

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

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

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

If you scroll down, you can view the data for that population. The dates listed are 6 month periods, and all enrolled children who have at least 2 assessments entered within those 6 months are included in the reports. Each 6 month

period has data for each of the 5 EHS Outcome Domains (that are listed at the top of each report) and data is displayed in both actual numbers and percentages of children who are scoring at age expected level in each of those domains.

- \*The bar graph for each domain reflects percentage of the number of children who demonstrated "improved\*" out of the total possible number of children of children for this specific report.
- \*The report includes only children who have at least two assessments entered within the 6 month range.
- \*Children who are over the age of 4 months and have been enrolled at least 2/3 months in an assessment period have an assessment entered.
- \*"improved" includes children from categories i-v of Aggregate Child Progress Reports.

### **Child Progress Report Categories**

i maintained or increased rate of development within age expected range

ii increased rate of development to age expected range

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

iv increased rate od development to greater than age expected range

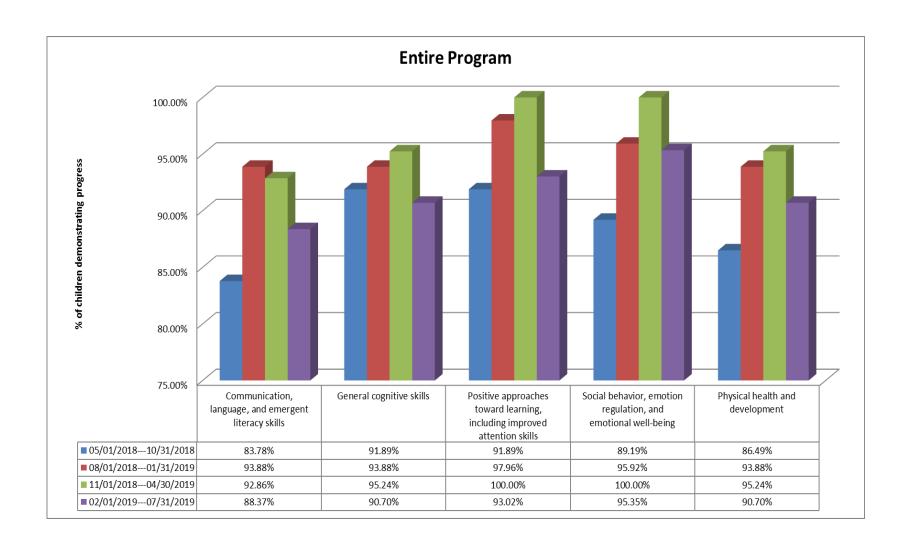
v increased rate of development significantly, but continues within less than age expected range

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

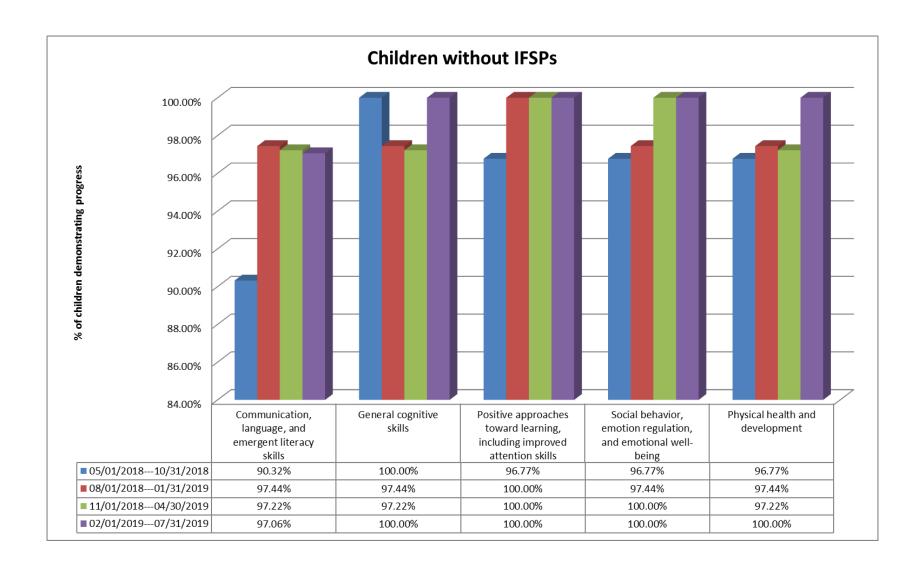
If you have questions related to this document, please contact the BTEHS Education Coordinator, Heather Seitz at <a href="mailto:heather@babytalkehs.org">heather@babytalkehs.org</a>

# Individual

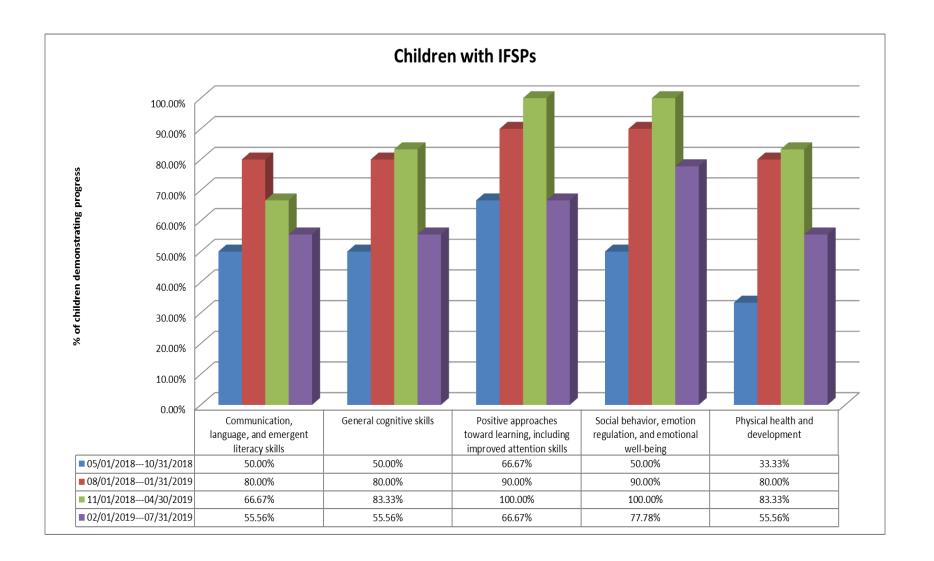
### Filters



This quarter showed a drop in progress. This is typical of summer scores when the children are receiving more intensive center-based services.

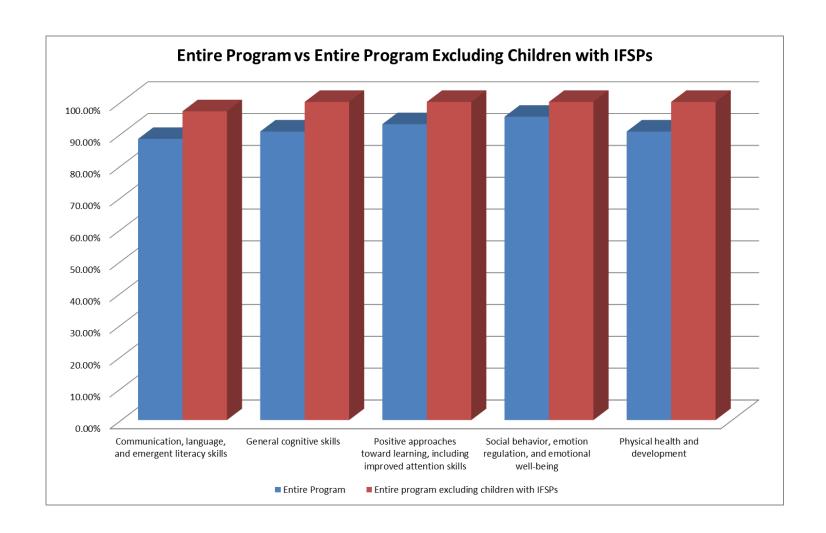


All of the children without IFSPs showed progress in all the domains, except one. We are waiting on parental consent for this child to make a referral to CFC for evaluation and a possible future IFSP.

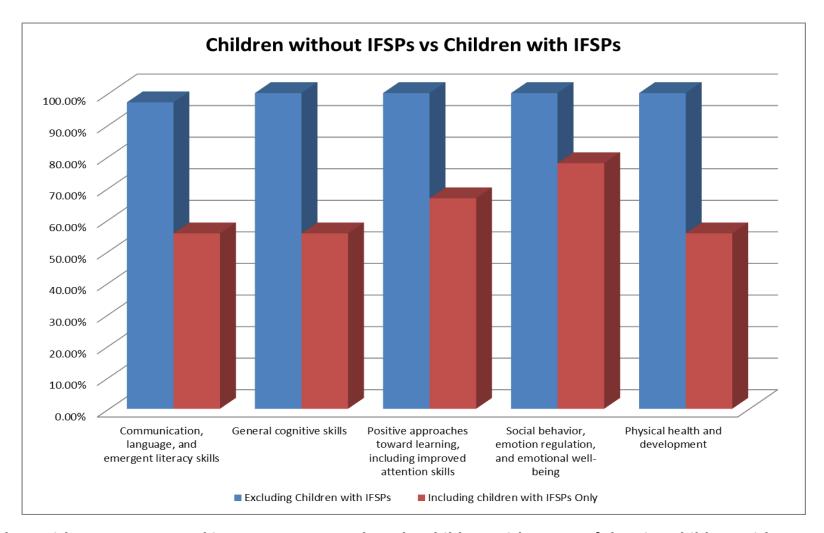


For this quarter, we had nine children with an IFSP that were in the program long enough to have two points of entry into KinderCharts. At BTEHS, we understand that some children with IFSPs have significant health or development issues that prevent children to make as much progress as children without IFSPs. We continue to focus our monthly goals on goals contained in their IFSPs.

## Comparing Filtered Populations



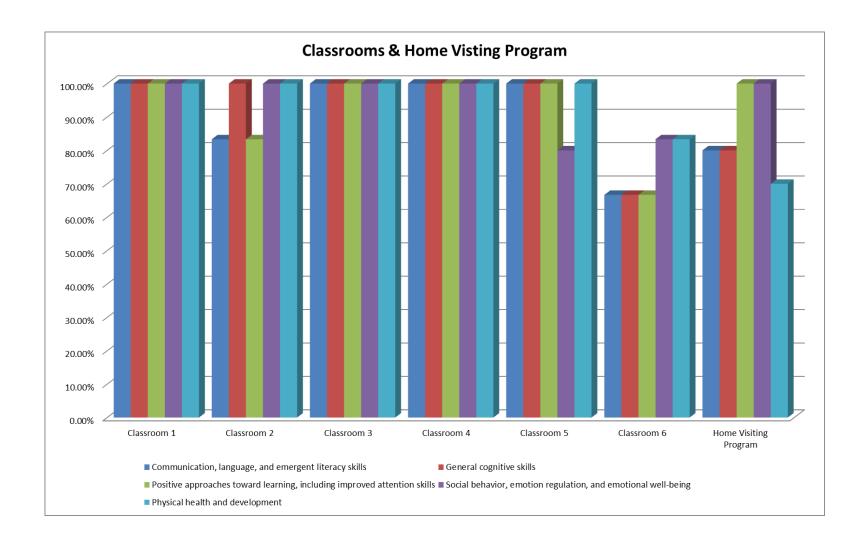
The children without IFSPs are making more progress over than the program as a whole.



The children without IFSPs are making more progress than the children with IFSPs. Of the nine children with IFSPs counted in this group, seven children had at least one area they did not show improvement. Of the 34 children without IFSPs, only one child did not show progress.

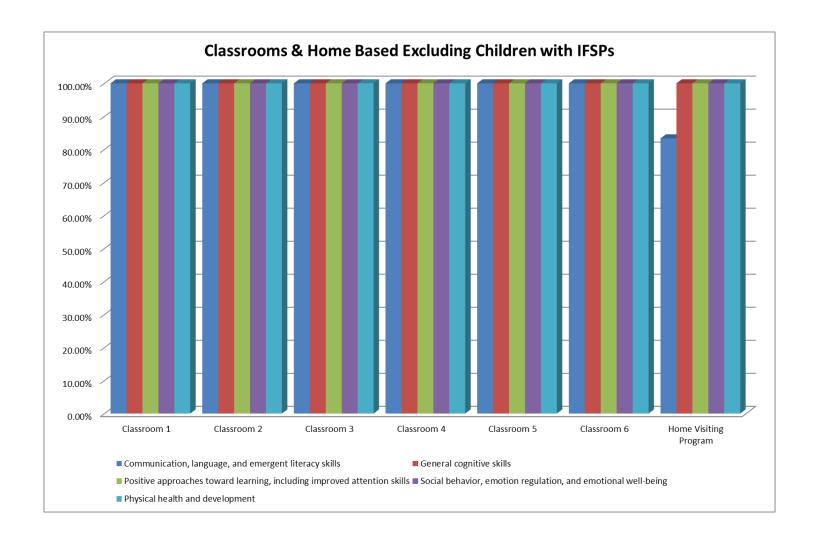
At BTEHS, we understand that some children with IFSPs have significant health or development issues that prevent children to make as much progress as children without IFSPs.

We continue to focus our monthly goals on goals contained in their IFSPs.



Classroom 2, 5, and 6 and home based have children with developmental delays that are receiving therapy. This data contributes to our conclusion that children's school readiness outcomes increase with more intensive services. Our community could benefit from more center based programs for infants and toddlers.

We are focusing their monthly goals on the areas with lowest scores and working with the family to acquire resources.

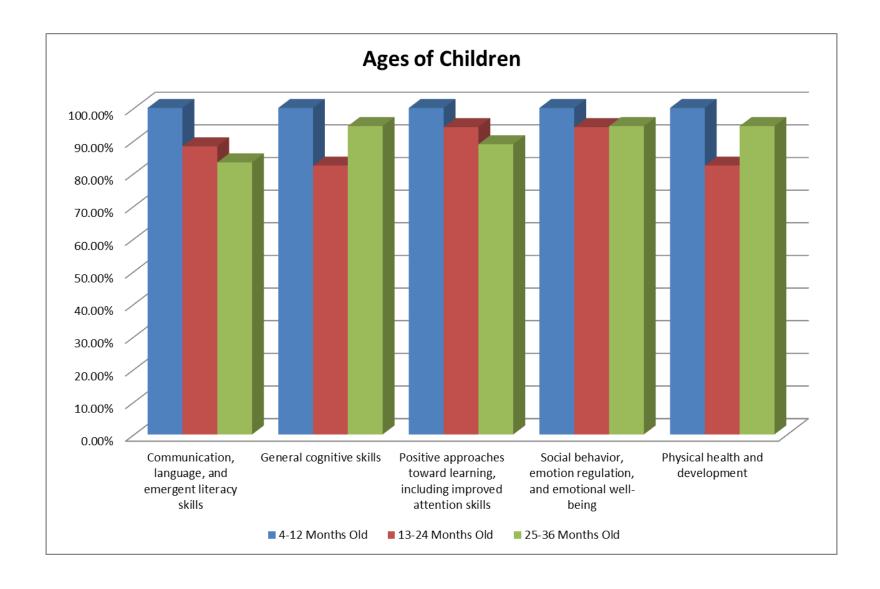


This data contributes to our conclusion that children's school readiness outcomes increase with more intensive services.

Our community could benefit from more center based programs for infants and toddlers.

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

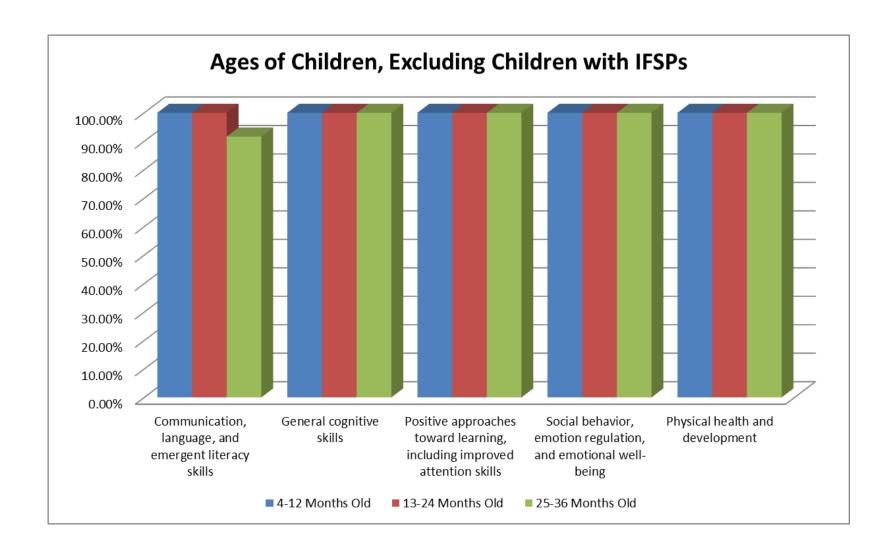
We have one child in home based that did not show progress. We are waiting for parental consent for a referral for further evaluation for early intervention services.



All eight children under the age of 12 months scored progress in all five domains.

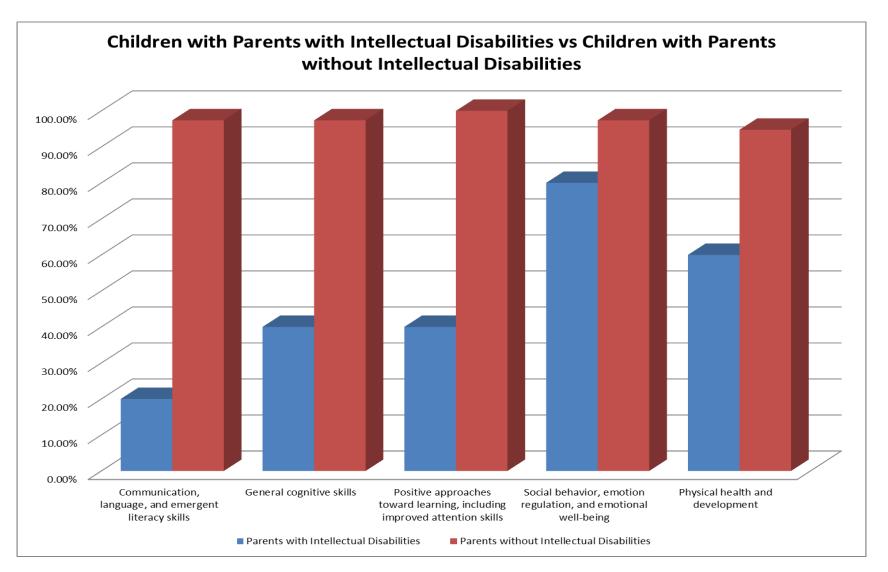
In the 13-24 months group that did not score progress, three of the children have existing IFSPs for multiple delays.

In the oldest group, we had three children that did not show progress. Two have existing IFSPs and are in foster care. The other child is waiting for parental permission to be referred for services.



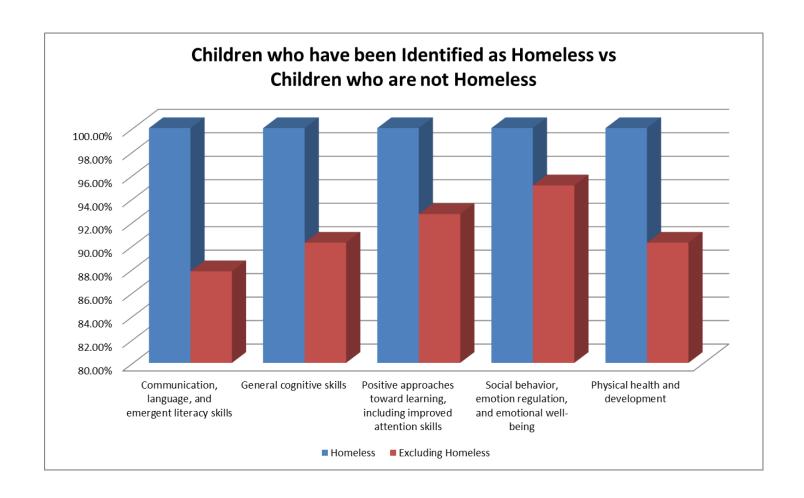
There was only 1 child that does not have a current IFSP that did not show progress in all the domains.

We are waiting on parental consent to refer for evaluation by CFC. The home visitor continues to assess her and focus weekly goals on the three areas that she is scoring no progress.



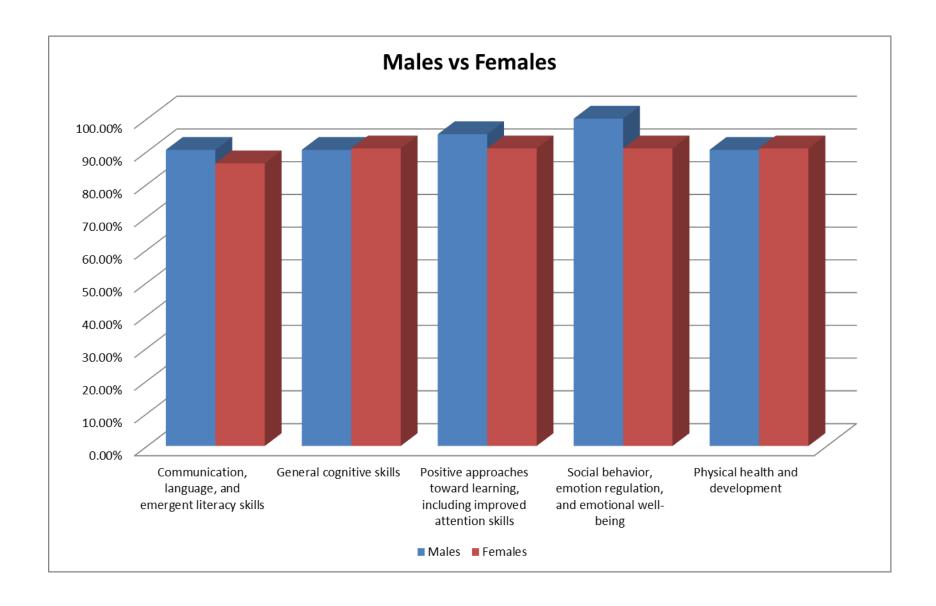
There were only 5 children with parents with intellectual disabilities that were counted for this period. One child is making progress in all domains while the other children have multiple domains in which they did not show progress. There were 38 children that do not have a parent with an intellectual disability. Two of these 38 children did not make progress in all domains.

The Education Coordinator has met with the teacher & home visitor to discuss resources and techniques for working parents with intellectual disabilities.

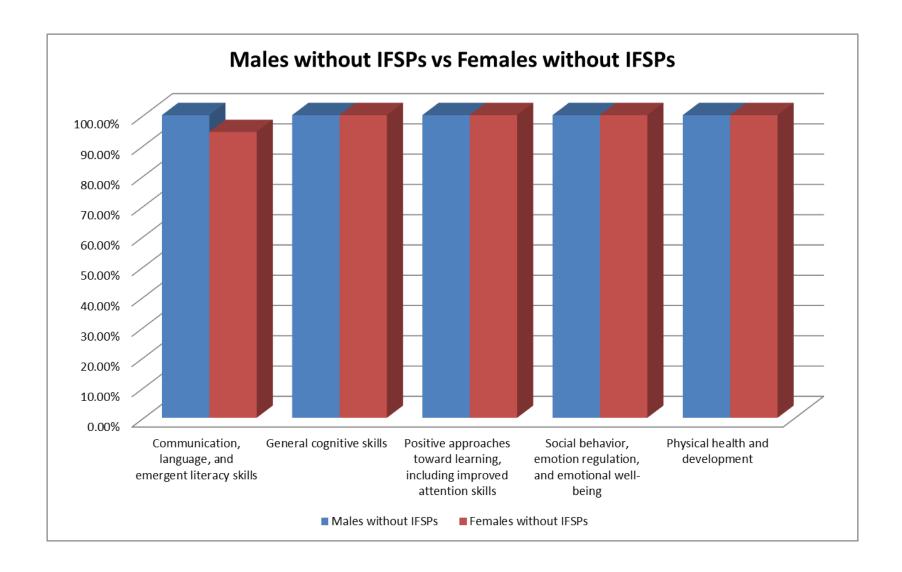


There were only 2 children identified as homeless that had two assessment points entered during the six month period. The data above reflect progress between two assessments done 6 months apart. These 2 children made age-expected developmental progress in all 5 domains. Of the 41 children that are not identified as homeless, nine children have IFSPs and we are waiting for 3 more children to start services.

We know we serve more than 2 children that are homeless. We've noticed that children identified as homeless are leaving the program at higher rates than other groups of children, due the nature of their circumstances. We are working on policies to provide more support to this population and make it easier for them to maintain longer periods of enrollment.

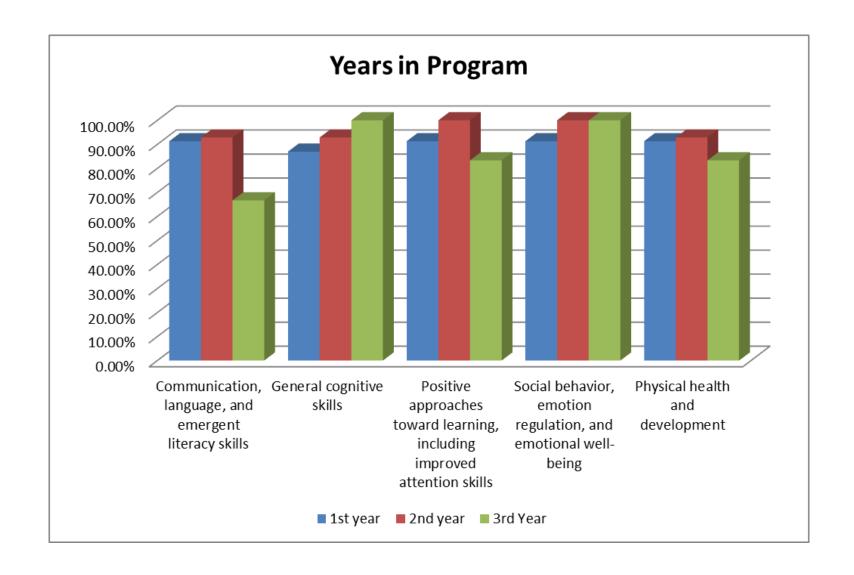


There are only two males that scored no progress in multiple domains. Both are receiving services through CFC. BTEHS will continue to focus school readiness on goals in domains that are scoring lower. We will also continue to provide trainings at teacher meetings on working with males under 3 years old. There was only one female that did not show progress and we are waiting on parental consent for a referral for further evaluation for early intervention services.



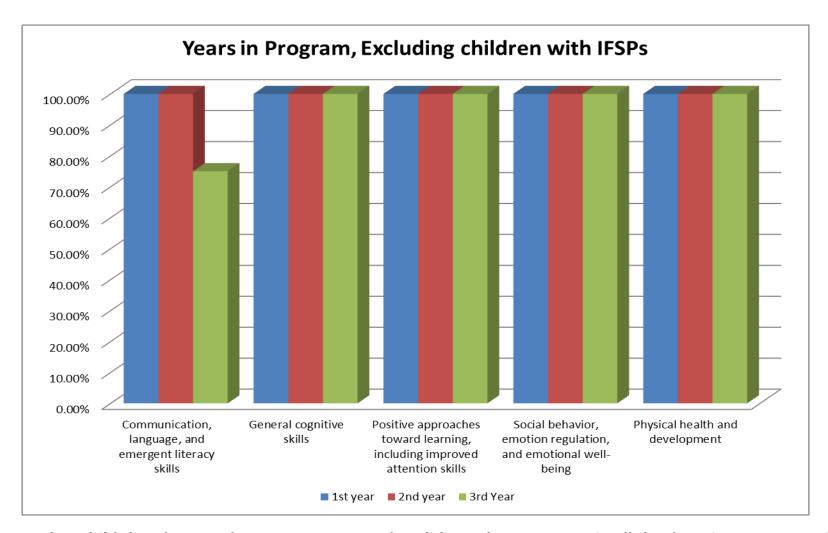
All of the boys without IFSPs scored progress in all five domains.

There was only one female that did not show progress and we are waiting on parental consent for a referral for further evaluation for early intervention services.



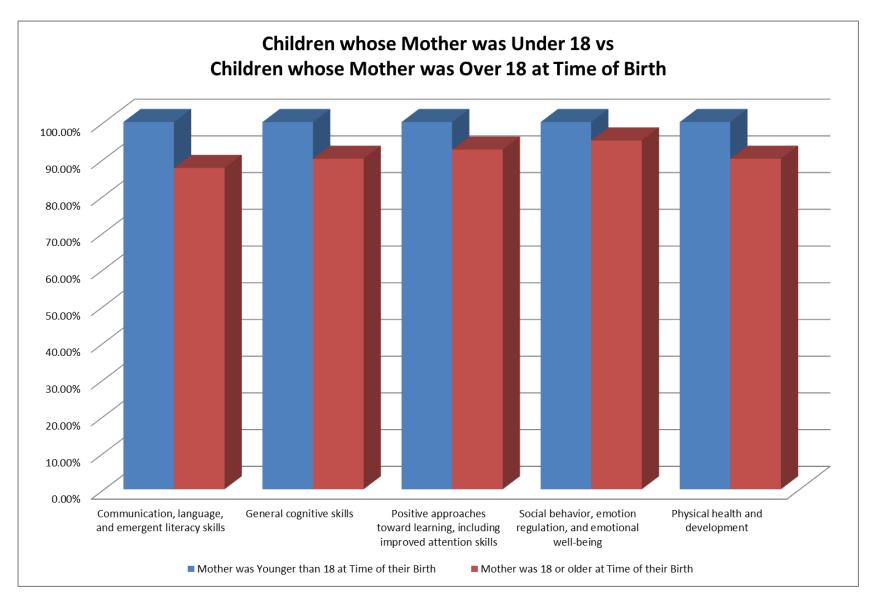
Of the children not showing progress, each are in separate years in our program (first, second, third).

Generally, as children age, we can start notice if there are delays in development more easily. By the third year in our program, we normally are able to see if a child needs extra supports in a domain and are able to focus their goals towards that domain or make a referral to CFC for additional support through therapy.

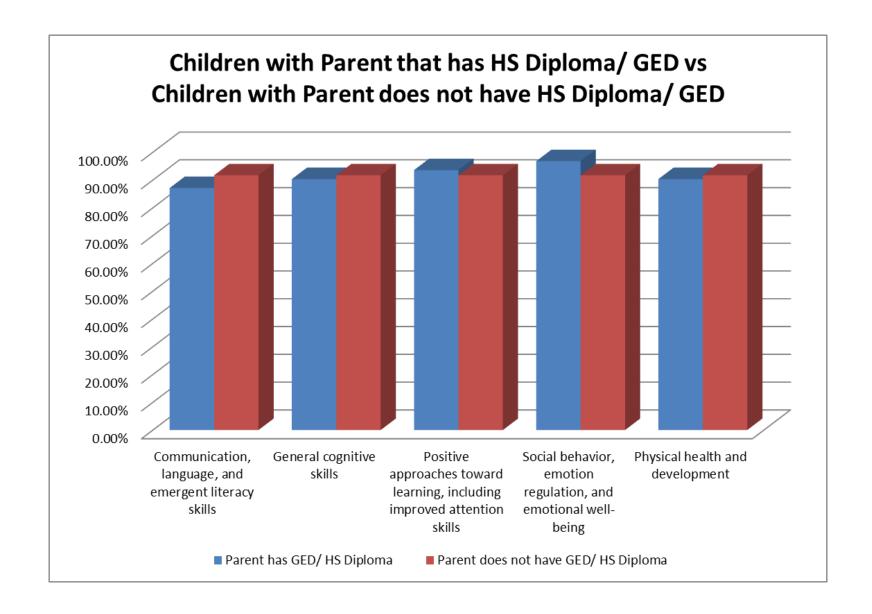


There was only 1 child that does not have a current IFSP that did not show progress in all the domains. We are waiting on parental consent to refer the child to CFC for evaluation. The home visitor continues to assess her and focus weekly goals on the three areas that she is scoring low progress.

Generally, as children age, we can start notice if there are delays in development more easily. By the third year in our program, we normally are able to see if a child needs extra supports in a domain and are able to focus their goals towards that domain or make a referral to CFC for additional support through therapy.

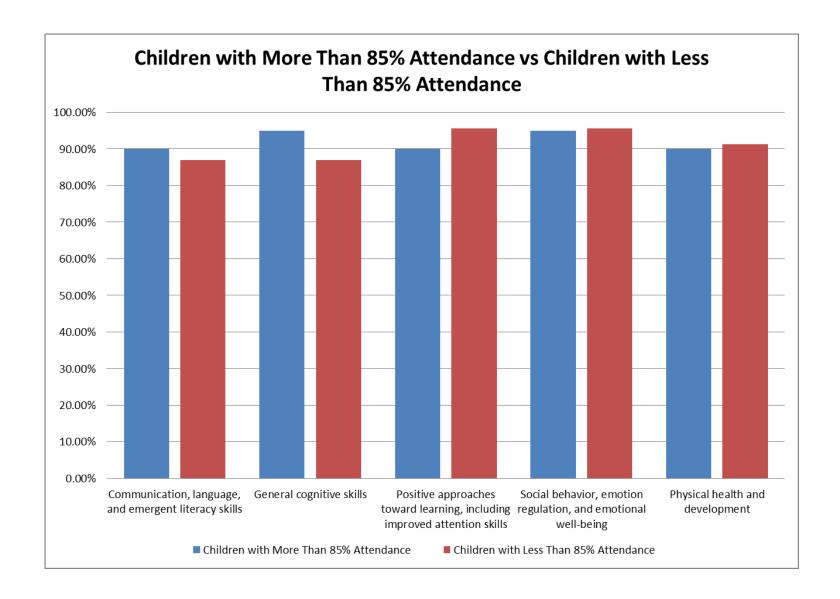


All three children with mothers under 18 at the time of birth are making more or similar progress in SR goals than children born to mothers that were over 18 at the time of their birth. We serve more than three families that had mother sunder 18 at birth, but they have not been in the program long enough to have two point of entry into ChildPlus. In recent years, Macon County has seen a decrease in the high number of teen pregnancy. From the previous data, Macon County has increased its supports for teen mothers (ex: BTEHS).

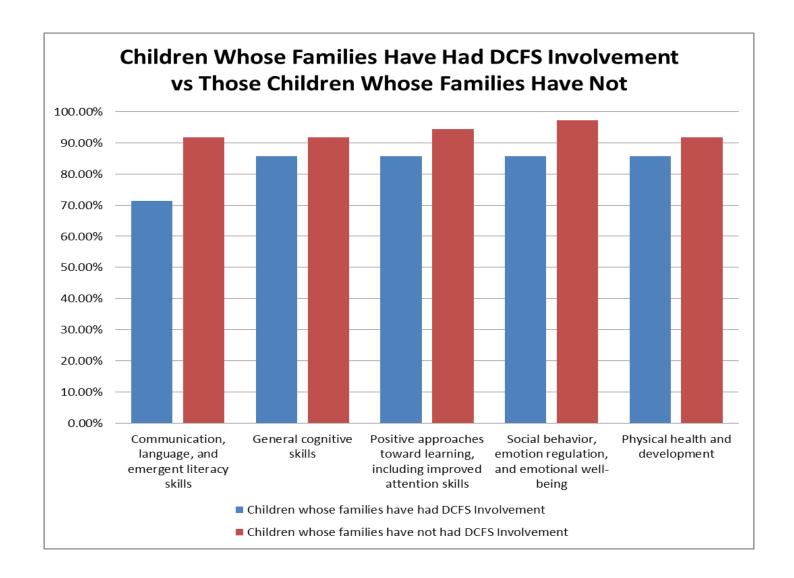


The outcomes from this data show that having a High School Diploma or GED does not have affect child developmental progression. The 11 students that had parents without GED/ High school diploma all made progress in all 5 domains. Of the 31 children with parents that have their GED/ HS diploma, 27 made progress in all the domains.

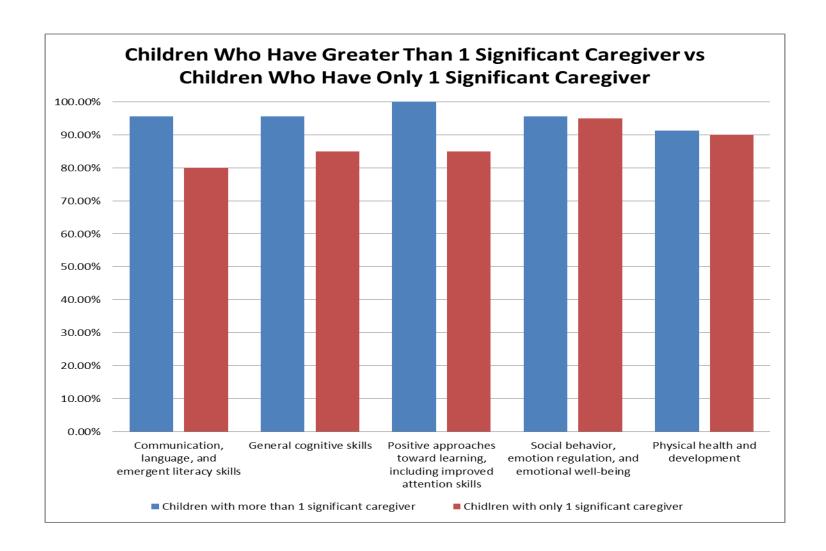
BTEHS teachers use language that all parents can understand when working with parents on deciding and working on their children's goals.



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

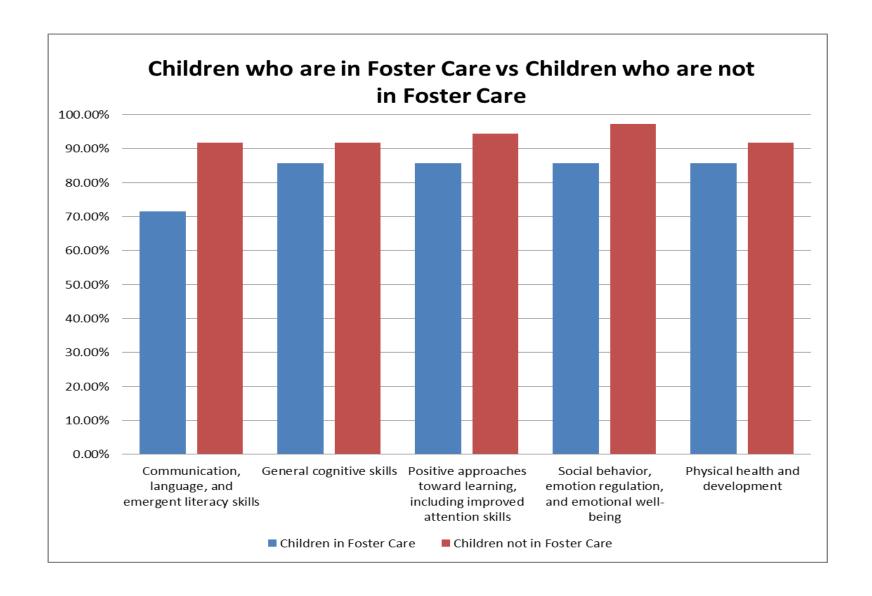


Adverse Childhood experiences that resulted in DCFS involvement are showing effects on children's school readiness outcomes. We have been and will continue to provide trainings for our staff on trauma-informed practice. We collaborate with DCFS and other local agencies to provide extra support to families with DCFS involvement and we're continuing to explore other ways to support these children. In this quarter, we had 13 children that were here long enough to have 2 points of entry into KinderCharts. Of those 13, two children are not making progress in at least 1 domain or more.



Research shows that children with more than 1 caregiver can have less long term effects from Adverse Childhood Experiences (<a href="https://www.cdc.gov/violenceprevention/acestudy/index.html">https://www.cdc.gov/violenceprevention/acestudy/index.html</a>).

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



### Children in Foster Care is our newest filter.

There are seven children in foster care that have been in our program long enough to have two points of entry into KinderCharts. Of these children, only three did not show progress in all the domains. However, all three students have IFSPs and are receiving services through Early Intervention.