks against school personnel, intimidation incidents, drug-related incidents and firearm incidents which occurred in schools, public and private, housing kindergarten through high school. (http://www.isp.state.il.us/docs/2-421b(2016).pdf)

**Teen Parent** - Teen parent means parents through age 19. (IDHS)

**Visiting Programs** – Early Care and Education programs in which services are delivered in the child’s home.
Appendix G

Results of Survey of DeKalb County Kindergarten and Early Care and Education Teachers and Administrators

The following summary tables provide an overview of individual responses reported in a singular view. Note, combined questions may not coincide with the original individual questions because some of the individual surveys have additional survey questions.

<table>
<thead>
<tr>
<th>Q1</th>
<th>Tenure (Employed in Field)</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First year</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>2-4 years</td>
<td>4%</td>
<td>20%</td>
<td>25%</td>
<td>19%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>5-9 years</td>
<td>16%</td>
<td>40%</td>
<td>13%</td>
<td>25%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>10-14 years</td>
<td>8%</td>
<td>30%</td>
<td>25%</td>
<td>13%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>15-20 years</td>
<td>32%</td>
<td>10%</td>
<td>38%</td>
<td>19%</td>
<td>33%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>21+ years</td>
<td>36%</td>
<td>0%</td>
<td>0%</td>
<td>19%</td>
<td>33%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Response Count</td>
<td></td>
<td>25</td>
<td>10</td>
<td>8</td>
<td>16</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th>Tenure (Employed in Early Care)</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First year</td>
<td>4%</td>
<td>10%</td>
<td>13%</td>
<td>38%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>2-4 years</td>
<td>20%</td>
<td>40%</td>
<td>25%</td>
<td>31%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>5-9 years</td>
<td>12%</td>
<td>20%</td>
<td>38%</td>
<td>13%</td>
<td>20%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>10-14 years</td>
<td>20%</td>
<td>30%</td>
<td>25%</td>
<td>13%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>15-20 years</td>
<td>28%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>21+ years</td>
<td>16%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
<td>10%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Response Count</td>
<td></td>
<td>25</td>
<td>10</td>
<td>8</td>
<td>16</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th>Kindergarten Prep (Participation within the District Programs)</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preschool children visit kindergarten class</td>
<td>52</td>
<td>50%</td>
<td>75%</td>
<td>44%</td>
<td>50%</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>Preschool parents visit kindergarten class</td>
<td>40</td>
<td>30%</td>
<td>50%</td>
<td>31%</td>
<td>50%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>Kindergarten teachers visit district preschool class</td>
<td>20</td>
<td>20%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Spring orientation for district preschool children</td>
<td>48</td>
<td>50%</td>
<td>63%</td>
<td>31%</td>
<td>42%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Spring orientation for district preschool parents</td>
<td>40</td>
<td>40%</td>
<td>75%</td>
<td>31%</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Written records shared between kindergarten and district</td>
<td>40</td>
<td>60%</td>
<td>75%</td>
<td>19%</td>
<td>33%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Home visits of incoming kindergartners before school starts</td>
<td>16</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>No activities</td>
<td>16</td>
<td>10%</td>
<td>0%</td>
<td>19%</td>
<td>8%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Kindergarten Readiness in DeKalb County | August 2017
Other:

K Kindergarten Registration and Screenings in the Spring; Kindergarten Conferences/Orientation for both parents and students in August
K Minimal record sharing
K Kindergarten Round-Up for Registration/Assessment
K As a private school, children and parents visit my classroom.

Response Count

25 10 8 16 12 7

Dist PK Transition to Kindergarten IEP meetings
Dist PK special education students/families have transition meetings for kindergarten

Center I am not sure. I am new to Dekalb and the school district

Dist PK Bilingual Transition Night and Spring Conferences

Dist PK Private school with preschool and Kindergarten

Prog Teachers here do kindergarten readiness workshop for parents
Prog We are a private school with a mixed age group of 3-6 years olds, so the students already have experience in their "Kindergarten" classroom.

Prog Kindergarten readiness workshop for parents- co-hosted with 4-C and a current preschool teacher
Prog nothing - we don't participate with the school district kindergarten program at all.

<table>
<thead>
<tr>
<th>Kindergarten Prep (Participation with Center-based &amp; Home-based Programs)</th>
<th>Dist PK</th>
<th>Dist PK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool children visit kindergarten class</td>
<td>29</td>
<td>22</td>
</tr>
<tr>
<td>Preschool parents visit kindergarten class</td>
<td>% 50%</td>
<td>% 17%</td>
</tr>
<tr>
<td>Kindergarten teachers visit district preschool class</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>Spring orientation for district preschool children</td>
<td>% 33%</td>
<td>% 17%</td>
</tr>
<tr>
<td>Spring orientation for district preschool parents</td>
<td>4% 17%</td>
<td>0% 0%</td>
</tr>
<tr>
<td>Written records shared between kindergarten and district preschool programs</td>
<td>46</td>
<td>35</td>
</tr>
<tr>
<td>Home visits of incoming kindergartners before school starts</td>
<td>% 100%</td>
<td>% 83%</td>
</tr>
<tr>
<td>No activities</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Response Count</td>
<td>24 6 23 6</td>
<td></td>
</tr>
</tbody>
</table>
Other:
K Kindergarten Registration and Screenings in the Spring; Kindergarten Conferences/Orientation for both parents and students in August [Center-based]
K Community preschool children and parents tour the elementary school in May [Center-based]
K Kindergarten Registration and Screenings in the Spring; Kindergarten Conferences/Orientation for both parents and students in August [Home-based]
<table>
<thead>
<tr>
<th>Q5 Planning/Coordination</th>
<th>K PK Dist Adm Center Prog Dir Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten teachers plan with <strong>teachers</strong> in my program/district</td>
<td>NA NA NA 14 11 5</td>
</tr>
<tr>
<td>...</td>
<td>NA NA NA 2 0 1</td>
</tr>
<tr>
<td>...</td>
<td>NA NA NA 0 0 0</td>
</tr>
<tr>
<td>...</td>
<td>NA NA NA 0 1 0</td>
</tr>
<tr>
<td>Kindergarten teachers plan with <strong>preschool teachers</strong> in my program/district</td>
<td>16 9 5 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>8 0 2 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>0 1 1 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>1 0 0 NA NA NA</td>
</tr>
<tr>
<td>Kindergarten teachers plan with <strong>center-based and home-based early care and education</strong> teachers</td>
<td>22 NA 7 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>2 NA 1 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>1 NA 0 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>0 NA 0 NA NA NA</td>
</tr>
<tr>
<td>The curriculum in my classroom is aligned with the Illinois Early Learning and Development Standards For Preschool (3 years old to kindergarten enrollment age), revised September 2013</td>
<td>None of the time 0 0 0 0 1 0</td>
</tr>
<tr>
<td>...</td>
<td>0 0 0 4 2 3</td>
</tr>
<tr>
<td>...</td>
<td>5 0 4 6 0 1</td>
</tr>
<tr>
<td>...</td>
<td>20 10 4 6 9 3</td>
</tr>
<tr>
<td>District preschool teachers have common planning time with each other for curriculum development and review of assessment results</td>
<td>None of the time NA 2 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>NA 2 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>NA 1 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>NA 4 NA NA NA</td>
</tr>
<tr>
<td>Kindergarten teachers have common planning time with each other for curriculum development and review of assessment results</td>
<td>None of the time 2 NA 1 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>8 NA 1 NA NA NA</td>
</tr>
<tr>
<td>...</td>
<td>4 NA 3 NA NA NA</td>
</tr>
</tbody>
</table>
The school district school improvement plan includes goals and activities for **district preschool students**

...  
...  
...  

The school district improvement plan includes goals and activities for coordinating with **center-based or home-based** early care and education/preschool programs

<table>
<thead>
<tr>
<th>Q5 Planning/Coordination</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>11</td>
<td>NA</td>
<td>3</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>None of the time</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Some of the time</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Most of the time</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>All of the time</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Response Count**

<table>
<thead>
<tr>
<th>Q6 Students Entering Kindergarten (Average Per Classroom leaving/entering)</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering Kindergarten</td>
<td>542</td>
<td>147</td>
<td>274</td>
<td>178</td>
<td>227</td>
<td>7</td>
<td>1,37</td>
</tr>
<tr>
<td>Perceived those entering kindergarten were ready</td>
<td>387</td>
<td>119</td>
<td>235</td>
<td>157</td>
<td>202</td>
<td>6</td>
<td>1,10</td>
</tr>
<tr>
<td>Percent Ready</td>
<td>71%</td>
<td>81%</td>
<td>86%</td>
<td>88%</td>
<td>89%</td>
<td>%</td>
<td>80%</td>
</tr>
<tr>
<td>*Adjusted for those that skipped the perceived readiness question</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Response Count - Entering Kindergarten**  
**Response Count - Perceived those entering kindergarten were ready**
Comments:
K Two students were recommended not to begin Kindergarten but began anyway. They are very young and just now showing beginning of Kindergarten qualities.
K Age is HUGE in regards to Kindergarten. We are seeing more and more students who are starting Kindergarten when they just turned 5 the summer before they begin Kindergarten, and 9 times out of 10, they are just too young. Kindergarten is MUCH more academic than it was even 10 years ago, the demands are higher and these children are not ready physically, socially, emotionally or academically. I would really like to see a social push to inform and educate parents on the benefits of not starting their children early in Kindergarten. I think this would really help Kindergarten readiness as a whole.
K We do not get good information about what they know before Kindergarten or where they went before coming here before the year starts
K These numbers are for all of our kindergartners
K I have two students who started school mid-September and they now receive speech services. They did not attend pre-k prior to kindergarten. They have been referred to the RTI committee.
K Our local preschools and school PreK programs do a great job of getting them ready
K Preschool is beneficial to help students be prepared for routines during Kindergarten. One faith based preschool did ask about five years ago how they could improve their program to help the students be better prepared for Kindergarten. This proved to be very beneficial to those entering Kindergarten the following years.
K In our district overall about 1/3 of kindergarten students have attended preschool. My class this year was not typical in most attending preschool and also with most being ready to start school.
K 11 out of 16 of my students were enrolled in a catholic school pre-K program last year. The other 4-5 were enrolled in some type of preschool/daycare program.

Dist PK None
Dist PK The two who were not "ready" had outside medical factors/diagnoses contributing to their delays.
Dist PK There are varieties of specialized programs in the district available that can accommodate my students’ individual needs when they transition to Kindergarten.
Dist PK Though my students have identified special needs, they have had exposure to important kindergarten readiness skills- sitting for group time, following directions, participating in group activities, working with peers, sharing ideas.
Dist PK The students who were ready for kindergarten were the ones who had been in the program for 2 years or had a strong solid foundation for learning and their overall development was supported by parents.
Dist PK The majority of my students who were ready for Kindergarten were able to sit and attend, follow multiple step directions and be mostly Independent with basic routines and self-help skills. The few that weren’t ready were either really low in pre-academic skills or social emotional skills and could have used either an extra year in PreK or additional support outside of PreK.
Dist PK Beginning with the 2016-2017 school year, our district kindergarten team administered a "kindergarten screener" to all registered students prior to the first day of school. There is a specific question regarding preschool enrollment, but this data has not been collated or disaggregated. Many of our families did not enroll until the week school started and their children were not screened so the data would not be accurate.
Center 20 is an estimate, there were 10 from my classroom but I am not sure of the exact never from the other Pre-K classroom
Our program is academically kindergarten readiness. However, some kids are not socio-emotionally ready: No self-control or not self-sufficient/no executive function skills.

For the most part they were all ready when they entered kindergarten this year. I was not teaching in this area last year.

They begin to verbalize their excitement to start, they being to write other letters, symbols and words other than their name. They understand that kindergarten begins after summer.

Our Kindergarten students have already attended our school for one or two years and have ample exposure to various academic, social and other activities here.

na

Our programs curriculum and implementation of the curriculum prepare children to possess the social and emotional skills to be ready for the kindergarten/school programs.

We had a few that we knew would struggle because of social and emotional concerns or other referral based issues that parents did not follow up on earlier that caused them to struggle in kindergarten.

We were confident that 23 children were successfully prepared for Kindergarten.

They were confident and able to perform take that will make them successful in kindergarten.

We have a very educated and skilled professional staff at our center that works hard with emotional and social development needed for kindergarten.

The one who I would say was not "ready" is a boy who has high energy and focus trouble.

every year I have one or two children moving from my Pre-K program to kindergarten

The child's parents and I believed the child was ready for kindergarten, but after a few weeks in to her new class she had separation issues and was sad at drop off.

<table>
<thead>
<tr>
<th>Percent of students entering kindergarten this year who had the following early academic skills when they entered kindergarten</th>
<th>District Center</th>
<th>Program Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and use of language—Used short phrases or sentences of more than two words to communicate</td>
<td>86.1</td>
<td>75</td>
<td>66</td>
</tr>
<tr>
<td>%</td>
<td>5%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Reciprocal communication and conversation—Engaged in brief back and forth communication, using short phrases and sentences</td>
<td>83.6</td>
<td>73</td>
<td>62</td>
</tr>
<tr>
<td>%</td>
<td>3%</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Comprehension of age-appropriate text—Made comments or asked questions about text presented in books or the environment</td>
<td>59.6</td>
<td>66</td>
<td>61</td>
</tr>
<tr>
<td>%</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Phonological awareness—Engaged actively in play with sounds in words or rhymes or simple songs or nursery rhymes</td>
<td>54.8</td>
<td>60</td>
<td>53</td>
</tr>
<tr>
<td>%</td>
<td>0%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Letter and word knowledge—Demonstrated awareness of a few letters in the environment (e.g. child’s name, matching letters in the classroom)</td>
<td>67.6</td>
<td>63</td>
<td>56</td>
</tr>
<tr>
<td>%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Classification—Sorted objects into two groups based on one attribute, but not always accurately</td>
<td>72.2</td>
<td>73</td>
<td>65</td>
</tr>
<tr>
<td>%</td>
<td>5%</td>
<td>0%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Number sense of quantity—Identified small quantities without counting, up to three

<table>
<thead>
<tr>
<th></th>
<th>69.9</th>
<th>67.0</th>
<th>52.0</th>
<th>70.3</th>
<th>79.0</th>
<th>91.0</th>
</tr>
</thead>
</table>

Number sense of math operations—Attended to or explored changes in numbers of objects

<table>
<thead>
<tr>
<th></th>
<th>56.0</th>
<th>64.0</th>
<th>48.0</th>
<th>71.3</th>
<th>76.0</th>
<th>83.0</th>
</tr>
</thead>
</table>

Shapes—Matched similar shapes and distinguished them from dissimilar shapes without necessarily naming them

<table>
<thead>
<tr>
<th></th>
<th>73.8</th>
<th>76.0</th>
<th>60.0</th>
<th>78.3</th>
<th>82.0</th>
<th>91.0</th>
</tr>
</thead>
</table>

Response Count

<table>
<thead>
<tr>
<th></th>
<th>25</th>
<th>10</th>
<th>5</th>
<th>16</th>
<th>12</th>
<th>6</th>
</tr>
</thead>
</table>

**Note** – Red font indicates the responder recorded a percent of less than 70%.

**Comments:**

**K**
I am shocked in recent years at the number of students coming in to Kindergarten who have no sense of numbers; they don't know any numbers 0-10, cannot count past 10, or have no knowledge of one to one correspondence counting. I believe this is a lack of exposure for children and parents unaware of how to introduce them to these concepts.

**K**
I had a high achieving class. They were well prepared.

**K**
Two students entered without any letter names and sounds, some students in the past have entered not able to write their name or recognize and name letters in their name.

**Dist PK**
No kids entered.

**Dist PK**
My students have identified special needs.

**Dist PK**
I think the percentage of students that were not ready in those areas were either those that their first exposure to the concepts were in PreK and they didn't have additional exposure outside of school, or they weren't developmentally ready as an individual to learn and retain those skills.

**Dist Adm**
5 or 6 - behavioral concerns, few early foundations of literacy.

**Dist Adm**
I do not have this information readily available. Classroom teachers would be better equipped to provide an educational guess on these questions.

**Dist Adm**
We have students with developmental delays as well as students that qualify for our pre-k for all as at risk either academically or socially emotionally.

**Center**
We use Jolly Phonics, Michael Heggerty and other Reading Skill Strategies.

**Center**
We have children who excel in certain skills while others struggle with those same skills.

**Center**
This is my first year teaching pre k in Indian creek school district. I am confident in the skills of 10 out of 11 of my pre k class.

**Prog Dir**
We are play based, but most children acquire these skills within our program.

**Prog Dir**
We are a three-year program and most students start with us at age 3 or age 4, so they have exposure to and experience with many academic and other areas before Kindergarten.

**Prog Dir**
We are a play based program that provides curriculum to allow children to learn through play early academic skills. Most children learn through this effective approach.

**Prog Dir**
Most were ready.

**Home**
Children enter kindergarten meeting all 8 IELDS
Percent of students entering kindergarten this year who had the following social-emotional skills when they entered kindergarten

<table>
<thead>
<tr>
<th>Q8</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Cent Dir</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curiosity and initiative in learning-Explored through simple observations, manipulations or asking simple questions</td>
<td>78.9</td>
<td>0%</td>
<td>71.</td>
<td>74.4</td>
<td>73.8</td>
</tr>
<tr>
<td>Self-control of feelings and behavior-Demonstrated capacity to regulate emotional or behavioral reactions in some moderately stressful situations, occasionally needing adult support</td>
<td>64.4</td>
<td>63.</td>
<td>58.</td>
<td>66.3</td>
<td>78.1</td>
</tr>
<tr>
<td>Engagement and persistence-Continued self-selected activities with adult support, even though interest briefly shifts to other activities</td>
<td>66.9</td>
<td>70.</td>
<td>66.</td>
<td>69.7</td>
<td>79.9</td>
</tr>
<tr>
<td>Relationships and social interactions with familiar adults-Engaged in extended interactions with familiar adults in a variety of situations (e.g. sharing ideas or experiences, solving simple problems)</td>
<td>75.7</td>
<td>75.</td>
<td>65.</td>
<td>74.9</td>
<td>81.3</td>
</tr>
<tr>
<td>Relationships and social interactions with peers-Participated in brief episodes of cooperative play with one or two peers, especially those with whom child regularly plays</td>
<td>74.9</td>
<td>72.</td>
<td>64.</td>
<td>75.3</td>
<td>80.4</td>
</tr>
</tbody>
</table>

**Response Count**

<table>
<thead>
<tr>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Cent Dir</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>10</td>
<td>5</td>
<td>16</td>
<td>12</td>
</tr>
</tbody>
</table>

Note – Red font indicates the responder recorded a percent of less than 70%.

**Comments:**

K Perhaps the biggest concern in Kindergarten readiness today is students' lack of social-emotional skills coming into Kindergarten. Many students are not able to sit for short periods of time (which increase as the year goes on), focus on a task for a short amount of time, self-advocate for themselves when they have a question (such as needing to use the bathroom), get along with/interact with their peers, or control their feelings, specifically anger, aggression or interrupting. It is clear for many students that they have had no exposure to these areas prior to Kindergarten. This issue, combined with so many students starting Kindergarten too young, is a recipe for a difficult Kindergarten year.

K This is the first year I have had so many who struggle to communicate or express themselves appropriately, or talk with others. Socially and emotionally very needy

K This year I have to establish set play groups and activities. Students are not able to self-select an activity and stay there for an extended amount of time 10-15 minutes. Also my class has a difficult time getting along with each other, so the play groups help that skill and rotate so they get used to working with people and playing together.

Dist PK No k kids

Dist PK Some of the students had autism

Dist PK A few of the children that went on to Kindergarten had social emotionally delays or behaviors that came from struggles with coping. They had growth throughout the school year in PreK, but a Kindergarten classroom has many different dynamics and I would have liked to see supports put into place from the start for them.

Dist Adm Referred to response on a previous question:
5 or 6 - behavioral concerns, few early foundations of literacy
I do not have this information readily available. Classroom teachers would be better equipped to provide an educational guess on these questions.

We have students with developmental delays as well as students that qualify for our pre-k for all as at risk either academically or socially emotionally.

**Center**
Early Childhood Education should have at least same hours as Kindergarten has: half day learning as they play or structured teaching and half day playing (child-directed, teacher-guided not instructed--emphasis on character & socio-emotional guidance).

**Center**
N/A

**Prog Dir**
One child had a diagnosis of on the spectrum of Autism and had difficulty in this area.

**Prog Dir**
Social emotional development is key to our philosophy as a center. We provide examples, modeling, tools, books, social stories, scenarios and songs to encourage self-regulation, coping skills and a happy lifestyle.

**Prog Dir**
As with previous questions, our Kindergarten students have experience in all of the above skills because they have attended our school for one or two years before Kindergarten.

**Prog Dir**
The focus in the program is the development of the whole child. However, the curriculum allows for a strong component of social and emotional development through all areas of curriculum.

**Prog Dir**
With some support most of our children are able to play in small groups.

<table>
<thead>
<tr>
<th>Percent of students entering kindergarten this year who were physically developed in the following ways when they entered kindergarten</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceptual-motor skills and movement concepts-Tries different ways to coordinate movement of large or small body parts</td>
<td>80.1%</td>
<td>77.0%</td>
<td>69.0%</td>
<td>79.0%</td>
<td>80.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Gross motor manipulative skills-Manipulates objects using one or more body parts, with stability but limited coordination</td>
<td>82.1%</td>
<td>78.5%</td>
<td>70.4%</td>
<td>78.4%</td>
<td>80.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Fine motor manipulative skills-Manipulates objects with one hand while stabilizing the objects with other hand or with another part of the body</td>
<td>72.0%</td>
<td>75.5%</td>
<td>65.4%</td>
<td>73.4%</td>
<td>79.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Safety-Follows basic safety practices, with close adult supervision</td>
<td>78.6%</td>
<td>75.5%</td>
<td>69.0%</td>
<td>77.5%</td>
<td>81.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Personal care routines-Carries out parts of personal care routines with specific adult guidance or some demonstration from adult</td>
<td>82.8%</td>
<td>75.5%</td>
<td>69.0%</td>
<td>79.0%</td>
<td>81.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Response Count**

- K: 25
- Dist PK: 10
- Dist Adm: 5
- Center: 16
- Prog Dir: 12
- Home: 6

Note – Red font indicates the responder recorded a percent of less than 70%.
**Comments:**

K One student was not toilet trained this year.

K Using scissors is very difficult for many children entering kindergarten.

Dist PK No k kids

Dist PK A few of the children had emerging fine motor skills such as grasping their utensil when writing or manipulating scissors. For the most part any delays were developmental appropriate.

Dist Adm Referred to response on a previous question:

5 or 6 - behavioral concerns, few early foundations of literacy

I do not have this information readily available. Classroom teachers would be better equipped to provide an educational guess on these questions.

We have students with developmental delays as well as students that qualify for our pre-k for all as at risk either academically or socially emotionally

Center N/A

Prog Dir As with previous questions, our Kindergarten students have been with us for up to two years and have had many opportunities to develop large and fine motor skills as well as to practice safety and personal care.

Prog Dir n/a

Prog Dir Personal care routines are consistently implemented throughout the preschool program. Safety is paramount. Rules and consequences are designed with the children's input to allow for internalization of the classroom rules and consequences. Adult imposed rules and consequences fail more often than they work because they are imposed on the children.

Home all children meet kindergarten readiness standards

Home Skills to become independent in all aspects are encouraged daily.

<table>
<thead>
<tr>
<th>Percent of the children have parents, family or guardians who are active, informed and engaged in class/program activities</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 0</td>
<td>69.5%</td>
<td>57.4%</td>
<td>84.0%</td>
<td>62.3%</td>
<td>69.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Response Count</td>
<td>24</td>
<td>10</td>
<td>5</td>
<td>16</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

Note – Red font indicates the responder recorded a percent of less than 70%.

**Classroom activities that have been most effective in engaging the parents, family or guardians**

K Parent Curriculum Night, Literacy Night, Night At the Museum

K The use of Class Dojo has helped increase the engagement of families in the classroom. I can send out reminders on a daily basis. The parents can also contact me throughout the day by sending an instant message through the app.

K Sending home activities, homework opportunities, Family Reading Night/Open House

K Weekly homework packets, Homeroom app, Remind app, weekly Poetry Notebooks that students bring home and perform a song/poem learned that week at school

K kindergarten orientation; curriculum night; volunteer opportunities to help in classroom

K The use of technology to communicate with them

K Newsletters,

Emails

Phone calls
Weekly email newsletters
Class Dojo app
My weekly memo that keeps them informed with what is going on in the classroom. I have parent volunteers for computer lab and field trips.
Playdoh club, mystery readers, parties, field trips
Conferences
Apps such as reminder and seesaw
Open house, volunteer's schedule, chaperone field trips, reading nights, book fair, family picnic
Kindergarten Orientation, Open House, Curriculum Night
One School One Book
Homework folders
Class letters
Class parties
School events
Reading book bags, various school programs
Class art projects, off campus (bus) fieldtrips, walking fieldtrips in town, classroom holiday parties, class themed unit to assist with activities, parent help in computer lab, parent help at book fairs for the students, eating lunch together
private classroom Facebook page with many picture posts to show what their child is doing throughout the day
Family partnership activities
classroom parties, school-wide activities including a Christmas program, grandparents day, open house/curriculum night, weekly Mass
Daily Communication Notebook
Special Snacks w/Parent Helpers
Class Parties
Parent teacher conferences, open house, weekly newsletters with home activities/behavior strategies
Daily news sheets/Activities sent home by therapists
activities that provide dinner or child care
Family nights that offer dinner. End of year picnic that provides food.
Family nights are usually successful in engaging parents. I do monthly newsletters but find only a select few actual read them and ask questions.
Anytime you can talk with them individually or make phone calls
Guest Readers, home visit, classroom visits, classroom helper
Kindergarten conferences before school
Field trips, holiday celebrations, teacher requests for classroom helpers, Grandparents' Day.
Information/Welcome Back/Curriculum Night
Kindergarten Open House
Music Concerts
Classroom parties
special projects such as Breakfast with Baby Jesus, and other themed centered activities
Classroom parties, take home projects
Parent-Teacher Meetings, Daily Communication, Assessments
graduation ceremony, Winter Gala, summer carnival
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Center</td>
<td>We have daily communication with all families. We have individual meetings when needed.</td>
</tr>
<tr>
<td>Center</td>
<td>I like to use my share time to invite parents and birthday celebrations.</td>
</tr>
<tr>
<td>Center</td>
<td>Family fun night</td>
</tr>
<tr>
<td>Center</td>
<td>Working on that...we've tried Family Activity Nights, weekend events and Curriculum nights...our turnouts are generally poor.</td>
</tr>
<tr>
<td>Center</td>
<td>Contributed classroom books, spoke to groups about culture, family nights, WOYC, etc.</td>
</tr>
<tr>
<td>Center</td>
<td>Family orientation, back to school night, family reading nights, webpage, home visits</td>
</tr>
<tr>
<td>Center</td>
<td>Literacy program, class parties, Art show</td>
</tr>
<tr>
<td>Center</td>
<td>Family projects, continued email communication</td>
</tr>
<tr>
<td>Center</td>
<td>Open house, school songs, special days at school</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Family programs, like family night</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Family nights/ conferences/ in-take meetings</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Family days/nights and Week of the Young Child</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Holiday Sings, Field Trip (parents must transport/participate), family help week, parent meetings</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>90</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Inviting family members to visit the classroom or the Center to share a talent/skill. Annual Family Fun Night that allows family members to participate in an activity providing a snapshot of what the child's day is like at the program.</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Family Night with Scholastic book fair and pot luck dinner</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Family week where parents can pick from a weeks' worth of activities to come and engage.</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Most of our Families have enjoyed participating in our book reading program that goes on in the Months of March and April. At school and home we set a goal of over 4,000 books!</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>We send home a stuffed animal pet that the child takes care of for 3 days and does family activities at home. Then the parent writes a summary and can include drawings or pictures</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Family nights, Week of the Young Child activities, parent involvement activities that are planned regularly</td>
</tr>
<tr>
<td>Home</td>
<td>short newsletters....daily text</td>
</tr>
<tr>
<td>Home</td>
<td>Informing parents about our weekly and daily routine and themes. Daily information about their child's day.</td>
</tr>
<tr>
<td>Home</td>
<td>field trips, class participation activities</td>
</tr>
<tr>
<td>Home</td>
<td>Allotted time given for positive feedback and discussion of concerns.</td>
</tr>
<tr>
<td>Home</td>
<td>Reading and play activities</td>
</tr>
<tr>
<td>Home</td>
<td>I find it easier to have special one on one with parents since I run a family child care and they see me at drop off, I send text pictures and updates throughout the day and they see me at pick up time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q11</th>
<th>Offer parents, family or guardians education classes</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
<td>31%</td>
<td>75%</td>
<td>14%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>88%</td>
<td>100%</td>
<td>100%</td>
<td>69%</td>
<td>25%</td>
<td>86%</td>
</tr>
<tr>
<td>Response Count</td>
<td></td>
<td>25</td>
<td>10</td>
<td>6</td>
<td>16</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>
Topics most well-attended by parents, family or guardians

K All of the Above

K Kindergarten Conferences at the beginning of the year (before school starts), Curriculum Night, Grow the Green program (developed by our Kindergarten team)

K Kindergarten orientation

K letter naming and sounds - "how to" workshop for parents to learn how to help their kids become more fluent

Dist PK We are working on starting a parent coffee hour at our center for parents to gain support from each other and eventually to have specific topics to educate our families on.

Dist PK We would love to start a coffee hour in our building but don't have the resources yet.

Dist Adm Several years ago, we offered parent education classes, but discontinued this practice due to extremely low participation.

Center Unknown. The administration handled the parent workshops.

Center Social interactions

Center For the English Language Learner’s parents

Center Kindergarten Readiness

Center Emotional support, cognitive skills, I am ready for big school

Prog Dir Kindergarten readiness

Prog Dir Kindergarten readiness

Prog Dir Kindergarten readiness, routine help and consistency.

Prog Dir Montessori at Home, Montessori Math

Prog Dir All

Prog Dir The importance and how to set up routines at home. Overview of early childhood curriculum/how it works.

Prog Dir Parent workshops:
From Play to Practice
Kindergarten Readiness

Prog Dir Kindergarten readiness
Social-emotional skills
parenting from the ground up

Prog Dir We do these during our family nights 3 times a year. These are planned parent educational opportunities that are very well attended with a variety of topics. We also do a kindergarten readiness workshop with is very well attended.

Home early reading and math
Q12

<table>
<thead>
<tr>
<th>Percent of class who...</th>
<th>K</th>
<th>Dist PK</th>
<th>Dist Adm</th>
<th>Center</th>
<th>Prog Dir</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>were eligible for free/reduced price lunch</td>
<td>30%</td>
<td>42%</td>
<td>24%</td>
<td>23%</td>
<td>30%</td>
<td>8%</td>
</tr>
<tr>
<td>were English language learners</td>
<td>12%</td>
<td>10%</td>
<td>4%</td>
<td>43%</td>
<td>39%</td>
<td>33%</td>
</tr>
<tr>
<td>had an Individual Education Plan (IEP)</td>
<td>7%</td>
<td>40%</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>were retained from last year</td>
<td>1%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response Count</td>
<td>25</td>
<td>10</td>
<td>6</td>
<td>16</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

Q13

Two most important challenges

K Class Size
K Class Size
K Working with parents/families that do not value education
K Too large of class sizes; we are at 28 5-year olds...that is way too many!!! Class sizes in early childhood elementary (K-2), should not be more than 20 students.
K class size too large
K number of kids in class with no help
K By far the biggest challenge is the sheer number of students that are in our kindergarten classrooms. Twenty-eight students is too many students— they do not always get the individualized attention or opportunities to share ideas and talk as often as they need because of the sheer numbers.
K Class Size
K Class size
K Having students that are not school ready as far as behavior wise goes.
K Rigor of common core
K Push down curriculum
K The beginning of the year can be challenging with all the different ability levels and readiness for starting school.
K Disruptive behavior
K Social/emotional needs of the students
K The rigor of Kindergarten vs the reality of 5 year olds
K Parent involvement in their child’s educational growth
K Time constraints, KIDS assessment, technology
K To teach more in a day
K Increased number of children with special needs
K Having enough time to balance the rigor of kindergarten with the students need to play
K Social- emotional development
K The academic demands put on kindergarten children contradict what is needed in their development of social/emotional skills. More time is needed to devote to play and movement.
K Curriculum Overload
K Assessment Requirement-not enough time to complete them throughout the day without taking away valuable instructional minutes.
K It would be helpful to get collaboration time to meet with "specialists". They get to meet with each other, but teachers do not get to meet with them; i.e. OT’s, PT’s, Speech, Social Worker, Bilingual. Often they work in multiple buildings so they aren’t accessible for before/after meetings.
K Students coming into Kindergarten who are simply not ready, whether they are too young/immature, not ready academically and/or socially/emotionally.
Meeting individual needs of all students

Social and emotion issues and disturbances

The conflicting messages we receive from different parties-- more and more academics being pushed down, yet students need opportunities to play and learn through play, yet these opportunities are significantly reduced. Similarly, the number of assessments that we are now required to administer-- these need to be done individually, and it feels like our first quarter of school is spent assessing, assessing, assessing... making it difficult to get to know our students as well as we would like to.

Different Ability Levels

Being the only adult in the classroom

Having students that are very angry and aggressive toward teachers and peers.

Student readiness

 Asking my students to meet standards that are not developmentally appropriate for 5 and 6 year olds.

Parent support and parents realizing how much they impact their students learning both at school and at home.

High academic demands

Providing play based activities/social emotional support while incorporating Common Core Standards

Helping administration and decision makers see the importance and uniqueness of Kindergarten

Parents often times do not set behavioral expectations for their child.

KIDS assessment

Parents not preparing their child for everyday life skills to be done on their own (coat zip, shoe tie, bathroom, etc.)

Maintaining developmentally appropriate learning and play time

Individual instruction

Because of these high academic demands, children struggle with listening, following directions, and self-control.

The pressure I feel to make sure my kids are prepared to sit for long periods of time to do "worksheets"

Working with students with significant delays in cognitive development, social skills, emotional regulation and other medical issues

The diverse levels of ability and needs in my classroom

Developmentally inappropriate expectations by kindergarten teachers and administrators

School readiness skills

Standards not developmentally/age appropriate

Lack of collaboration with the Kindergarten teachers about students they will be receiving from us and to get insight from them on what to tell parents to expect going forward. We aren’t sure where the barrier is but would love to have a set meeting that involves all PreK and K teachers either in the spring or beginning of school year once class lists are formed.

 Academic readiness

Student independence

The pressure I feel to add more "academic" time, instead of modeling learning through play.

Ensuring that parents carry over our behavior management strategies at home and work with students on pre-academic skills

The growing need for more specialized programs at the Kindergarten level

lack of resources, funding

Family structure/home life
Dist PK  meeting special education needs in kindergarten
Dist PK  Educating parents on activities that would help their child be more prepared to enter K.
Dist PK  Social Emotional readiness
Center  Not knowing exactly what the kindergarten teachers expect of my children
Center  Not enough time. We are constantly in a hurry.
Center  Parent acceptations when suggesting academic levels
Center  Help from parents to continue the learning / education at home
Center  Behaviors/attentiveness
Center  Impulsive behavior in one child.
Center  Social-emotional
Center  Not enough school days
Center  Letter recognition
Center  Parental Involvement
Center  Teaching academic skills children are not developmentally ready to learn but are represented on a checklist for Kindergarten.
Center  parents understand that their child is not required to have a set amount of facts known to be ready for kindergarten
Center  Knowing what kindergarten teachers are looking for.
Center  A wide variety of abilities
Center  Listening skills
Center  Parent support
Center  Parent participation/feedback
Center  Teacher training and parent resources
Center  Language barriers (families speaking different language)
Center  Children being 'babied' at home, we are trying to help them grow and mature and there is a lack of support at home
Center  Mixed age group of students... Number of students in class
Center  Consistency between home and school
Center  Time
Center  Working with their behavior when the same philosophy and techniques are not followed at home.
Center  Make parents aware that other children will be at different levels and if their child needs some extra help it is not something to be ashamed of or hide
Center  Preparation and expectations of the school district for the parents
Center  Attention
Center  Following directions
Center  Emotional/social support and guidance from our facility
Prog Dir  No connection to an actual kindergarten for preparation.
Prog Dir  Families that don't get early help for children who need it
Prog Dir  Building self-esteem and self-awareness
Prog Dir  Parents: children do need limits and consequences for inappropriate behavior
Prog Dir  Parent involvement
Prog Dir  Kindergarten is teaching things children are not yet ready to learn
Prog Dir  Parent/guardian understanding of expectations upon entering kindergarten.
Prog Dir  Self-regulation
Prog Dir  Lack of collaboration from the early care centers and the school district
<table>
<thead>
<tr>
<th>Prog Dir</th>
<th>We would like to know what the Kindergarten Teachers would like to see in our kids.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prog Dir</td>
<td>Parent involvement</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>The complete lack of support from the school districts. We have no connection with them. We will refer children for preschool screenings who we know have issues, and they will get lost in the cracks. We used to have such a better relationship about 20 years ago. I remember speech and language services coming to our child care to work with children while they were at child care. I remember there being a stronger relationship a very long time ago.</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Having an open, play-based schedule here and then a very structured kindergarten experience.</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>I feel we do too much for the parents so they are unprepared for the public school system</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Encouraging children to keep practicing</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Parents: children do not need to be entertained 24/7</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Referral systems</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Parent/guardian understanding of the importance of a play based early childhood/prek program.</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Social emotional</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Parental support</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Preparing and Educating Parents</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Children attention spans/use of electronic devices</td>
</tr>
<tr>
<td>Prog Dir</td>
<td>Parent having a unrealistic view of what it means to be 'ready'.</td>
</tr>
<tr>
<td>Home</td>
<td>Social</td>
</tr>
<tr>
<td>Home</td>
<td>Encouraging parent to let their child find their independence.</td>
</tr>
<tr>
<td>Home</td>
<td>None</td>
</tr>
<tr>
<td>Home</td>
<td>Parental involvement or lack thereof</td>
</tr>
<tr>
<td>Home</td>
<td>Financial, needing a proper curriculum is expensive</td>
</tr>
<tr>
<td>Home</td>
<td>Having the parents seek help if I see something not typical that may need to be addressed. Parents don't always see me as an educator with years of experience.</td>
</tr>
<tr>
<td>Home</td>
<td>Emotional</td>
</tr>
<tr>
<td>Home</td>
<td>Convincing parent how important play is to a child's development and limit screen time.</td>
</tr>
<tr>
<td>Home</td>
<td>None</td>
</tr>
<tr>
<td>Home</td>
<td>Challenges in multi age setting</td>
</tr>
<tr>
<td>Home</td>
<td>Time, I have several infants who take a lot of my time throughout the day</td>
</tr>
<tr>
<td>Home</td>
<td>Having the community understand that what I offer this small group of young children is just as important and quality as a center or a PreK program.</td>
</tr>
</tbody>
</table>

**Q14 Ways the Foundation can support efforts to increase kindergarten readiness**

- **K** Educating the parents on the importance of the learning stages of the child.
- **K** Create a master list of what behavioral and academic skills need to be mastered before entering Kindergarten. Having the Kindergarten teachers meet with the Pre-school teachers throughout the area to gain a better understanding of the incoming students, both private and public.
- **K** I think it would be beneficial to approach incoming families with multiple approaches to educating them. A video series, "activity" bags, outreach through the libraries, etc. I think it would also be helpful to get local health care providers involved. This year especially we have many children that have "special" needs that went untreated for many months/years. Too many of these students have not met developmental milestones in a timely fashion and these are kids that we need to get in the "system" earlier. Thank you for your support, I am eager to see how this evolves for the children of our county.
K Make parents aware of the beginning AND end-of-year expectations of Kindergarten, and a movement to WAIT a year if they have a younger child who they are on the fence about starting in K.

K This year I have been fortunate in that most of my class was ready for kindergarten.

K Help prepare families and kids early on with self-help skills, how to help their kids and how to be a good student.

K Give a classroom assistant if you are going to go about 25 students per class.

K Offering classes and supports for parents so they know what their child needs for kindergarten.

K Educate parents

K I think that students should be more prepared in oral language and self-help, social and emotional readiness. Then when they get to kindergarten the academics can be a focus. We are seeing a lot of academic burn out by third grade and I feel that this is due to too much focus on academics at a very young age instead of just letting them be kids, talking to them, reading to them, singing silly songs with them. Letting them play and interact with peers and learn how to handle problem solving and conflict resolution.

K Meetings with the preschool teachers in the area to build that gap and maybe time to talk about students coming in and the curriculum that they use and we use.

K Ready to print information to inform parents of current and relevant topics of interest (county and statewide).

K Lobby to the state to get rid of the KIDS assessment. It in no way fits our district needs, and is WAY to time consuming!!!!!!!! We have skill based assessments to match common core

K Help provide financial assistance to families with preschool children to help with tuition costs. Help establish in school preschools for typically developing children.

K I think it would be helpful for more access to preschool and more ready available information for parents who would like to help their children be ready for school.

K Community readiness for kindergarten support

K Educate parents, educators and caretakers on the necessary social/emotional skills needed in order for a child to succeed in a school setting. The importance of play and movement needs to be addressed as well.

Dist PK Training kindergarten teachers and administration that kids 3-5 learn best through play. We aren't just babysitting.

Dist PK I am the only preschool teacher in my school district. I do not have the opportunity to collaborate with other preschool teachers.

Dist PK More outside programs and activities for parents with children with special needs at the preschool level.

Dist PK Parent involvement activities, professional development for kindergarten and administrators on best practices in Early Childhood and developmentally appropriate expectations, funding for materials for grant funded programs.

Dist PK Providing support in different developmental areas for parents. Like parent cafes, workshops, etc.

Dist PK Offering parent classes that included PreK/K teachers that were available to answer questions.

Dist PK Paperwork/information for parents, Education for parents

Dist Adm Kindergarten readiness standards to help communicate with all stakeholders what is needed for academic success. Ways to intervene before kindergarten.

Dist Adm Helping to build a coalition of community preschool resources and public schools in order to facilitate communication and shared expectations.

Dist Adm Support lower class sizes, assist in kindergarten classes to begin with play-based and move in to the more academic curriculum-maybe 8-12 weeks...

Dist Adm ?

Dist Adm Parent Education Classes

Dist Adm Free Preschool for all 4 years with transportation included

Center Set up events to connect preschool teachers to kindergarten teachers to make sure our kids are ready.
Center
1. Parent Awareness/Seminars or Meetings
2. Teacher Training and Free Continuing Education Scholarships because Early Childhood Teachers are not paid enough for them to continue learning.
3. Scholarships for children especially gifted and special
4. Grants for Facilities whether school-based or home-based to improve their facilities and materials.

We are extremely BEHIND other countries and Asians' education strategies and commitment. We spoon-feed children in America that by the time they reach adulthood, they do not have the "executive function" skills they need to cope in real world (just an observation).

Center
Make more visits to the pre-kindergarten classes.

Center
Our group last year was a pretty competent group. Our group this year, so gong to KDG in Aug is not. They struggle in many areas. In GK school district, we do not have much support from our school district to help with children who will be receiving services once they enter the school district, but have nothing now. If we have more support, they children would be more ready to go. Again this is for the children that will have IEPS in the future.

Center
Offering Screening for children who have not been involved in a preschool program
Center
I am not sure at this time.

Center
Collaboration of school districts with all area preschools. Obtaining information about each child

Center
I am not sure at this time.

Center
Mentoring programs that work with high risk children.

Center
I believe this first step is awesome and we need to continue communication within meetings with teachers, parents and community key players to build awareness, then work through the identified needs and implement them for solidarity across all school districts.

Center
All having the same goal for what kindergarten readiness looks like.

Center
Our center is like a family unit and our parents have a hard time adjusted sometimes. They are used to daily interactions with teachers.

Center
Provided suggestions for community connecting activities, provide contacts

Center
Parent education on the importance of attending an early childhood experience

Prog Dir
Connect the school district to area child care centers.

Prog Dir
Actual Kindergarten teachers putting on a workshop for parents before their children go to Kindergarten

Prog Dir
Collaboration between child care centers and school districts.

Prog Dir
I am not familiar with current support efforts and therefore feel I should not comment on this question.

Prog Dir
More early involvement from k teachers in PreK

Prog Dir
Let us know what curriculum and programs they are using and where would they like the children to be when they enter

Prog Dir
Develop a checklist of what children need to have in place upon entering kindergarten
(Expectations upon entering kindergarten)

Propeg Dir
Provide each child with a prekindergarten backpack full of materials "goodies" at the beginning of the child's year prior to kindergarten entry (like the backpack the kindergarten children receive in the Genoa area).

Prog Dir
Possibly help fund more social workers or help to build a collaborative meeting between home and center based care providers and the school districts.

Prog Dir
Organize an event to have Kindergarten and early childhood teachers collaborate about their incoming class. We have had many of our students from when they were 6 weeks old. We have insight that may benefit the Kindergarten teachers.

Prog Dir
Bridging the gap between Preschool and Kindergarten.

Prog Dir
Parent knowledge of what is expected in kindergarten programs
**Prog Dir**  Provide a link between the kindergartens and the early childhood programs - host round table discussions providing the staff from the 2 areas to connect. Also - maybe DCCF could sponsor 'kindergarten ready' bags for the centers to provide to their parents for before their child leaves to go off to kindergarten.

**Home**  Parent education work shops

**Home**  Educate parents on the two challenges listed above though parenting classes.

**Home**  Supply standard assessment sheets to all preschool teachers and parents so that everyone is on the same page at the same time

**Home**  Free material for providers

**Home**  To help the families, community and the schools know that play based programs that work on social emotional, language, literacy, cognitive, independence, and physical skills are preparing children for kindergarten.
### Additional Survey Responses of Kindergarten Teachers

#### 1. Which of the following activities do your kindergarteners complete within the first few weeks of school? (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tour of the school office</td>
<td>92.0%</td>
<td>23</td>
</tr>
<tr>
<td>Trip to the school library to check out books</td>
<td>88.0%</td>
<td>22</td>
</tr>
<tr>
<td>Development of classroom rules as a class</td>
<td>100.0%</td>
<td>25</td>
</tr>
<tr>
<td>Rehearsals on common procedures (e.g., lining up, walking the halls, getting lunch)</td>
<td>100.0%</td>
<td>25</td>
</tr>
<tr>
<td>No activities</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other Activities (PLEASE SPECIFY)</td>
<td>28.0%</td>
<td>7</td>
</tr>
</tbody>
</table>

- Lunchroom and computer lab procedures
- Recognizing name, holding a pencil correctly and tracing on given lines with that pencil, coloring in the lines, CUTTING (we have so many that have no clue how to cut with scissors now), learning how to transition from table to rug, rug to table, table/rug to lining up, how to come back into the classroom after being gone
- DRA testing, ISEL testing
- Start on academic curriculum
- PBIS expectations
- *How to use school tools like glue, scissors, pencils, crayons, and such* *informal evaluation of fine motor skills, letters and sounds and numbers
- Tour of the school building

#### 2. Which of the following activities do you offer to kindergarten parents within the first few weeks of school? (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special curriculum or open house that is separate from the general building event</td>
<td>80.0%</td>
<td>20</td>
</tr>
<tr>
<td>Individualized email updates on their child’s adjustment</td>
<td>52.0%</td>
<td>13</td>
</tr>
<tr>
<td>Parent conferences before the general building event</td>
<td>60.0%</td>
<td>15</td>
</tr>
<tr>
<td>Home visits</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>No activities</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other Activities (PLEASE SPECIFY)</td>
<td>28.0%</td>
<td>7</td>
</tr>
</tbody>
</table>

- E-mails as necessary. Weekly behavior certificates for great behavior. Daily calendar that indicates behavior also.
- Kindergarten meet and greet conference a few days before school begins
- Kindergarten orientation for students and parents (4-5 families at a time) during the first two days of district attendance in August.
- Individualized email update in the first few weeks if there is a concern that has been discussed. Otherwise there is a exit behavior slip that is sent home daily for all students. A conference is set up prior to other students per parent or pre-k teacher request to discuss concerns.
- Individual screening the first two days of school of students. Parent quick conference of results.
• the first day of school the parent and child attend together for about 1 hour, the second day is a full day for only children
• I meet with parents two/three weeks prior to the start of school to inform them of kindergarten policies and procedures. We have a Back to School Curriculum Night two weeks into the school year. I send home two newsletters the first week of school and then one every month after.

3. How many children from your class were enrolled in some type of 4 year old program last year?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>373</td>
</tr>
<tr>
<td>Percent of Kindergartners (542 per Q6)</td>
<td>69%</td>
</tr>
<tr>
<td>Response Count</td>
<td>25</td>
</tr>
</tbody>
</table>

4. How many children from your class were enrolled in each type of 4-year old program last year?

<table>
<thead>
<tr>
<th></th>
<th>a. School district preschool program for students with identified delays and disabilities on an IEP</th>
<th>b. School district preschool program for students at risk of developing delays or disabilities</th>
<th>c. School district preschool program for students developing at a typical rate</th>
<th>d. Other state funded early care and education program</th>
<th>e. Private/faith based early care and education program</th>
<th>f. Home based early care and education program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children</td>
<td>37</td>
<td>22</td>
<td>25</td>
<td>10</td>
<td>113</td>
<td>29</td>
</tr>
<tr>
<td>Average Number of Children</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Response Count</td>
<td>20</td>
<td>13</td>
<td>14</td>
<td>11</td>
<td>14</td>
<td>10</td>
</tr>
</tbody>
</table>

Please indicate if you do not know.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I don't know</td>
<td>28.6%</td>
<td>2</td>
</tr>
<tr>
<td>b. I don't know</td>
<td>57.1%</td>
<td>4</td>
</tr>
<tr>
<td>c. I don't know</td>
<td>85.7%</td>
<td>6</td>
</tr>
<tr>
<td>d. I don't know</td>
<td>100.0%</td>
<td>7</td>
</tr>
<tr>
<td>e. I don't know</td>
<td>100.0%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question 7
 skipped question 1
5. How many other staff members are supporting the kindergarten classes at some time over a regular week's schedule?

<table>
<thead>
<tr>
<th></th>
<th>Teaching assistant s full time</th>
<th>Teaching assistant s part of the day</th>
<th>Special educatio n teachers full time</th>
<th>Special educatio n teachers part time</th>
<th>Parent volunteer s full time</th>
<th>Parent volunteer s part time</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with at least 1</td>
<td>38%</td>
<td>40%</td>
<td>21%</td>
<td>29%</td>
<td>4%</td>
<td>48%</td>
<td>46%</td>
</tr>
<tr>
<td>Percent with More than 1</td>
<td>4%</td>
<td>20%</td>
<td>17%</td>
<td>4%</td>
<td>4%</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Response Count</td>
<td>24</td>
<td>25</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>25</td>
<td>13</td>
</tr>
</tbody>
</table>

6. What supports do you have for children who are not successfully entering and engaging in kindergarten within the first quarter?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>answered question</td>
<td>24</td>
</tr>
<tr>
<td>skipped question</td>
<td>1</td>
</tr>
</tbody>
</table>

Response Text

- Resource Teacher pushes into the classroom each day to work in small group instruction.
- RtI intervention for letter names and letter sounds after the fall data teams.
- Small group math at another time after fall data teams.
- We have an interventionist that works with small groups of those requiring additional help. We also have an assistant that provides interventions. I also forgot 1 assistant (part time) and 1 bilingual teacher pushing in for literacy centers. We are providing interventions in both literacy and math.
- Response to Intervention groups, 5th grade buddies, using NIU clinical students to pull small groups/individual kids to work with them, center work
- RTI support for academic needs
- very limited help or assistance - it is hard
- We have Title I staff who push into the classrooms for an hour each day to provide small group support and individual support for students to help them practice academic skills. Social worker comes in to do lessons once a week focusing on social skills. Weekly PBIS lessons to teach interpersonal and social-emotional skills. Some assistant support at various times throughout the day to help support students.
- Behavior charts, reward systems, praise
- Push in literacy interventions
- IPS- student problem solving team
- PBIS- cool tools
- Visual supports that let them know what we are doing. For example a schedule, or picture cards that have our rules on them.
- reading specialist
- If they qualify reading support with our reading specialist.
- RTI, reading improvement, intervention groups
- Our RtI process is well developed with six week updates throughout the school year.
- Social Work Group with the District Social Worker
- one-on-one instruction with teacher
- Title 1 reading teacher
  A Paraprofessional who comes in to teach reading interventions.
  Our RTI staff supports us when needed.
- Rti
- Reading Teacher, Social Worker, and Resource Teacher
- We have various behavior plans and our school social worker may have suggestions or meet with individuals or small groups.
- We have our title 1 teacher and our k-1 interventionist that work with students who are having difficulties
- Supplemental activities, activities from Teaching Strategies Gold (formal assessment tool used)
- not an issue
- additional reading/language support from a reading specialist teacher twice a week for a half hour each time

7. What supports do you have for differentiating instruction for children arriving at differing readiness levels?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>answered question</td>
<td>23</td>
</tr>
<tr>
<td>skipped question</td>
<td>2</td>
</tr>
</tbody>
</table>

Response Text
- Guided reading lessons and guided reading stations are leveled based on their ability levels.
- Guided Reading Centers are differentiated between the different reading levels. We also have the Reading Specialist who is able to work with a group of students who are not working at grade level.
- We have several materials and personnel that support different reading levels. Our building uses The Daily 5 program that lends itself to individualized instruction as well as developing the core curriculum.
- Response to Intervention groups, varying changes in student expectations and time based on knowledge of a student's readiness and abilities
- RTI teacher, assistant to provide small group instruction
- support people when available (very rare), teaching partners to talk to and go to
- Guided Reading and Guided Math
- The teacher has to fully implement the differentiated instruction. They have no other support than themselves to accommodate and modify instruction for students within their classroom.
- I use different supports in my guided reading groups that will support the students that are on different levels. For example, students who are not reading yet are working on letter naming and letter sounds. Students who are reading are reading leveled books that are at their instructional level.
- A multi-level phonics program
- Reading specialist for those that qualify. Otherwise differentiating is through our teaching materials.
- leveled groups, modified assignments, small group interventions, home support
- Early reading group with teacher or reading group with Reading Specialist.
- aide support for math and Language Arts
- one-on-one instruction with teacher
- Our RTI / special ed. staff is supportive with all of our questions.
- Rti, differentiation, data team meetings
- Reading Teacher, Social Worker, and resource Teacher
- We have help from our reading specialist and the K-1 interventionist (special education teacher). They take flexible groups to work on numbers and letters.
- We have small groups that help with the differentiating instruction
- pull back activities, extension activities, supplemental activities, etc.
- Reading specialist for reading intervention
- Reading specialist, individualized attention from classroom teacher

Additional Survey Responses of District Administrators

1. Which of the following activities do your kindergarteners complete within the first few weeks of school? (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tour of the school office</td>
<td>100.0%</td>
<td>8</td>
</tr>
<tr>
<td>Trip to the school library to check out books</td>
<td>100.0%</td>
<td>8</td>
</tr>
<tr>
<td>Development of classroom rules as a class</td>
<td>100.0%</td>
<td>8</td>
</tr>
<tr>
<td>Rehearsals on common procedures (e.g., lining up, walking the halls, getting lunch)</td>
<td>100.0%</td>
<td>8</td>
</tr>
<tr>
<td>No activities</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other Activities (PLEASE SPECIFY)</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

answered question 8

skipped question 0

2. Which of the following activities do you offer to kindergarten parents within the first few weeks of school? (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special curriculum or open house that is separate from the general building event</td>
<td>75.0%</td>
<td>6</td>
</tr>
<tr>
<td>Individualized email updates on their child’s adjustment</td>
<td>37.5%</td>
<td>3</td>
</tr>
<tr>
<td>Parent conferences before the general building event</td>
<td>62.5%</td>
<td>5</td>
</tr>
<tr>
<td>Home visits</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>No activities</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other Activities (PLEASE SPECIFY)</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>
3. How many children were enrolled in some type of 4 year old program last year?

Total: 64
Percent of Kindergartners (274 per Q6): 23%
Response Count: 7

4. How many children from your class were enrolled in each type of 4-year old program last year?

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Number of Children</th>
<th>Average Number of Children</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. School district preschool program for students with identified delays and disabilities on an IEP</td>
<td>104</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>b. School district preschool program for students at risk of developing delays or disabilities</td>
<td>75</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td>c. School district preschool program for students developing at a typical rate</td>
<td>132</td>
<td>44</td>
<td>3</td>
</tr>
<tr>
<td>d. Other state funded early care and education program</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>e. Private/faith based early care and education program</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>f. Home based early care and education program</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Please indicate if you do not know.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I don't know</td>
<td>28.6%</td>
<td>2</td>
</tr>
<tr>
<td>b. I don't know</td>
<td>57.1%</td>
<td>4</td>
</tr>
<tr>
<td>c. I don't know</td>
<td>85.7%</td>
<td>6</td>
</tr>
<tr>
<td>d. I don't know</td>
<td>100.0%</td>
<td>7</td>
</tr>
<tr>
<td>e. I don't know</td>
<td>100.0%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question: 7
skipped question: 1
5. How many other staff members are supporting the kindergarten classes at some time over a regular week's schedule?

<table>
<thead>
<tr>
<th>Number</th>
<th>Teaching assistant full time</th>
<th>Teaching assistant part of the day</th>
<th>Special education teachers full time</th>
<th>Special education teachers part time</th>
<th>Parent volunteer full time</th>
<th>Parent volunteer part time</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with at Least 1</td>
<td>60%</td>
<td>60%</td>
<td>25%</td>
<td>83%</td>
<td>0%</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Percent with More than 1</td>
<td>0%</td>
<td>40%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Response Count</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

6. What supports do you have for children who are not successfully entering and engaging in kindergarten within the first quarter?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTI</td>
<td>6</td>
</tr>
<tr>
<td>answered question</td>
<td>6</td>
</tr>
<tr>
<td>skipped question</td>
<td>2</td>
</tr>
</tbody>
</table>

Response Text

- Reading team, social work, ELL
- We have a part-time interventionist who is assigned to the kindergarten program. All of the teachers frequently do progress monitoring on the readiness skills and use flexible grouping to make sure that the identified students are getting the support that they need. Classroom teachers are also providing additional supports in the classroom...additional direct instruction/practice and software/applications are two examples.
- RTI
- RtI, ELL, Reader Leaders, Resource teacher, Title I
- reading support from Title One teacher and parent volunteers
- para assistance, differentiating curriculum, social work, RtI
7. What supports do you have for differentiating instruction for children arriving at differing readiness levels?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>answered question</td>
<td>6</td>
</tr>
<tr>
<td>skipped question</td>
<td>2</td>
</tr>
</tbody>
</table>

**Response Text**

- Reading team and teacher practices
- With full-day kindergarten, teachers have time in their day to give individual students extra support and/or modify the work. They also use differentiated center activities to address a variety of readiness levels. As stated in #23, a reading interventionist assists students who are struggling with skill mastery.
- Stations, teacher driven differentiation, ENCORE leveled intervention groups
- Small group, centers, guided reading groups, Title I
- Different modes of instruction
- Technology, teacher creating different levels of instruction, para assistance
Appendix H

Entities Involved in the DeKalb County Kindergarten Readiness Study

**DeKalb County Community Foundation** –
Serving the community since 1993, the DeKalb County Community Foundation is a nonprofit foundation that enhances the quality of life in DeKalb County through endowments & donor services, stewardship, grantmaking, and community initiatives. The Community Foundation connects people who care with causes that matter by providing donors a flexible and cost effective vehicle for carrying out their charitable objectives, regardless of the size of their donation. Funds represent gifts from individuals, families, corporations, private foundations and other nonprofit organizations. Grants are awarded in the areas of arts & culture, community development, environment & animal welfare, education, health & human services, and nonprofit capacity building. Today, the Community Foundation includes over 300 funds that, collectively, provides over $2M in support for needs today and in the future.

**DeKalb County Community Foundation Kindergarten Readiness Workgroup** –
Results of a 2014 extensive Community Foundation survey identified education of and support for youth as a priority area of concern across the county. As a result, the Community Foundation established a Crib to Career - Kindergarten Readiness Workgroup to initiate a collective impact process to address kindergarten readiness in DeKalb County. Members of the initial Workgroup included representatives from the Regional Office of Education, DeKalb County Mental Health Board, DeKalb County Health Department, Community Coordinated Child Care (4-C), and kindergarten and early care educators. The Workgroup quickly prioritized the need to assess the state of kindergarten readiness in DeKalb County and engaged the NIU Center for Governmental Studies and the NIU Center for P20 Engagement to conduct the study.

**Northern Illinois University Center for P20 Engagement** brings together partners from NIU and across the region in mutually beneficial relationships to increase educational success. Across the continuum from preschool (P) to graduate school and lifelong learning (20), our activities foster innovation in schools and communities through hands-on activities for kids, educators and families; professional development for teachers; and regional networking to improve college and career readiness.

- NIU STEAM Works sparks curiosity, creativity, collaboration and critical thinking
- Northern Illinois Regional P-20 Network facilitates innovative education initiatives to promote college and career readiness for students of all ages
- Professional Development Collaborative delivers excitement and innovations from the experts in the P-20 Center and across the university

**The Center for Governmental Studies at Northern Illinois University** provides expertise that helps decision-makers implement efficient, sustainable, and cost-effective approaches to economic, social, and information management issues.
Our core areas of practice include:

- Association Management
- Community, Workforce, and Economic Development
- Health and Technology Engagement
- Informatics
- Public Management and Training
- Survey Research