



# Early Childhood

**BABY STEPS TO A BRIGHTER FUTURE  
IN DUPAGE COUNTY** (AUGUST 2016)

## TABLE OF CONTENTS

Executive Summary .....	1
Key Findings: .....	1
Key Recommendations: .....	2
Introduction.....	1
Why are the early years crucial? .....	3
Data Collection Methodology and Sources.....	5
Description of Community .....	7
Findings.....	8
Population.....	8
Demographics.....	8
Socioeconomic Factors.....	9
Birth Statistics.....	13
Child Care & Education.....	15
Screening Children.....	19
Child Health Factors .....	20
Community Input and Identification of Priority Issues.....	26
Parent Surveys .....	26
Stakeholder Surveys.....	27
Focus Groups .....	27
Existing Resources .....	29
Partner Organizations.....	29
Community Resource Book.....	31
DuPage CRIS.....	31
Home Visiting Services .....	31
Child Care Resource & Referral Network.....	32
Partner Plan Act.....	32
Impact DuPage.....	32
Conclusions and Areas of Opportunity .....	33
Appendix A: Acronym Guide .....	37
Appendix B: DuPage Early Childhood Collaboration Strategic Plan 2016-2019.....	38
Appendix C: 0-5 Child Find: Reflecting the Number of Children Reported Screened .....	42
Appendix D: DuPage County Home Visiting Network Programs.....	43
References .....	46

## EXECUTIVE SUMMARY

While the Federation has written numerous community profiles this is the first to specifically outline the early childhood landscape in DuPage County. Much research has been done on early childhood on a national and state level but it has not been drilled down specifically to the county level. With interventions and funding increasingly desiring a local approach it is critical to provide a baseline of where early childhood stands today in our community.

*"The best way to improve the American workforce in the 21st century is to invest in early childhood education, to ensure that even the most disadvantaged children have the opportunity to succeed alongside their more advantaged peers"*

~James Heckman, Nobel Prize Winner

Starting in February of 2016, the Federation assembled the following profile of the early childhood community in DuPage County, Illinois. Realizing the breadth of data that exists on this population, the Federation sought to aggregate the available information on children under 5 years old in DuPage County. The data obtained covers population demographics, birth characteristics, early education, child care capacity, health, as well as parental factors. This profile also seeks to capture some of the findings within conversations in the early childhood sector across the county. It is intended that the collection of information within this report creates a detailed picture of early childhood in DuPage County, which can assist with efforts in enhancing service coverage and developing strategies and initiatives for the population. We acknowledge that there is a vast array of strengths, barriers and challenges within this sector so this profile is not meant to be exclusive, but rather a jumping off point to begin work on issues we can collectively influence and impact.

### Key Findings:

- 1. Childcare may not be sufficiently meeting the needs of families.** Barriers such as affordability, hours of operation and location are making it difficult for families to enroll their children in high quality care. There is a particular gap in programming for children ages 0-3 with only 24.66% infants and toddlers being served.
- 2. Lack of physical classroom space may be limiting enrollment of high-need children.** We must expand private/public partnerships to address this lack of supply as it is interfering with our county's ability to seek more resources.

**3. Linguistic isolation is preventing families from engaging in early childhood opportunities.**

In 2013, 6,729 households spoke Spanish at home, and 9,692 spoke other non-English languages. Nearly 1 in 5 or, 19.5% of children under 5 in DuPage speak Spanish. As a whole, 68.2% of these children speak English. We must be intentional about training multicultural early childhood professionals and developing multicultural community programs that serve these families.

**4. Childhood poverty in DuPage is continually rising.**

An estimated 17,351 of 67,519 children under 5 are under 200% federal poverty level (FPL). Within this poverty, rising racial and gender disparities exist. It disproportionately affects African American, Hispanic and single mother households.



**5. Common messaging and a collective agenda is crucial to creating a unified voice.**

To inform key stakeholders of the specific needs within their early childhood communities we must first agree on holistic kindergarten readiness measures across the county. Once this has been defined we can gain consensus on a collective agenda.

**6. While public health is an identified strength of our area, childhood obesity and food insecurity remain high for children.**

The food insecurity rate for 2014 in DuPage was 8.0%, however the rate for children 18 years old and under was 14.6%. In our county in 2015, 15.5% of 2-4 year olds participating in the WIC program were obese.

**7. The transition to kindergarten from early childhood programs is not always as smooth as desired.**

Within each district, there may be differing cultures and levels of communication between parents, early childhood providers and the school system. All parties want children to be ready for kindergarten.

## Key Recommendations:

**1. To address affordability, hours and lack of childcare slots, programs may need to be adjusted and/or resources increased from state, federal and private sources.**

Collaborations should consider evaluating where high quality childcare exists and recruit and identify resources within targeted communities to meet these gaps or host these complex conversations. Funders may also serve a critical role in supporting high quality programs that are going above and beyond to meet the needs of families.



2. **Public/private partnerships should be convened to identify areas within the county that may be suitable for early childhood programs.** Working with non-traditional early childhood partners such as community planners and developers, we should consider mapping and assessing the current infrastructure to see where space may be underutilized that could be built out for early child care.
3. **Building a qualified early childhood workforce that is trained to serve diverse families is critical.** Efforts to recruit or train culturally competent staff are underway but could be enhanced to meet the need.
4. **To address childhood poverty we must create economic stability for more households.** One way to offset the cost of childcare is to increase the use of Illinois Child Care Assistance Program among eligible families. It provides low-income working parents access to affordable quality child care. This subsidy helps families to work or to attend school to improve their future earning potential.
5. **In order to demonstrate impact of collaborative work we must agree on common indicators and domains that establish a baseline.** Allocating resources to collaborative work and data analysis is a key driver of this work.
6. **There are natural interactions with families that could help address food insecurity and/or childhood obesity.** Early childhood programs, social services and medical providers may be uniquely positioned to naturally address these issues. Embedding hunger vital signs within existing practices may be a useful tool.
7. **To aid in a smoother transition from early childhood programs that are private or community based we should be intentional about bridging this divide.** Local school professionals, providers and families have a desire to increase communication between the early childhood system and schools. Some entities are doing this well and models can be shared.



## INTRODUCTION

For decades, protecting and nurturing young children and families in DuPage County has been a top priority. Organizations that serve these young children are increasingly working across institutional or geographic boundaries to better meet the complex needs of families. Yet despite these vast improvements in collaboration a key piece remains the same; there is always a need for enhanced local data. It is the Federation's view that the holistic needs of the child must be addressed to truly prepare them for success later in life. We also recognize that the parent is the child's first teacher and caregiver, biological or otherwise, and is critical to improving a child's future outcomes. Therefore this report attempts to use this framework to provide a holistic summary of the many influences on a child's life and the dramatic interplay between systems. We thank the DuPage Foundation and Grand Victoria Foundation for providing the DuPage Federation on Human Services Reform the opportunity to engage in this analysis, as presented in this early childhood profile.

DuPage Federation on Human Services Reform was formed in 1995 by a Governor's office initiative as one of five 'learning laboratories' whose role was to demonstrate a new approach to collaboration between government and community in the implementation of welfare reform. Since that time, our role has appropriately shifted to developing a broad system of supports for vulnerable families, and to improving the capacity of the human services system to meet increasingly complex needs. The Federation currently operates five programs<sup>1</sup>.

The Federation has a broad system of supports for vulnerable populations and provides leadership for change efforts to improve the welfare in disadvantaged communities. In the early childhood arena, the Federation spearheaded an effort to reform delivery of child support services that substantially improved program collection rates. Today it hosts the DuPage Early Childhood Collaboration, a grassroots collaboration charged with assessing existing resources and planning an agenda to enhance public support for early childhood services. The Regional Collaboration's mission is to *ensure that each and every child enters kindergarten safe, healthy, ready to succeed and eager to learn*.

It is our hope that this compilation of data in the 2016 DuPage Early Childhood Profile will facilitate local dialogue and inform local stakeholders to improve early childhood outcomes. The Federation believes that making sure that every child gets the best possible start in life must be everyone's priority.

---

<sup>1</sup> Public Benefits training, Early Childhood Regional Collaborative, Language Access Resource Center, Human Services Planning, and the Open Door program, which provides crisis intervention to families and individuals.

This report would not have been possible without the knowledge of our community leaders. We express sincere thanks to the following contributors:

Karen Ayala, DuPage County Health Department  
Becky Beilfuss, Teen Parent Connection  
Shelley Bromberek-Lambert, YWCA Metropolitan Chicago  
Nicole Cameron, Metropolitan Family Services DuPage  
Danette Connors, YWCA Metropolitan Chicago  
Jordan Durrett, DuPage Federation on Human Services Reform  
Theresa Hawley, Ph.D., Consultant  
Candace King, DuPage Federation on Human Services Reform  
Marjory Lewe-Brady, WeGo Together for Kids/West Chicago School District 33  
Shelina Manji, M.D., Kid's MD at Home  
Deborah J. Manst, M.D., DuPage Federation on Human Services Reform  
Christine Nicpon, Latino Policy Forum  
Lori Orr, PACT Inc.  
Marianne Pokorny, YWCA Metropolitan Chicago  
Christy Poli, Bensenville School District 2  
Magdalena Rivota, Regional Office of Education  
Darlene Ruscitti, Ed.D., Regional Office of Education  
Jillian Santora, PACT Inc.  
Michelle Scharinger, Community Consolidated School District 93  
Elise Schram, Wheaton/Warrenville Early Childhood Collaborative  
Lorena Vaughn, DuPage Federation on Human Services Reform

Thank you to the generous support of our funders, DuPage Foundation, Grand Victoria Foundation and the Alfred Bersted Foundation. Lastly, we would like to thank Lorena A. Vaughn and Deborah J. Manst for all of their work and dedication to completing this profile.

## WHY ARE THE EARLY YEARS CRUCIAL?

- Getting things right the first time is easier and more effective than trying to fix them later.
- Early childhood matters because experiences early in life can have a lasting impact on later learning, behavior, and health.
- Highly specialized interventions are needed as early as possible for children experiencing toxic stress.
- Early life experiences actually get under the skin and into the body, with lifelong effects on adult physical and mental health.
- All of society benefits from investments in early childhood programs.<sup>2</sup>

All years of a child's life are important but the early years are critical for brain development that sets the stage for a child's entire life. "The early years matter because, in the first few years of life, 700 new neural connections are formed every second. Neural connections are formed through the interaction of genes and a baby's environment and experiences, especially "serve and return" interaction with adults, or what developmental researchers call contingent reciprocity. These are the connections that build brain architecture – the foundation upon which all later learning, behavior, and health depend."

### 700 New Neural Connections Per Second

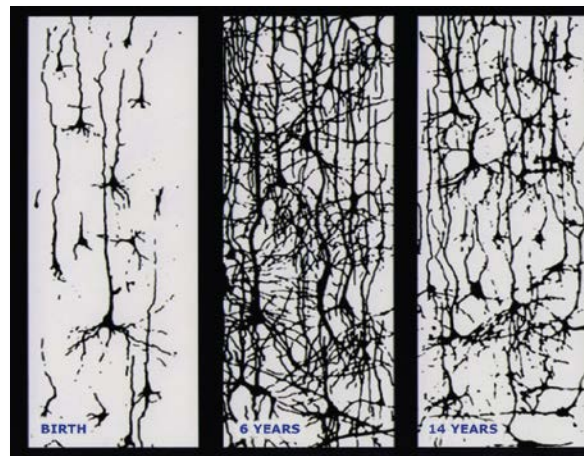


Image source: Conel, J.L. The postnatal development of the human cerebral cortex. Cambridge, Mass: Harvard University Press, 1959.

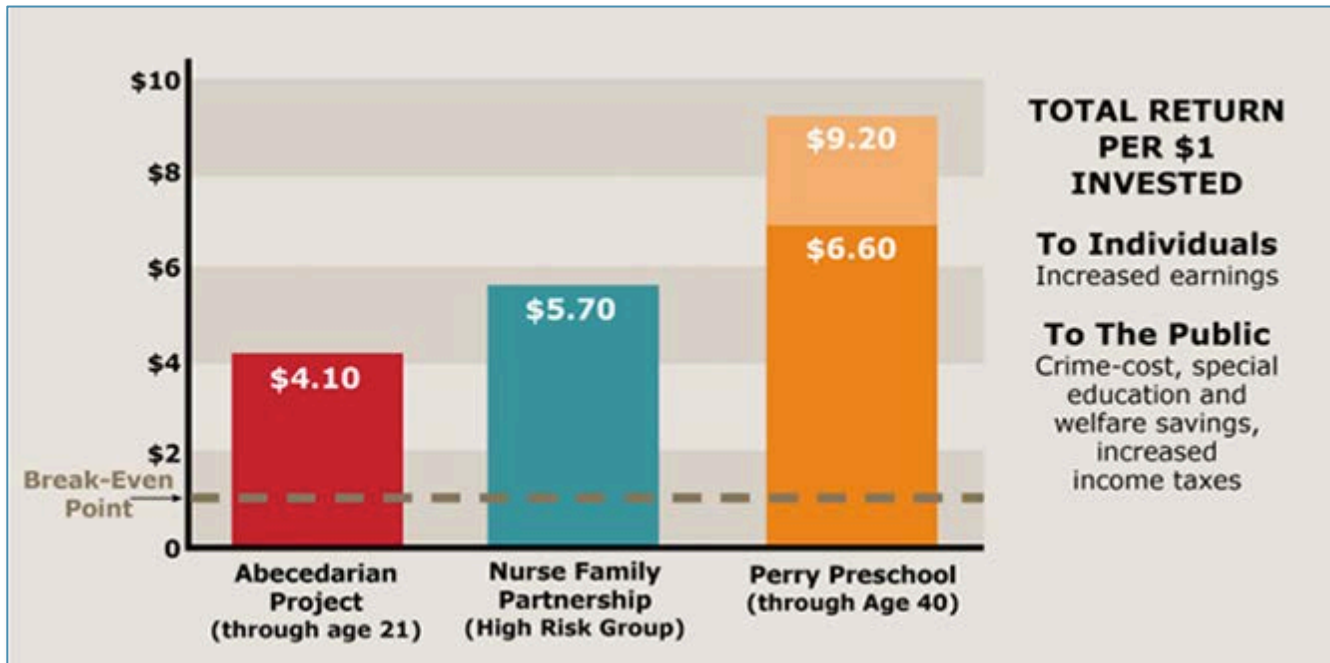
In addition to creating the brain's architecture the return on investment during these early years pays dividends. Children involved in early childhood programs go on to earn higher earnings and involvement with the criminal justice system and special education programs decreases. Returns on

<sup>2</sup> Center on the Developing Child (2009). Five Numbers to Remember About Early Childhood Development (Brief). Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).



investment are particularly high for at-risk children. Heckman contends, "The real question is how to use available funds wisely. The best evidence supports the policy prescription: Invest in the very young." The benefits have been researched in numerous studies as the chart indicates below with a \$4-\$9 return for each \$1 spent on early childhood.

### **\$4 - \$9 in Returns For Every Dollar Invested in Early Childhood Programs**



Sources: Masse, L. and Barnett, W.S., A Benefit Cost Analysis of the Abecedarian Early Childhood Intervention (2002); Karoly et al., Early Childhood Interventions: Proven Results, Future Promise (2005); Heckman et al., The Effect of the Perry Preschool Program on the Cognitive and Non-Cognitive Skills of its Participants (2009)

## DATA COLLECTION METHODOLOGY AND SOURCES

The DuPage Federation on Human Services Reform (DFHSR) gathered data in a similar fashion to a comprehensive community needs assessment for the early childhood profile. Measured secondary data was collected from numerous sources and analyzed, and subjective primary data from DuPage communities was compiled from local organizations.

### *Secondary Data*

For the Early Childhood Profile, the Federation manually collected data from a range of public data repositories and other secondary sources. Unless otherwise specified, all data reported within the profile is regarding children under age 5 in DuPage County. Sources included the following:

- U.S. Census Bureau 2010 Census and American Community Survey
- Bureau of Labor Statistics
- Illinois Early Childhood Asset Map
- Illinois Department of Public Health
- DuPage County Health Department
- Adverse Pregnancy Outcome Reporting System
- Pregnancy Risk Assessment Monitoring System
- Kids Count
- U.S. Department of Housing and Urban Development
- Community Commons
- Easter Seals
- YWCA
- DuPage County Continuum of Care
- Impact DuPage
- U.S. Department of Agriculture
- Centers for Disease Control
- Feeding America
- Voices For Illinois Children
- Illinois Department of Children and Family Services
- FORWARD
- Illinois National Electronic Disease Surveillance System
- Illinois State Board of Education
- Illinois Child Find Project
- County Health Rankings and Roadmaps

## Primary data

The Federation used several methods to gather data from the community to include in the Early Childhood Profile. These methods were centered around qualitative data and stories from individuals within the DuPage early childhood community. These methods include:

### ■ Parent Surveys

Through partnership with organizations across the county including the Addison Early Childhood Collaborative (AECC), Carol Stream Birth-5 Coalition (CSB5), Metropolitan Family Services (MFS), and Bensenville School District 2 (BSD2), information was gathered via parent surveys about the knowledge of, need for, and use of local early childhood services.



### ■ Stakeholder Surveys

Various stakeholders in the DuPage early childhood community contributed their input via surveys conducted by the DFHSR and MFS. Questions were asked regarding what they identify as common trends or themes among early childhood education and services.

### ■ Focus groups

Several focus groups were held across DuPage County by various organizations and collaborations including MFS, AECC, BSD2, and the Wheaton-Warrenville Early Childhood Collaborative. Focus groups were with parents and providers and helped to recognize interests and priorities in early childhood services.

## DESCRIPTION OF COMMUNITY

DuPage County is the second most populous county in Illinois, ranking after only Cook County, which borders DuPage to the north and east. Together the two counties account for half of the state's population. Despite the very high number of residents, DuPage County was recently recognized by Robert Wood Johnson Foundation as the healthiest county in the state based on improvements in various health factors and outcomes.

The following Early Childhood Profile is focused in particular on the DuPage County population consisting of children under 5 years old. Information was sought for this specific population wherever possible, however, data was difficult to locate for certain indicators. Unless otherwise specified, information provided within the report is for DuPage children under 5. In some instances, reported numbers reflect data for children under 18, or all children in Illinois, because more specific information was not able to be obtained. These data points are used to inform inferences about the status of early childhood in DuPage.



While the report primarily focuses on the county as whole, certain communities are referenced more frequently. These communities, Addison, Bensenville, Carol Stream, Warrenville, West Chicago and Wheaton, are all part of the Bright and Early DuPage Initiative. This initiative, funded by the DuPage Foundation, provides a framework which encourages communities to work together to learn from one another and share thought capital and research.

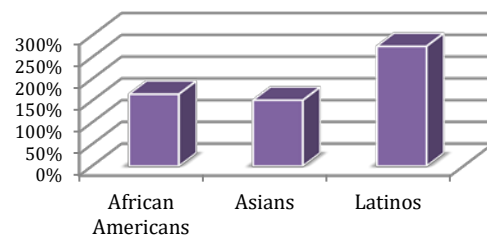
## FINDINGS

### Population

#### Demographics

DuPage County is home to 932,708 residents, including 67,519 children that are five years of age and under who make up approximately 6% of the population. These numbers have recently been on the rise. The overall county population has increased 19.2% since 1990, and 1.7% since 2010. Since 2010, the early childhood population increased 0.3%.

There is a wide range of ethnicities in DuPage County, and the community continues to diversify. Since 1990, the population of African Americans has increased 165%, Asians 151%, and Latinos 275%. The vast majority of residents in DuPage are White, and those identifying as Hispanic or Latino comprise the next largest contingent. *Table* describes demographic factors of the total and early childhood populations of DuPage County in terms of age and race in detail.



From Table 1

1

A large immigrant population lives in DuPage County, which has produced a rich palette of languages across the county. Of note, 26.2% of households speak a language other than English, of which 36.9% of those individuals included speak English “less than very well,” but only 9.7% of the total DuPage population speak English “less than very well.” In 2013, 6,729 households speaking Spanish at home were considered linguistically isolated, as were 9,692 households speaking other non-English languages. Linguistic isolation means that all household members over 14 years old have difficulty speaking English. These factors can lead to social isolation and limit opportunities.<sup>3,4</sup> In 2013, the most spoken languages by children 5 and under in DuPage County were English (68.2%), Spanish (19.5%), Polish (1.8%), Arabic, Tagalog, Urdu, French, Hindi, and Chinese (all less than 1%).



<sup>3</sup> Siegel, P., Martin, E., Bruno, R. (2001). Language Use and Linguistic Isolation: Historical Data and Methodological Issues. United States Census Bureau. Retrieved from: <https://www.census.gov/content/dam/Census/library/working-papers/2001/demo/li-final.pdf>

<sup>4</sup> Wilson, JH. (2014). Investing in English Skills: The Limited English Proficient Workforce in U.S. Metropolitan Areas. Brookings. Retrieved from: [http://www.brookings.edu/~media/Research/Files/Reports/2014/09/english-skills/Srvy\\_EnglishSkills\\_Sep22.pdf?la=en](http://www.brookings.edu/~media/Research/Files/Reports/2014/09/english-skills/Srvy_EnglishSkills_Sep22.pdf?la=en)



**Table 1. Population Characteristics**

Characteristic		County Total	Children 5 and under	
Population estimate		932,708	67,519	
Population change, 2010 - 2014		+1.7%	+0.3%	
Female, July 1, 2014		51%	48.9%	
Households, 2010-2014		337,003		
Persons per household, 2010-2014		2.71		
Age	Under 5	6.0%	Under 1	15.9%
	5-9	6.7%	1 year old	16.2%
	10-19	14%	2 years old	16.5%
	20-34	18.8%	3 years old	16.6%
	35-49	20.9%	4 years old	17.0%
	50-64	21.1%	5 years old	17.7%
	65+	12.5%		
Race	American Indian/Alaska Native	0.18%	0.23%	
	Asian Alone	10.58%	11.27%	
	Black/African American Alone	4.66%	5.43%	
	Hispanic/Latino (of any race)	13.72%	23.53%	
	Native Hawaiian or Other Pacific Islander Alone	0.04%	0.01%	
	White Alone	80.0%	74.02%	
	White Alone, Non-Hispanic/Latino	69.14%	55.25%	

County: United States Census Bureau, American Community Survey, 2014 Estimates  
 Children: Illinois Early Childhood Asset Map, 2013 Estimates

### *Socioeconomic Factors*

Since 1990, the DuPage County population in poverty has increased by 197%, and the low-income population has increased by 124%. In 2013, 7.9% of the DuPage County population was in poverty, including 10.4% of children from 2010-2014. Poverty can limit a child's education and development as

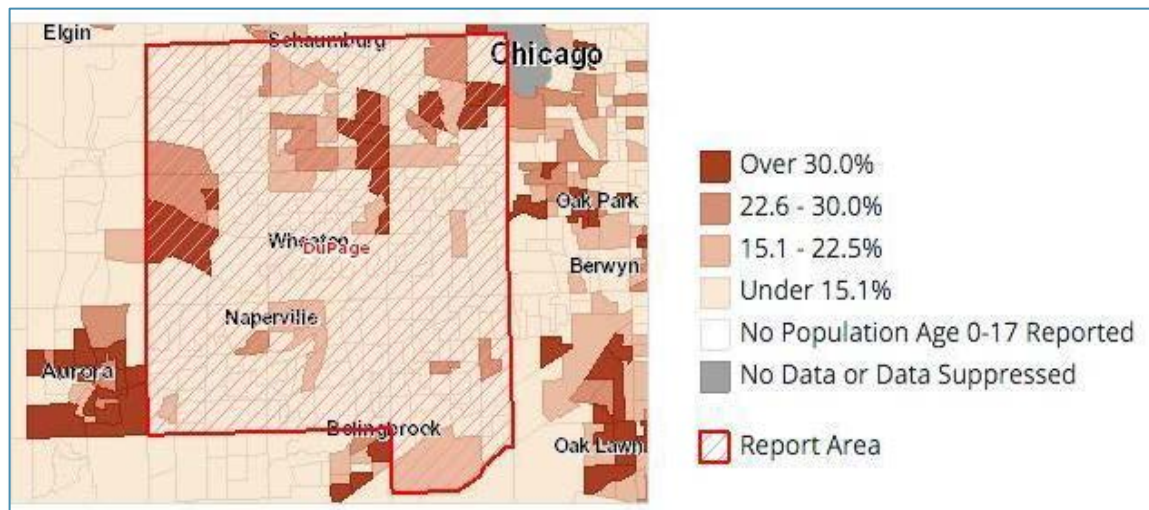
well as lead to poor health.<sup>5,6</sup> The information in *Table 2* shows the estimated number and percentage of children by age and federal poverty level in DuPage in 2013. For a more visual representation, *Figure 1* details the population of children under 17 below the poverty level, *Figure 2* shows trends in poverty over the past several years at the county, state, and national levels, and *Figure 3* demonstrates the racial disparity that exists among residents in poverty in DuPage County.

**Table 2. Children Living in Poverty**

Population or poverty group	Number of children age under 1	Number of children age 1	Number of children age 2	Number of children age 3	Number of children age 4	Number of children age 5	Total number of children 5 and under
All children	10,729	10,966	11,163	11,243	11,460	11,958	67,519
Children living in families with incomes below							
50% FPL	349	357	364	366	373	389	2,198
100% FPL	1,155	1,180	1,201	1,210	1,233	1,287	7,266
130% FPL	1,832	1,872	1,906	1,919	1,956	2,041	11,526
185% FPL	2,599	2,656	2,704	2,724	2,776	2,897	16,356
200% FPL	2,757	2,818	2,869	2,889	2,945	3,073	17,351
400% FPL	5,979	6,111	6,220	6,265	6,386	6,663	37,624

*Illinois Early Childhood Asset Map, 2013 Estimates*

**Figure 1. Population Below the Poverty Level, Children (Age 0-17), Percent by Tract**

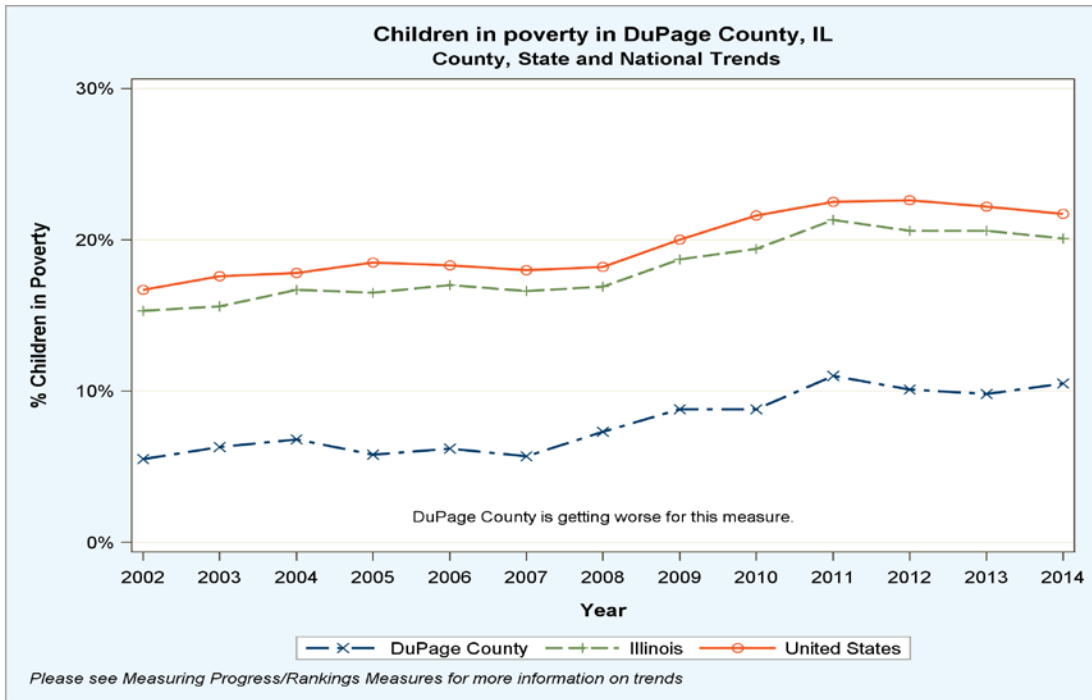


*Community Commons, ACS 2010-2014*

<sup>5</sup> Engle, P.L., Black, M.M. (2008). The Effect of Poverty on Child Development and Educational Outcomes. *Annals of the New York Academy of Sciences*. 1136(1), 243-56. Retrieved from: [http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1002&context=psycd\\_fac](http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1002&context=psycd_fac)

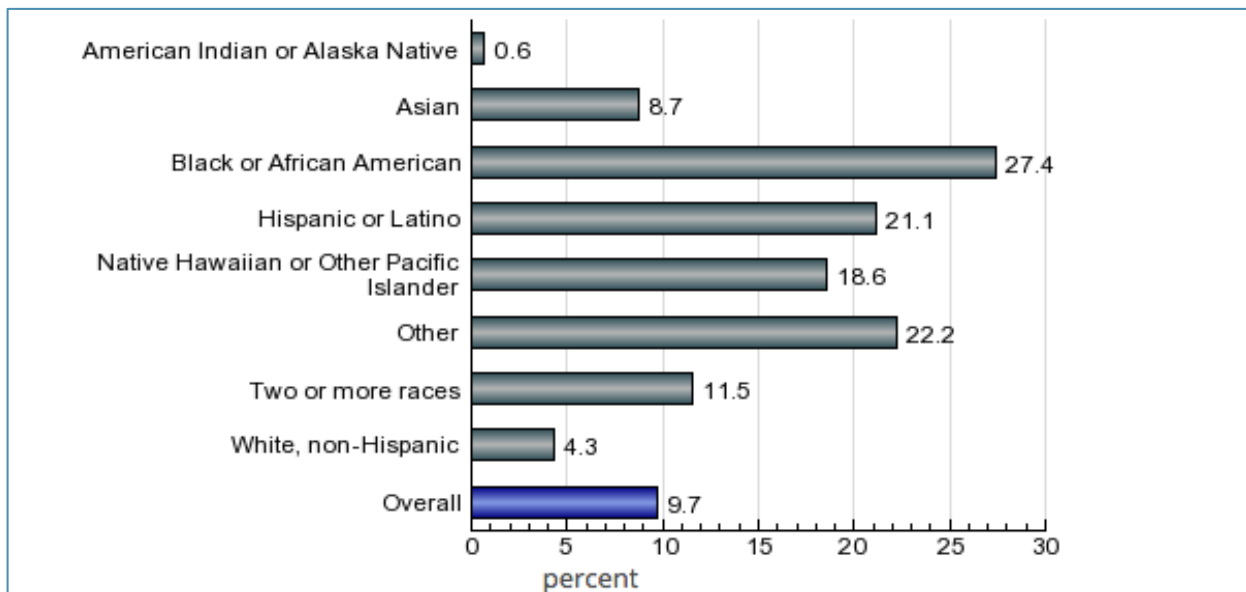
<sup>6</sup> Aber, J.L., Bennett, N.G. (1997). The Effects of Poverty on Child Health and Development. *Annual Review of Public Health*. 18, 463-83.

**Figure 2. Children in Poverty: County, State, and National Trends**



County Health Rankings and Roadmaps, 2016

**Figure 3. Children Living Below Poverty Level by Race/Ethnicity**

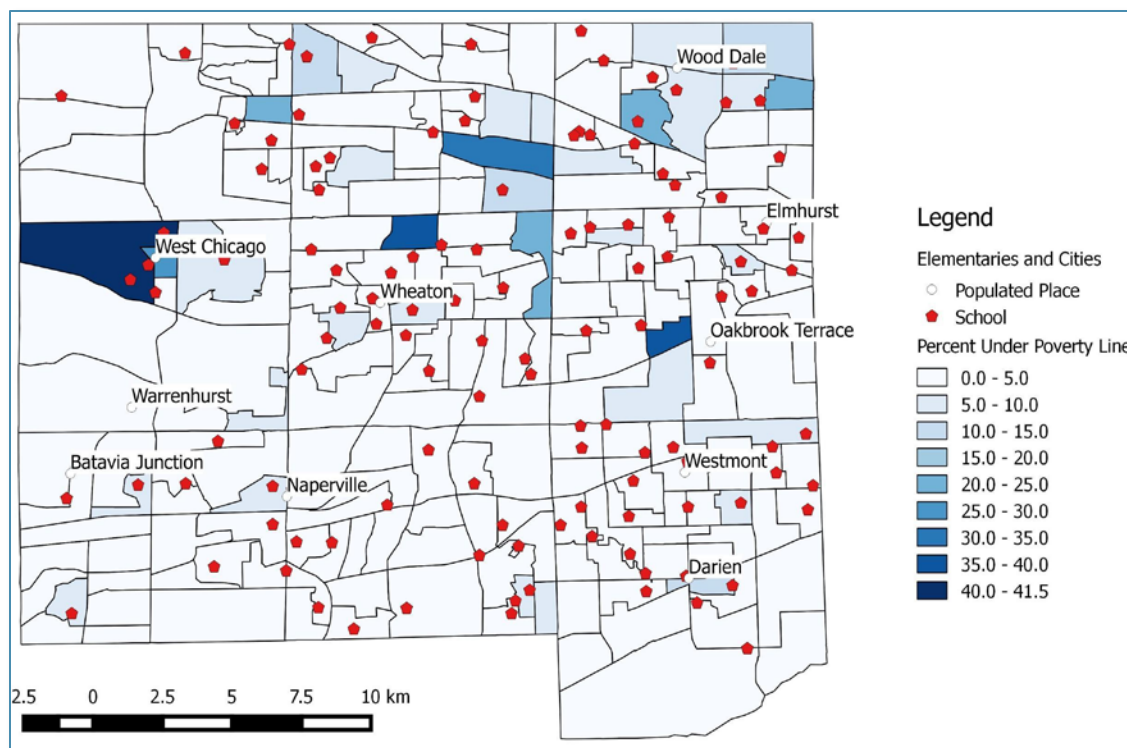


Impact DuPage, ACS Community Survey, 2010-2014

Parental working status and educational attainment has the potential to affect a child's behavior, as well as future educational and employment achievements.<sup>7,8</sup> In DuPage County, the unemployment rate is 4.7%, slightly lower than the Illinois rate of 5.9%. For children age 5 and under in 2013, 80.4% lived with two parents versus 19.6% with just one, 48% with two working parents, 17.1% with one working parent, and 2.4% with one non-working parent. While a majority of DuPage residents over 25 years old are high school graduates (92.3%), less than half have a bachelor's degree or higher (46.7%).

The structure of the household can also affect childhood development.<sup>7</sup> From 2010-2014, 77.5% of children had married parents, 12.5% had a single mother, 3.8% a single father, 3.9% lived with their grandparents, 1.4% lived with other relatives, and 0.9% with non-relatives. Of those families with related children under 18 years, only 4.3% of married-couple families were below the poverty level, but up to 24.8% of female householders without husbands present were in poverty. *Figure 4* shows the number of families across DuPage County living under the poverty line in 2010.

**Figure 4. Families Living Under the Poverty Line**



<sup>7</sup> Dubow, E.F., Boxer, P., Huesmann, L.R. (2009). Long-term Effects of Parents' Education on Children's Educational and Occupational Success: Mediation by Family Interactions, Child Aggression, and Teenage Aspirations. *Merrill-Palmer quarterly* (Wayne State University Press). 55(3), 224-249. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

<sup>8</sup> Luo, M. (2009, Nov. 11) Job Woes Exacting a Toll on Family Life. *New York Times*. Retrieved from [http://www.nytimes.com/2009/11/12/us/12families.html?\\_r=0](http://www.nytimes.com/2009/11/12/us/12families.html?_r=0)

Fortunately homelessness is a less prevalent problem in DuPage County. It is of concern, however, as homelessness is linked to health risks like nutritional defects and obesity, mental and behavioral health problems, and limited educational success.<sup>9</sup> In DuPage County in 2015 there were 232 homeless persons under 18. For children under age 5, 38 were in families in permanent supportive housing, 116 were in households in transitional housing, and 48 were in families in emergency shelters. Home ownership is another factor linked to poor outcomes for children, and in DuPage County, 73.8% of homes were owner occupied in 2014.

A growing issue in DuPage County and across the nation is food insecurity. Feeding America reports that the food insecurity rate for 2014 in DuPage is 8.0%, however the rate for children 18 years old and under is 14.6%.<sup>10</sup> These numbers show a slight decrease from the statistics for 2013 which were 9.3% and 16.7% respectively. Data on



food insecurity rates using the Hunger Vital Sign screening tool is being collected in specific communities like West Chicago, Addison, and Naperville, and preliminary numbers are surprisingly high, some over double the county rates.

## Birth Statistics

In 2014 there were 10,732 births in DuPage County, which were split relatively evenly between male and female. A majority of babies were white and born to mothers between 25-39 years of age. The information in *Table 3* describes birth demographics in more detail.

<sup>9</sup> Aratani, Y. (2009). Homeless Children and Youth. *National Center for Children in Poverty*. Retrieved from: [http://www.nccp.org/publications/pdf/text\\_888.pdf](http://www.nccp.org/publications/pdf/text_888.pdf)

<sup>10</sup> Feeding America. Map the Meal Gap. Feeding America. Retrieved from: <http://map.feedingamerica.org/county/2013/child/illinois/county/dupage>



**Table 3. Birth Demographics**

	Gender		Ethnicity				Maternal Age					
Total Births	Male	Female	White	Black	Other	Hispanic Origin	<20	20-24	25-29	30-34	35-39	40+
10,732	5,412	5,320	8,558	655	1,519	2,058	282	1,039	2,746	4,215	2,007	443
100%	50.4%	49.6%	79.7%	6.1%	14.2%	19.2%	2.6%	9.7%	25.6%	39.3%	18.7%	4.1%

*Illinois Department of Public Health, Birth Statistics, 2014*

The average maternal age for babies in 2014 was somewhat higher, with 39.3% of mothers being between 30-34 versus 37.4% in 2013. As such, the number of young mothers went down, with only 282 (2.6%) mothers being under 20 years old versus 331 (3.1%) in 2013 and 380 (3.6%) in 2012. Of the 331 teen mothers in 2013, 2 were younger than 15, 86 were aged 15-17, and 243 were 18-19 years old. In 2014, 77 mothers were younger than 18 years old, and 205 were aged 18-19. Single mothers birthed 2,345 (21.9%) babies, and 682 (6.6%) were over 20 without a high school diploma.

Of the 10,732 births in 2013, 754 (7.0%) babies were low birth weight (<2,500 grams) and 147 (1.4%) were very low birth weight (<1,500 grams). There were 1,032 (9.6%) babies born prematurely, meaning prior to 37 weeks of gestation. In 2013, 9 babies were born with Down Syndrome, and preliminary 2014 data show an increase from 9 to 20. Other birth defects were present in 331 (3.1%) of births in 2013, and 292 in 2014. Reported drug exposure is recorded at 35 (0.3%) for 2013 and 40 in 2014, however this number may be low as drug exposure is likely underreported. The infant mortality rate for DuPage County in 2013 was 4.4, showing an increase from 2012, but overall this number has trended down over the past couple of years, and is consistently lower than the state infant mortality rate. *Table 4* shows the infant mortality rate numbers and trends.

**Table 4. Infant Mortality Rate**

Year	Number of births	Number of infant deaths	Infant Mortality Rate (per 1,000 births)	Illinois Infant Mortality Rate
2014	10,732	58	5.4	6.6
2013	10,588	47	4.4	6.0
2012	10,542	37	3.5	6.5
2011	10,767	57	5.3	6.6
2010	10,783	63	5.8	6.8

*Illinois Department of Public Health, Infant Mortality Statistics, 2010-2013*

## Child Care & Education

Ensuring the proper care and education of children is a priority in DuPage County, and a variety of programs and services exist for the early childhood population. According to estimates of poverty among children in *Table 2* on page 10, about 17,351 children in our county could be assisted through increased support during their early years.

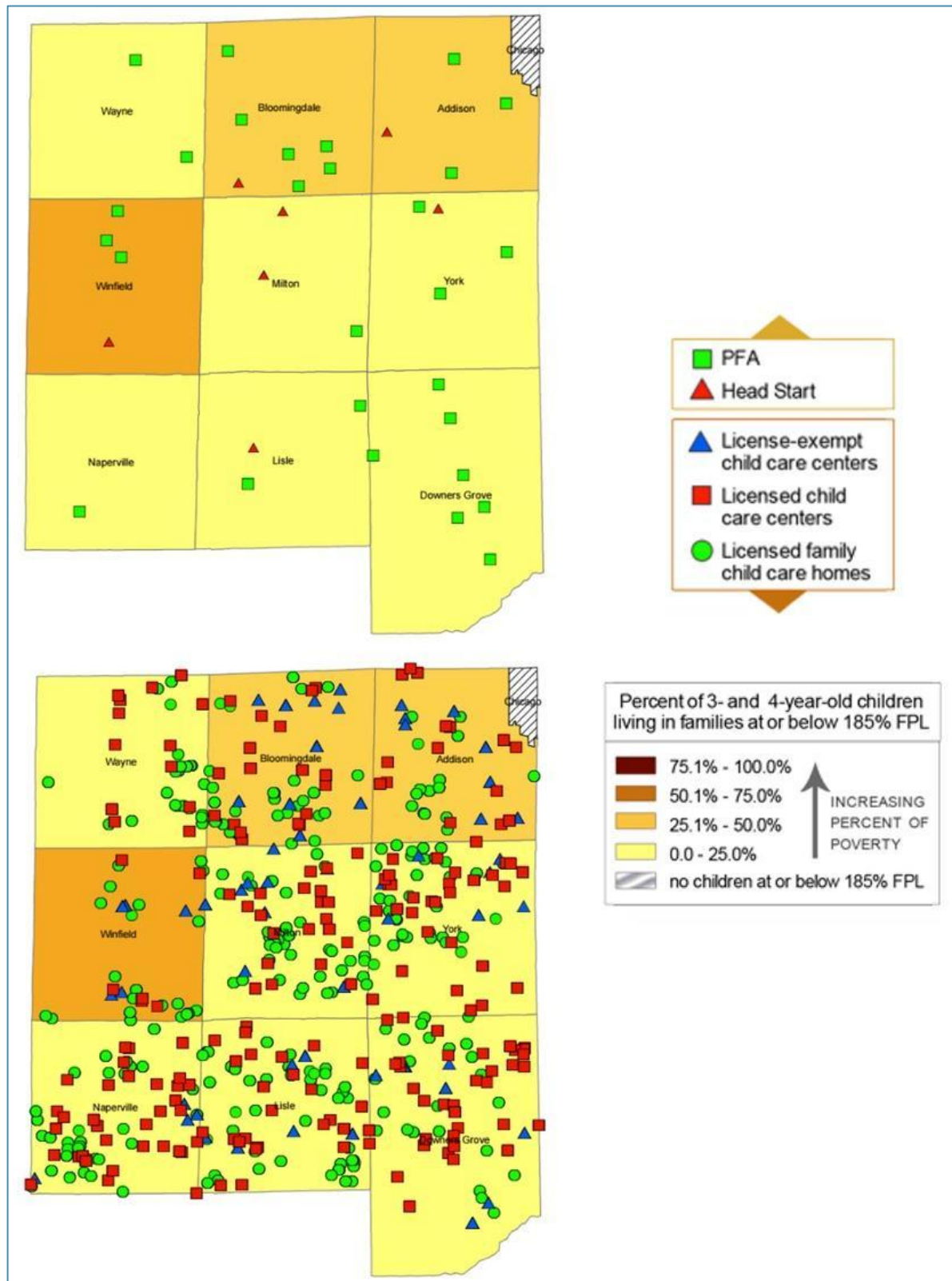
One of these services, the Child Care Assistance Program (CCAP), assisted 3,218 children 5 years and under in 2015 with subsidized child care services while their parents or caregivers attended work or school. The number of participants in the program have been on the rise recently. In 2014, 2,856 received CCAP benefits, up from 2,514 in 2013. Child care can be in-home or center based, and sites may be licensed or unlicensed. There are 654 Licensed Center and Family Child Care Programs currently receiving CCAP payments. *Table 5* provides details about the available sites for child care services in DuPage County.

**Table 5. Child Care Centers**

Licensed Child Care Centers				
Number of sites	Total Licensed Capacity sessions 6 wks - 1 yr	Total Licensed Capacity sessions 2	Total Licensed Capacity sessions 3-4 and 5-K	Total Licensed Capacity
206	3,181	3,033	12,654	19,916
License-Exempt Child Care Centers				
Number of sites	Total Reported Capacity sessions 0-1	Total Reported Capacity sessions 2	Total Reported Capacity sessions 3-4 and 5-K	Total Reported Capacity
57	66	392	4,960	4,477
Licensed Family Child Care Homes				
Number of sites	Total Reported Capacity sessions 6 wks - 1 yr	Total Reported Capacity sessions 2	Total Reported Capacity sessions 3-4 and 5-K	Total Licensed Capacity
264	583	310	663	2,573
Child Care Program Accreditations				
Licensed Child Care Centers with one accreditation	Licensed Child Care Centers with multiple accreditations	License-exempt Child Care Centers with one accreditation	License-exempt Child Care Centers with multiple accreditations	Licensed Family Child Care Homes with one accreditation
33	3	1	0	7

*Illinois Early Childhood Asset Map, 2014*

Figure 5. Child care centers and programs in relation to FPL



Illinois Early Childhood Asset Map, 2013 Estimates

Home visiting programs, especially in the very early stages of childhood, are important to provide support and resources to high-risk new and expectant parents. These programs are either funded by the Illinois Department of Human Services (IDHS), such as Healthy Families Illinois (HFI), or the Ounce of Prevention Fund which supports Parents Too Soon (PTS), which consists of HFI, Nurse Family Partnership (NFP), and Parents as Teachers (PAT). Table 6 provides information on the number of children served by these programs.

**Table 6. IDHS Bureau of Childhood Development, Home Visiting Programs**

Program	IDHS / HFI 0-2 yrs	IDHS / HFI 3-5 yrs	PTS 0-2 yrs	PTS 3-5 yrs
Number of children	233	105	0	0

*Illinois Early Childhood Asset Map, 2014*

From 2010 to 2014 there were reductions in the number of state-funded preschool (Preschool For All) program sites (40 to 31) and the number of slots for children (2,536 to 1,783). In 2014 there were 12 Head Start, 2 Early Head Start, and 16 ISBE Prevention Initiative (PI) sites. Table 7 details the number of children served by the various state or federal subsidized early childhood programs from 2011-2014.

**Table 7. Number of Early Childhood Program Slots**

Program Name	Number of Slots			
	2011	2012	2013	2014
Early Head Start (ages 0-3)	124	100	100	100
ISBE Prevention Initiative (ages 0-3)	N/A	329	449	439
IDHS Home Visiting/Healthy Families (ages 0-3)	201	224	233	233
Head Start (ages 3-5)	590	505	505	505
ISBE Pre-K/Preschool For All (ages 3-4)	2,110	1,616	1,722	1,783
IDHS Home Visiting/Healthy Families (ages 3-5)	31	48	86	105
<b>Total</b>	<b>3,057</b>	<b>2,822</b>	<b>3,095</b>	<b>3,165</b>

*Illinois Early Childhood Asset Map, 2011-2014*

When there is a discrepancy between the number of enrollment slots and total children eligible for enrollment it is known as the slot gap. In 2014, the total possible slots for preschoolers through PFA and HS was 2,288, but the estimated number of children eligible based on income guidelines was 5,500, leaving 3,212, or 41.6%, of children ages 3 and 4 unserved. For infants and toddlers, the total program slot capacity is 8,104. The following Tables 8 and 9 provide detail on the slot gap for services

for infants, toddlers, and preschoolers. This slot gap does not capture unregulated or unlicensed care and those numbers would presumably reduce the gap. Without regulation it is difficult to know if this care is of high quality.

**Table 8. Slot-Gap for Preschoolers**

Preschool for All (PFA) proposed capacity	1,783
Head Start (HS) funded enrollment	505
PFA proposed capacity PLUS HS funded enrollment	2,288
Number of children ages 3 and 4 living in families less than 185% FPL	5,500
Slot-gap	3,212
Percent that could be served by PFA and HS	41.6%

*Illinois Early Childhood Asset Map, 2014*

**Table 9. Slot-Gap for Infants and Toddlers**

Early Head Start (EHS) funded enrollment	100
ISBE Prevention Initiative, 0-3	439
Licensed child care total licensed capacity for sessions 0, 1, and 2	6,214
License-exempt child care total reported capacity for sessions 0, 1, and 2	458
Family care homes total reported capacity for sessions 0, 1, and 2	893
Sum of EHS enrollment, PI capacity, and child care capacity	8,104
Number of children ages 0, 1, and 2	32,858
Slot-gap	24,745
Percent that could be served by programs	24.66%

*Illinois Early Childhood Asset Map, 2014*

Quality of learning in early childhood is a priority in Illinois, and standards of quality are measured by the ExceleRate system. ExceleRate Illinois recognizes early learning providers for continued improvement of quality by awarding several Circle of Quality designations; Licensed, Bronze, Silver, and Gold, which increase as additional standards are met by the facility. *Table 10* documents the number of ExceleRate accredited slots and centers that exist across DuPage County. For more detailed information on ExceleRate please visit [www.exceleRateillinois.com](http://www.exceleRateillinois.com)

**Table 10. ExceleRate Centers in DuPage County**

	Gold Circle	Silver Circle	Bronze Circle	Licensed	Total
# of Centers	55	23	3	418	499

*YWCA, 2015*



## Screening Children

Performing periodic assessments of young children is vital to ensure proper development and thus it is a complex process. Local Education Agencies (LEA), with support from local partners, perform screening of children 0-5 years old as part of federal Child Find requirements. These screenings are then reported to one of the 25 local Child and Family Connections (CFC) offices, which in turn report to the Illinois Child Find Project, a component of the Individuals with Disabilities Education Act (IDEA) that requires states to have a comprehensive system to locate, identify, and refer as early as possible all children with disabilities, aged birth to 21, for early intervention or special education services.

One primary method of screening, the Ages & Stages Questionnaire (ASQ), is one of the most widely utilized tools to assess children between birth and age 6 in terms of developmental and socio-emotional progress. These assessments can be completed in-person or online by parents, caretakers, early childhood programs or health care providers, and are important in evaluation of children's educational readiness and overall well being.

Early Intervention (EI), housed in IDHS under Family and Community Services, is a program that helps children from birth to age three with developmental delays or disabilities to learn and grow. This



program works by creation of an Individualized Family Service Plan developed by an EI service provider and a child's family to guide needed services. The services are designed to assist children in physical development, cognitive development, communication, social or emotional development, and adaptive development. In DuPage County, 2,012 children were served by EI in 2016. *Table 11* gives monthly numbers of screenings and referrals for children ages 0-5 from July 2015 through March 2016. *Appendix C* provides a table with the number of screened children broken down by age.

For children with developmental delays or disabilities, Individualized Education Programs (IEPs) (through ISBE) exist to maximize educational opportunities. In 2014, 522 children in Preschool For All had established IEPs.

**Table 11. Number of Children 0-5 Screened and Referred to Programs Reported by Lisle CFC**

	Total Screened	Number of Children Ages 0-3 Referred to:				Number of Children Ages 3-5 Referred to:				
		Early Intervention	Early Head Start	Other Services	Re-referred for screening	EC Special Education	Preschool for All	Head Start	Other Services	Re-referred for screening
Jul 15	0	0	0	0	0	0	0	0	0	0
Aug 15	154	2	4	3	6	49	64	5	6	25
Sep 15	919	3	0	1	3	37	10	2	2	12
Oct 15	348	9	0	39	6	51	121	3	36	35
Nov 15	90	4	2	0	3	30	5	3	0	19
Dec 15	816	0	0	1	1	11	5	0	4	0
Jan 16	282	45	0	8	33	34	45	0	11	21
Feb 16	205	7	0	5	6	51	53	0	6	24
Mar 16	752	0	0	0	0	14	21	0	0	3
<b>Total</b>	<b>3,566</b>	<b>70</b>	<b>6</b>	<b>57</b>	<b>58</b>	<b>267</b>	<b>324</b>	<b>13</b>	<b>65</b>	<b>139</b>

*Illinois Child Find Project, 2015-2016*

## Child Health Factors

In 2014, 100,732 (10.8%) residents in DuPage County were uninsured, including 3.2% of children. Federal and state medical assistance programs in Illinois like Medicaid, AllKids, and the Children's Health Insurance Program (CHIP). *Table 12* shows the number of children age 5 and under with comprehensive medical benefits under these programs. Although children's enrollment in Medicaid and related programs in DuPage County increased by 127% between 2005 and 2013 there has been a recent downtrend in yearly enrollment.

**Table 12. Children Under 5 with Full Medical Benefits**

	2011	2012	2013	2014	2015
Number of children	29,878	28,469	25,856	23,201	22,300

*Illinois Department of Healthcare and Family Services, 2011-2015*

Several other programs provide assistance to low income families like the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC). These programs have income thresholds for eligibility and are designed to fill the gap for families in poverty. *Tables 13 and 14* provide participation rates for these various programs. *Figure 6* shows a map of where families in DuPage County rely on SNAP assistance.

**Table 13. Participation in Assistance Programs**

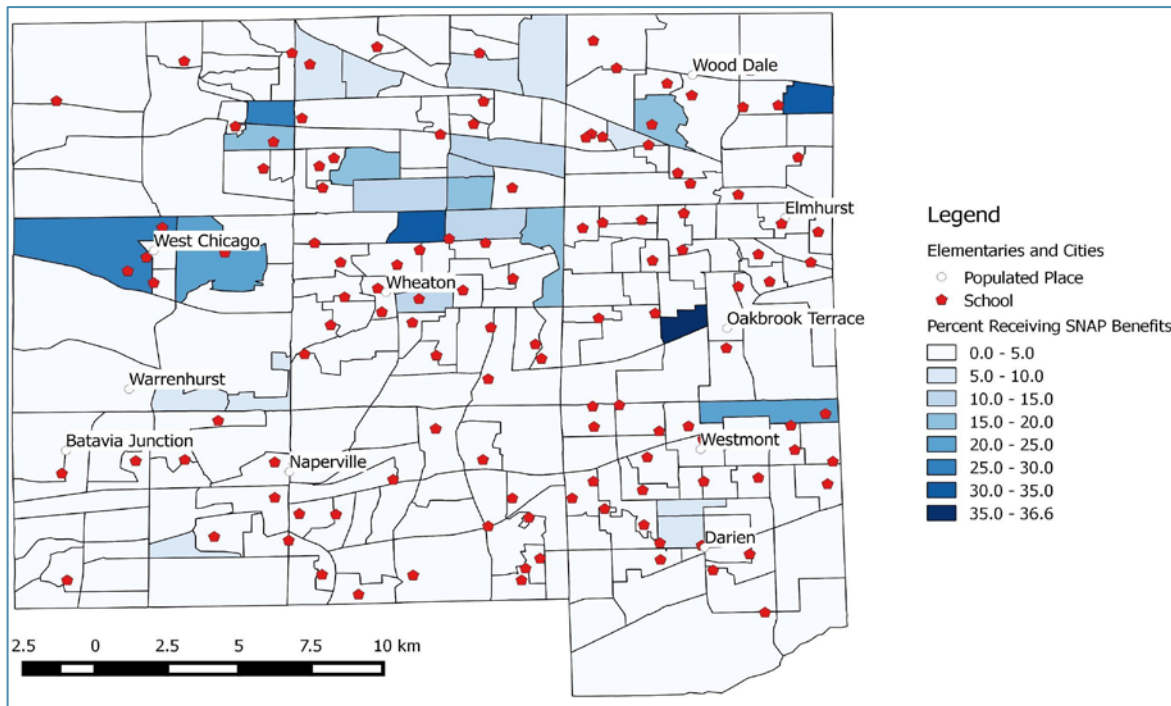
Program	Amount
Households receiving TANF benefits, 2010-2014	1.4%
Households receiving SNAP benefits, 2014	11.2%
Children receiving WIC benefits, 2016	4,878

Impact DuPage, KidsCount, DuPage County Health Department

**Table 14. WIC Participation**

Participant	Number
Pregnant Women	1,174
Total Breastfeeding Women (includes fully and partially breastfeeding)	948
Postpartum Women	684
<b>Total Women</b>	<b>2,806</b>
Total Infants (includes fully and partially breastfed, and formula-fed infants)	2,663
Children	6,146
<b>Total Participants</b>	<b>11,615</b>

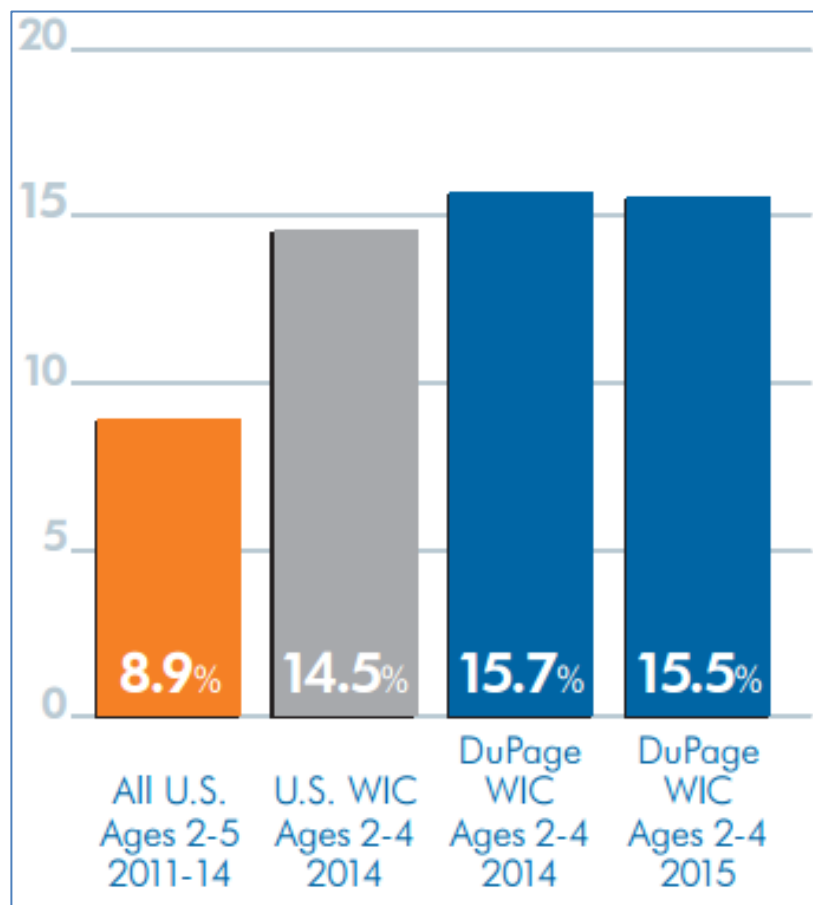
DuPage County Health Department, 2014

**Figure 5. Families Receiving SNAP Benefits**

DuPage Federation on Human Services Reform, United Census Bureau, 2014

A growing problem in the United States is childhood obesity, and DuPage County is no exception. Obesity in childhood predisposes to being obese as an adult, as well as puts one at risk of developing health problems as an adult.<sup>11,12</sup> In DuPage County, 15.5% of children aged 2-4 in the WIC program in 2015 were obese. This is a decrease from the 2014 obesity rate of 15.7% for the same group. However, it is still a higher percentage than the national average of 14.5% of WIC participants aged 2-4 years old. Figure 6 details this comparison.

**Figure 6. A Comparison of WIC Obesity Rates for Ages 2-4 Years Old**



*DuPage County Health Department, 2016*

<sup>11</sup> Guo, S.S. & Chumlea, W.C.. (1999) Tracking of body mass index in children in relation to overweight in adulthood. American Journal of Clinical Nutrition. 70, S145-8.

<sup>12</sup> Office of the Surgeon General. (2010) The Surgeon General's Vision for a Healthy and Fit Nation. U.S. Department of Health and Human Services. Retrieved from: [http://www.ncbi.nlm.nih.gov/books/NBK44660/pdf/Bookshelf\\_NBK44660.pdf](http://www.ncbi.nlm.nih.gov/books/NBK44660/pdf/Bookshelf_NBK44660.pdf)

Closely related to obesity is the issue of food insecurity. Children who experience hunger are more likely to have poor health.<sup>13</sup> In 2014, 14.6% of children under 18 were food insecure. Perpetuating this problem, 6.7% of children were reported as having low access to grocery stores. Limited access to healthy foods also enables poor nutritional choices and unhealthy diets increase the risk for development of chronic health problems.

Young children are at greater risk of contracting communicable diseases due to immature immune systems, especially if they are not vaccinated. Infectious diseases can be very dangerous in the early childhood population and are at high risk of serious complications or death as a result. *Table 15* provides data on cases of preventable infectious diseases in the DuPage County early childhood community over the past several years.

**Table 15. Reported number of cases for selected vaccine-preventable diseases (VPD) in DuPage County for children under the age of 5 years**

Disease	2011	2012	2013	2014	2015*	5-year total
Chickenpox (varicella)	14	23	21	29	8	95
<i>Haemophilus influenzae</i> , invasive	1	2	0	0	0	3
Influenza deaths, <18 years old	0	0	0	0	0	0
Mumps	0	0	0	0	1	1
Pertussis (whooping cough)	107	73	13	4	10	207
<i>Streptococcus pneumoniae</i> , invasive disease	2	5	4	3	0	13

*Illinois National Electronic Disease Surveillance System, DuPage County Health Department, 2011-2015. Data for 2015 are provisional as of 5/13/2016.*

There is sparse data on other health risks in the early childhood community. In relation to communicable diseases, time was spent investigating immunization compliance rates among children under 5 in DuPage County, but unfortunately this specific data is unavailable. The Illinois State Board of Education reports the immunization status of all Illinois school age children, however enrollment is combined from pre-kindergarten through twelfth grade. Given this data, for the 2014-2015 school year, there was an average 97.7% vaccination rate. The lowest rate of vaccination was for *Haemophilus influenza* Type B (96.9%) and Pneumococcus (95.0%). Among the children under 5 population there were no cases of either of these vaccine-preventable illnesses in 2015.

<sup>13</sup> Center on the Developing Child (2009). Five Numbers to Remember About Early Childhood Development (Brief). Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)



According to the U.S. Census Bureau's American Community Survey 5-year estimated data, there were 438 children under 5 with a disability from 2010-2014. However, this data only includes hearing and vision difficulties, and also includes a large margin of error of  $\pm 180$ .

The Illinois Department of Children and Family Services (DCFS) releases an annual statistical report of rates of child abuse and neglect. Data is reported for DuPage County, however only for children under 18 years of age. A reported case is one that has been called in, and an indicated case has sufficient evidence that an incident occurred so that investigation is warranted. The most common perpetrators are parents, paramours, grandparents, step parents, aunts or uncles, siblings, or babysitters. *Table 16* details the available information regarding cases of child abuse or neglect and sexual abuse in Illinois and DuPage County in 2015. Rates of abuse and neglect have increased from the 2014 report but rates of sexual abuse in DuPage and Illinois have slightly decreased.

**Table 16. Abuse/Neglect and Sexual Abuse of Children**

		Number of Children		Rate per 1,000	
Location	Characteristic	Reported	Indicated	Reported	Indicated
<b>Abuse/Neglect</b>					
<b>DuPage County</b>		3,304	928	14.5	4.1
Illinois	Female	45,930	15,309	30.0	10.0
	Male	46,033	14,859	28.8	9.3
	0-2	18,918	8,518	38.2	17.2
	3-5	17,475	6,040	34.3	11.8
	African American	31,860	10,637	61.8	20.6
	Hispanic	8,426	2,943	11.7	4.1
	White	48,756	15,867	29.4	9.5
	Total	92,925	30,382	29.7	9.7
<b>Sexual Abuse</b>					
<b>DuPage County</b>		238	66	1.0	0.29
Illinois	Female	-	1,684	-	1.06
	Male	-	382	-	0.23
	0-2	-	24	-	0.05
	3-5	-	238	-	0.43
	African American	-	486	-	0.81
	Hispanic	-	275	-	0.50
	White	-	1,241	-	0.65
	Total	-	2,075	-	0.66

*Illinois Department of Children & Family Services Annual Statistical Report, 2015. Except for age, all values correspond to children under 18.*

Likewise, data is lacking for the number of childhood trauma admissions in DuPage County. *Table 17* provides the most recent data for childhood trauma admissions in the state of Illinois.

**Table 17. Child Trauma in Illinois**

Age	Number of Trauma Admissions		
	2012	2013	2014
0	651	461	207
1-4	1,575	1,187	1,321
5-9	1,327	1,173	1,077
Total	3,553	2,825	2,605

*Illinois Department of Public Health, 2012-2014*

Another indicator which is difficult to find accurate information on is maternal depression. Maternal depression is challenging to measure as it is often underestimated since statistics rely on voluntary reporting, and depressed mothers may be reluctant to disclose this information. *Table 18* details mothers who reported a diagnosis of depression in the state of Illinois in 2012.

**Table 18. Mothers Who Reported A Diagnosis of Depression During Pregnancy**

		Percent	Respondents	Estimated Population Affected
Maternal Age	<20 yrs	10.9	11	1,239
	20-24 yrs	9.9	21	2,807
	25-29 yrs	4.3	12	1,692
	30-34 yrs	7.2	21	3,306
	>35 yrs	7.9	17	2,060
Race/ Ethnicity	White	8.1	46	6,649
	Black	3.9	9	895
	Hispanic	8.7	22	3,010
Education	<12 yrs	11.1	22	2,733
	12 yrs	8.8	18	2,650
	>12 yrs	6.1	42	5,722
Marital Status	Married	5.1	35	4,719
	Other	10.9	47	6,385
Medicaid Recipient	No	4.4	24	3,230
	Yes	10.1	58	7,874

*Illinois Department of Public Health Pregnancy Risk Assessment Monitoring System, 2012*

## COMMUNITY INPUT AND IDENTIFICATION OF PRIORITY ISSUES

### Parent Surveys

Several local organizations disseminated surveys to parents in their communities in order to assess how the need for child services is being met. The responses to these surveys were aggregated and analyzed for central themes. Surveying groups included:

- Addison Early Childhood Collaborative - 107 respondents
- Carol Stream Birth-5 Coalition - 95 respondents
- Metropolitan Family Services - 413 respondents
- Bensenville School District 2 - 56 respondents

The surveys were filled out by parents with a variety of family sizes and a variety of economic backgrounds. A few common themes stood out from the results obtained. Priority issues as identified by the community through these surveys were:

1. **Issues with access to childcare.** Many respondents reported challenges to accessing child care services. One of the most frequently cited problems was limited hours of operation of services, especially hours not conducive to working parents. Other issues highlighted were lack of transportation to services and language or cultural differences between those served and childcare staff.
2. **Need for additional affordable services.** Cost was mentioned as a factor that plays a role in the choice of childcare, and parents in several surveys highlighted the need for more affordable services. Parents also expressed a desire for additional activities or programs for their families and children, especially free or affordable programs or services that occur before or after school or during the summer months. Of note, surveys indicate that there are a significant proportion of parents who are unaware of the CCAP subsidy program.
3. **Obtaining enough healthy food.** Several surveys reported a significant number of respondents requiring the assistance of food programs or wanting information regarding available services (SNAP/WIC/food pantries). Food insecurity as measured with the Hunger Vital Sign was reported as an issue in two of the surveys, with rates higher than those reported for DuPage County.



## Stakeholder Surveys

Partners in the DuPage early childhood community were surveyed to identify common trends or themes among early childhood education and services as seen by stakeholders. The groups conducting these surveys were:

- DuPage Federation on Human Services Reform - 15 respondents
- Metropolitan Family Services - 24 respondents

Top priority issues identified from the results of these surveys were:

1. **Evolving population.** The communities in DuPage County are changing with an increase in poverty and diversity, which presents challenges to accessing child care. This shift in the characteristics of families makes cultural sensitivity an important factor in providing services in early childhood.
2. **Communication barriers.** With the changing community, there is an increase in different languages spoken, presenting an issue when program staff do not speak the same language. It is vital that there is adequate communication between staff and program participants, as well as between staff of the services. Advertising child care services and increased family outreach is also necessary for improving awareness of available programs.
3. **Need for a common message & goals.** The approach of counties and local communities to work in early childhood is increasingly collaborative based with participation from many different community stakeholders. Partners desire a unified message and definition of early childhood and kindergarten readiness in order to focus and advance their work. Agreeing upon common and measurable goals helps centralize the collaborative missions.

## Focus Groups

Several focus groups were held across DuPage County by various organizations and collaborations including Metropolitan Family Services, Addison Early Childhood Collaboration, Carol Stream Birth to 5 Coalition, Bensenville School District 2 and Wheaton-Warrenville Early Childhood Collaborative. Focus groups involved community members or providers and helped to identify interests and priorities in early childhood programs. The various focus groups conducted included:

- Metropolitan Family Services - 3 Parent Focus Groups
- Metropolitan Family Services - 1 Early Childhood Provider Focus Group
- Addison Early Childhood Collaborative - 1 Parent Focus Group
- Bensenville School District 2 - 1 Parent Focus Group

- Carol Stream Birth-5 Coalition - 1 Parent Focus Group
- Wheaton-Warrenville Early Childhood Collaborative – 2 Parent Focus Groups

These focus groups highlighted many similar themes as the survey results. Priority issues included:

1. **Desire for more early childhood programming.** Several parents highlighted that more options exist for older children than younger children. There was great interest in a full-day preschool option.
2. **Lack of transportation.** This appears the most frequently and is one of the most significant barriers to usage of early childhood resources.
3. **Language and cultural disparities.** Both parents and providers recognized that parents are not using early childhood programs due to a language barrier. Service staff and forms do not have enough variety of languages for the diverse population. Cultural norms and beliefs of parents can also play a role in participation in available programs.
4. **Other access issues.** Parents were interested in programs but had many reasons why programs were difficult to access. Included were: limited hours of services, finances/cost of programs, limited program capacity, social isolation, lack of awareness/information, do not know where to go/who to ask about services.

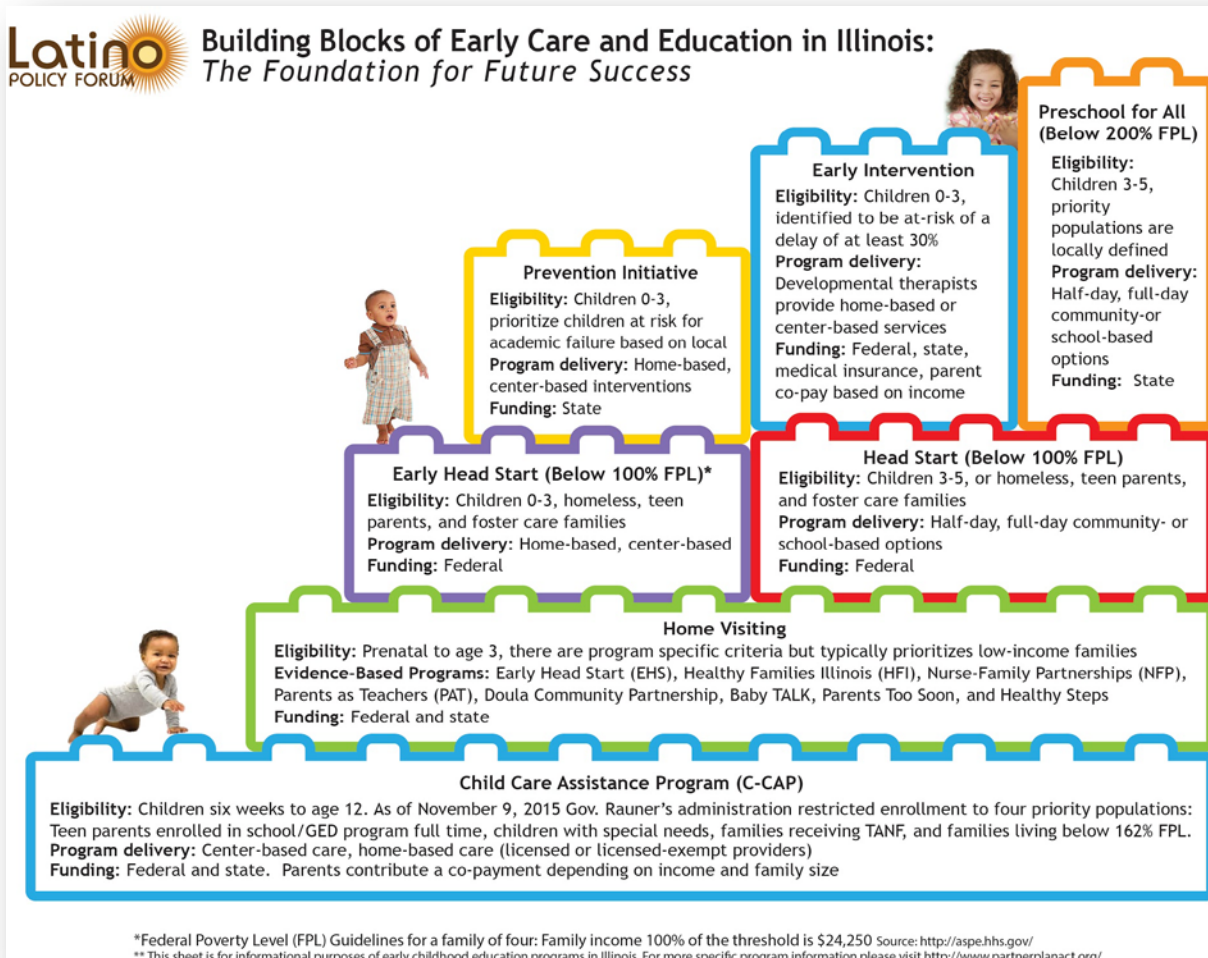
## EXISTING RESOURCES

DuPage County is fortunate to have a wealth of existing organizations and collaborations that provide resources of which the primary focus is the education and wellness of young children. In the following section, some of these available resources for and county partners working in early childhood are described.

### Partner Organizations

Many organizations exist in DuPage County to support early childhood. These partners provide services that promote wellness and education for all children, especially those at increased risk due to poverty or disability. *Figure 7* details these various programs, eligibility criteria, and how they are delivered.

**Figure 7. Programs for Early Childhood in DuPage County**





## Early Childhood Collaboratives & Resources

Several early childhood collaboratives exist on the community level and all of them are connected through a regional collaborative that is hosted by the Federation. Each collaborative group is composed of a variety of stakeholders in the early childhood community. These groups meet on a regular basis to discuss issues in early childhood and methods to best support initiatives and partners in their mission to improve child wellness.

### *Addison Early Childhood Collaborative (AECC)*



AECC is a group of over 40 committed Addison based and county wide community partners who are working collaboratively to meet the needs of Addison families with young children. Their mission is to ensure coordinated and comprehensive quality early childhood experiences are available, accessible and utilized by the diverse families and young children of Addison.

### *Wheaton-Warrenville Early Childhood Collaborative (WWECC)*

WWECC is a group of community agencies, early childhood providers and supporters of early childhood in DuPage County working together to improve kindergarten/school readiness for children in Community Unit School District 200 with a focus on increasing access to services for those in under-resourced areas of the community. Their mission is to effectively coordinate services focused on providing opportunities for learning success and improved Kindergarten readiness for all Community Unit School District 200 children birth to five, especially those most vulnerable.



### *Carol Stream Birth to Five Community Coalition (CSB5CC)*

CSB5CC consists of strong partners showing undeniable dedication in providing solid, systematic, repeatable processes for children to foster growth and development for children as well as providing services for families. The area that they serve is Carol Stream and portions of Bloomingdale and Hanover Park that lie within Community Consolidated School District 93 boundaries. Their mission is to build a foundation of success for all children through community and family partnerships.



*Bensenville Early Learning Collaborative (BELS)*

BELS includes representatives from several different community based agencies including health, family and youth services, libraries, park districts, Early Intervention, school districts, higher education, and others. This group serves Bensenville School District 2. Their mission is to ensure awareness and access to quality early childhood services for all Bensenville families - especially those at risk.

*DuPage Early Childhood Collaboration (DECC)*

Within DECC, partners that serve children 0-5. County-wide, work together toward a set of common goals, which can be found in the ECRC's strategic plan in Appendix C. The overall mission of the ECRC is to ensure that each and every child enters kindergarten safe, healthy, ready to succeed and eager to learn. DECC's initial focus has been the development of a strategic plan for early childhood services and the creation of a strong and stable infrastructure for this group. Some of components of the plan include an assessment of existing resources and gaps, focus groups, identification of potentially accessible resources from local, state, federal and philanthropic sources and the development of common messaging to propel a unified agenda that will enhance public support for early childhood services.

**Community Resource Book**

Assembled by Metropolitan Family Services, the community resource book is a comprehensive guide intended for Head Start families but also shared with collaborating organizations. It aims to empower parents to pursue resources to assist them in caring for their young children. To view this resource, visit [www.dupagefederation.org](http://www.dupagefederation.org).

**DuPage CRIS**

An extensive online tool and database to find local services. One can also contact DuPage CRIS directly at 800.942.9412. <http://dupagecris.org>

**Home Visiting Services**

Home visiting programs are key to building a strong foundation in early childhood. The home is the ideal environment in which to promote positive parenting and intimacy building between the parent and child, healthy child growth and development, and to prepare young children for success in school. These programs provide resources and services to new parents to help empower them to create the

best possible start for their family. The DuPage County Home Visiting Network consists of the following listed partners. A more detailed list of these programs is available in *Appendix D*.

- Family Focus DuPage Healthy Families & Doula Program
- DCHD Healthy Families
- Teen Parent Connection Healthy Families & Doula Program
- Project HOPE- Birth to 3 (Parents as Teachers)
- Great Start (Better Birth Outcomes)
- Metropolitan Family Services Early Head Start & Head Start
- Regional Office of Education- Parents as Teachers
- Glen Ellyn School District #41
- Bensenville School District #2
- Naperville School District #203
- Project HELP

## **Child Care Resource & Referral Network**

The YWCA's Metropolitan Chicago, Early Childhood Services is part of the state of Illinois' Child Care Resource & Referral network, which provides parents referrals to Early Childhood programs; including Licensed and License Exempt Family & Center based Child Care, Preschool for All, Head Start, Early Head Start, and Before and After school Programs in DuPage and Kane Counties. Parent Educators work with parents to locate quality, affordable child care and programming that fit the needs of their family. YWCA Metropolitan Chicago administers the Illinois Child Care Assistance Program providing low-income working parents access to affordable quality child care. The YWCA provides application assistance and case management for families applying and utilizing the program.

## **Partner Plan Act**

For extensive resources on community systems building, collaborations across the state, templates, policy happenings and more, Partner Plan Act, hosted by Illinois Action for Children is a site that can be of great assistance. <http://partnerplanact.org/>

## **Impact DuPage**

Impact DuPage is committed to creating a common understanding of community needs, gaps, and priorities that will advance the well-being of the DuPage County community. For local research and data needs this site is maintained and updated regularly and can be an excellent reference. <http://www.impactdupage.org/>

## CONCLUSIONS AND AREAS OF OPPORTUNITY

Based on a thorough and holistic review of the early childhood system the following conclusions can be made. While we have engaged numerous stakeholders and community members to form these observations, they remain the opinions of the Federation.

The early childhood community in DuPage County is diverse and complex. While the size of the child population is relatively stable, the demographics of the population have changed a great deal over time with significant growth among Hispanic and African American groups. There has also been a shift in socioeconomic status to more residents living in poverty or with low income. Of note, though only 4.66% of DuPage County is African American, 27.4% of African American children are living below the poverty level. Another concerning finding is the rate of food insecurity in DuPage County. It is reported as higher than the state level, but the methodology behind this statistic is based on relationships and estimates and does not take into account raw data, so it may not create an accurate picture. Surveys using the Hunger Vital Sign indicate that food insecurity may be a larger problem than the statistics indicate in some communities.

As far as birth statistics, the number of teen mothers (<20 years old) has been steadily down trending the past couple of years. Conversely, the number of older mothers (30-39 years old) has been on the increase. This may partially explain the small increase in the infant mortality rate the county has seen over the same time period.

Over the past couple of years the number of children receiving CCAP benefits has increased by 1%. Fortunately, the slot gap for infants, toddlers, and preschoolers is decreasing as there are more slots available through DuPage early childhood programs, but there is still a discrepancy between the total number of children in DuPage County and those who are served.

For child health factors, there is a significant decrease over the past several years in the number of children who are receiving full medical benefits through programs for uninsured children in DuPage County. This is potentially due to increased enrollment of uninsured residents in marketplace insurance programs through the Affordable Care Act. The county is doing well controlling childhood vaccine preventable diseases with zero reported cases of *Haemophilus influenzae* and *Streptococcus pneumoniae* in 2015, which can be dangerous for young children. The high rates of vaccination compliance reported by ISBE certainly drives these numbers.

## Areas of Opportunity

- Public/private partnerships should be explored to adequately address the dire need for physical space for more classrooms.** Even when funding is potentially available, one of the biggest barriers to increasing slots has been physical space to house classrooms. This provides a significant opportunity to private partners that may be able to provide creative solutions using existing resources in the community. There is also then the added complexity of district and program boundaries. New classrooms could not only serve high needs children but enhance the communities in which they reside. This area of opportunity has primarily come to light through conversations on the ground. It is now to a critical point where we must find the data to verify and address this need.
- The number of available childcare slots does not correlate to the level of need, much less affordable care. An emphasis must be placed on increased slots for children 0-2.** Parents may not be able to enter or continue within the workforce because of the costs and inflexible hours of childcare available. A particular area of need is for children under the age of three that could receive early childhood experiences. Only 24.6% of children 0-2 can be served by our current system<sup>14</sup>. Many lower income families weave together a patchwork of employment outside of traditional childcare hours. Half day programs can be even more limiting to parents that must work full time. If we are to engage more families we must meet the families where they are at and that includes location, ages, hours and cost. The data indicates that the discrepancy between the families who qualify for the child care assistance program and those who utilize the program is great. Programs like the CCAP subsidy already exist but can be more fully utilized. Full day childcare or childcare outside of 8am-5pm hours are a consideration for child care programs. An emphasis should be placed on finding resources to further support programs that target children ages 0-2.
- Increased childhood poverty must be addressed by building out a system which provides more economic stability for heads of household.** A particular emphasis should be placed on supports for single mothers and/or minority populations. CCAP may be a resource to help more parents work or attend school but it is currently underutilized. Inconsistent policy has also deterred some parents from enrolling and providers from accepting CCAP subsidies. ExceleRate Illinois is a statewide quality recognition and improvement system. Supply and demand influence systems therefore it is equally important

<sup>14</sup> Percentage is based on all children 0-2 and not solely low income.

to simultaneously increase awareness by parents so they recognize ExceleRate and feel comfortable sending their children to these programs with higher rankings.

- **Common messaging is sought by both families and professional providers.** The more we are able to drill down the complex needs of our families, the more we can be thoughtful and strategic about building partnerships to address these needs and help more children become kindergarten ready. Too often data collection is regarded as an additional duty of professionals that are not properly trained in data analysis. Or program managers are deeply entrenched in day to day duties that don't allow adequate time to sustain collaborative efforts. Professionals in DuPage have expressed a strong desire to agree on common messaging so that we can begin measuring our impact year over year. This messaging would also allow us to strategically drive forward a collective agenda.
- **Linguistic isolation continues to be an issue and can potentially be addressed through diverse hiring practices, dual language programs and overall education on how to better engage hard to reach parents.** Parents and providers all acknowledged that staff, providers and teachers need to address cultural disparities. Further research and partnerships can quantify these findings to best find the appropriate interventions.
- **Another concerning finding which requires further research, is the rate of food insecurity in DuPage County.** It is anecdotally reported as higher than the state level. The methodology behind this statistic is based on an extensive pilot at a busy pediatric office with multiple locations. Community surveys using the Hunger Vital Sign also indicate that food insecurity may be a larger problem than the statistics indicate. More extensive research is needed to verify alarming rates as high as 30-60%. Agencies can continue to embed hunger vital signs within existing parent surveys or questionnaires. It is also a natural place to engage the medical profession to provide them with resources in case families indicate they are in need of food. Collaborations such as FORWARD are working diligently on childhood obesity and efforts should be made to align goals between this group and the early childhood collaborations. Promising research and interventions are being designed by the DuPage County Health Department in relation to WIC clients.
- **In public preschools the transition to kindergarten may be navigated smoothly but in private or family childcare this process may not be adequately addressed.** Fostering intentional modes of communications between parents, families, early childhood providers and school systems could improve this measure. Starting at the grassroots level



could be particularly effective. Common messaging campaigns locally could help define what it means to be kindergarten ready so that parents, families and providers can prepare effectively during the earliest years. Local collaborations and partner organizations might be well positioned to perform outreach to hard to reach families.

Further research is needed to review the full scope of childhood trauma, which may be underreported,



to determine the effects on both children and families within DuPage. Unfortunately, it appears that the rate of child abuse and neglect is up for all races, genders, and all ages 0-5 in Illinois, except for the overall rate of child sexual abuse in DuPage County. A higher rate of abuse and neglect may correlate with the increasing rates of poverty in the area.

Research, through public/private partnerships should be conducted to review real estate that may potentially be used to build out more classrooms.

Lastly, a review of the early childhood workforce in DuPage should be conducted to identify the current engagement of diverse early childhood professionals and how we may work with partners to enhance recruitment, retention and training efforts.

In conclusion, much is to be celebrated within our early childhood landscape but as with all communities, there are areas of opportunity. DuPage is rich with resources and committed to collaborative work as is evidenced by decades of successful partnerships. It is our hope that this portfolio will enhance this work across the county and allow us to create measurable impact on behalf of a critically important group of residents, our children.

## APPENDIX A: ACRONYM GUIDE

APORS	Adverse Pregnancy Outcome Reporting System
ASQ	Ages and Stages Questionnaire
BLS	Bureau of Labor Statistics
CCAP	Child Care Assistance Program
CCR&R	Child Care Resource and Referral
CFC	Child and Family Connections
CoC	Continuum of Care
DCFS	Department of Child and Family Services
DCHD	DuPage County Health Department
EHS	Early Head Start
EI	Early Intervention
EMS	Emergency Medical Services
FORWARD	Fighting Obesity Reaching healthy Weight Among Residents of DuPage
HS	Head Start
IDHS	Illinois Department of Human Services
IDPH	Illinois Department of Public Health
IECAM	Illinois Early Childhood Asset Map
IEP	Individualized Education Program
ISBE	Illinois State Board of Education
LEA	Local Education Agencies
NAEYC	National Association for the Education of Young Children
PADS	Public Action to Deliver Shelter
PFA	Preschool for All
PI	Prevention Initiative
PRAMS	Pregnancy Risk Assessment Monitoring System
PreK	Pre-Kindergarten
TANF	Temporary Assistance for Needy Families
USDA FNS	United States Department of Agriculture Food & Nutrition Services

## APPENDIX B:

# DUPAGE EARLY CHILDHOOD COLLABORATION STRATEGIC PLAN 2016-2019

### VISION

*Ensure that each and every child enters kindergarten safe, healthy, ready to succeed and eager to learn.*

### GOALS & OUTCOMES

#### REGIONAL GOAL #1 INFRASTRUCTURE

*DuPage County will have an effective and efficient system of supports for young children and their families, including early care and education, health services and other supports. A long-term structure and funding principles for the regional early childhood collaboration will be developed.*

- **System Outcome:** The early childhood collaboration will be organized, structured and supported. Conduct strategic planning process to identify needs of young children and families in DuPage County, and best approaches to meet those needs. Local funding priorities will be aligned with best practices to ensure kindergarten readiness.
- **Child & Family Outcome:** Parents will increasingly know where to go to seek necessary information about quality early childhood systems in their local communities.
- **Data to measure impact:**
  - MOUs created and signed by funding partners (4)
  - Strategic plan created, with key input from local collaboratives
  - Number of funding sources continued and increased (2 current)
  - Sustainability plan developed
  - Local collaboration websites built and maintained by the Federation.
  - # of families at events
  - # of families having previous early childhood programming upon entry into kindergarten
  - # of children screened prior to start of kindergarten

## REGIONAL GOAL #2 COMMON MESSAGING

*The regional collaboration will develop and utilize agreed upon common messaging that promotes the importance of early learning, to build consistency across the county.*

- **System Outcome:** Promote shared definition of kindergarten readiness across school districts and institutions in which children interact on a consistent basis, i.e. childcare, medical, etc.
- **Child & Family Outcome:** Parent and caregivers develop increased understanding of child development and how to best support their own child's physical, mental, social and emotional growth.
- **Data to measure impact**
  - Shared materials developed or current materials recirculated
  - # of children kindergarten ready increased, with an emphasis on targeted communities
  - Website and social media presence including "hits"
  - Media opportunities from all collaboratives including: press releases, articles, blogs, television appearances, etc.
  - Outreach plan to inform parents and families of common messaging

## REGIONAL GOAL #3 LOCAL COLLABORATION SUPPORT & DEVELOPMENT

*Regional support of local collaborations.*

- **System Outcome:** Provide support to current and emerging local collaboration efforts, which includes framework, alignment, and resource development opportunities. Current early childhood collaborations maintained. New and emerging collaborations coached across the county to increase and coordinate improved early childhood systems for families and young children.
- **Child & Family Outcome:** Families benefit from a comprehensive, seamless, well-coordinated system of early care and education in their communities.
- **Data to measure impact:**
  - Local early childhood collaboratives maintained (5)
  - New collaboratives started
  - Shared funding opportunities (if applicable)
  - Leveraging of additional resources (technical, in-kind, staff, etc.)
  - Toolkit and lessons learned developed for new collaborations

## REGIONAL GOAL #4 DATA

*Programs serving young children and families will have easy access to the data and information needed to build support for EC services.*

- **System Outcome:** The public and key decision makers will demonstrate increased support for early childhood education and care.
- **Child & Family Outcome:** Local communities will use data to design programs and interventions. Targeted interventions will begin to reach the most at-risk families. Families will have access to services that meet their needs.
- **Data to measure impact:**
  - # of community surveys across region
  - Needs assessment conducted and report written
  - Website housed on DuPage Federation site to contain research and data, with professionals as the target audience.

## REGIONAL GOAL #5 POLICY

*The community of persons concerned about young children will develop a coordinated policy agenda that will enhance public support for early childhood services.*

- **System Outcome:** Provide a coordinated approach to advocacy efforts at both the state and local levels that impact our children. Engage additional sectors such as medical, business, park districts, libraries and faith-based institutions.
- **Child & Family Outcome:** Support of local efforts to build community leadership, with a special emphasis on empowering parents to be advocates for themselves and their children.
- **Data to measure impact:**
  - # of organizations within all collaboratives outside of social service and educational institutions
  - # of parent committees formed across the region
  - Passing referendum (if applicable)
  - Maintained or increased appropriations for early childhood services
  - Maintained or increased slots/seats for early childhood programs
  - County-wide efforts to coordinate advocacy such as media, legislative visits, etc.

## REGIONAL GOAL #6 REFERRALS

*Provide coordination for sharing data, information, resources, and best practices.*

- **System Outcome:** Referral processes and communication between agencies will increasingly be refined increasing service levels and impact of resources.
- **Child & Family Outcome:** Referral infrastructure will be easier to access, understand and use by families that are engaged in the early childhood system.
- **Data to measure impact:**
  - Creation of shared consent or common intake form
  - Sharing of resource guides and/or development of new guides



## APPENDIX C: 0-5 CHILD FIND: REFLECTING THE NUMBER OF CHILDREN REPORTED SCREENED

<i>CEC/CPS/DCES</i>	<i>Total Screened</i>	<i>Age 0-11 Mos</i>	<i>Age 12-23 Mos</i>	<i>Age 24-35 Mos</i>	<i>Age 36-47 Mos</i>	<i>Age 48-60 Mos</i>	<i>Age 61+ Mos</i>	<i># Children Not Referred</i>
05 Child and Family Connections 750 Warrenville Road, Ste. 300, Lisle, IL 60532 - Lori Orr, ext.117								
July 2015	0	0	0	0	0	0	0	0
August 2015	154	1	2	28	61	62	0	35
September 2015	919	755	43	19	63	36	3	10
October 2015	348	16	14	49	157	105	7	30
November 2015	90	3	2	22	33	26	4	9
December 2015	816	726	38	24	14	14	0	10
January 2016	282	31	56	53	76	47	19	40
February 2016	205	10	7	24	115	40	9	16
March 2016	752	660	30	24	30	8	0	2
<b>Total</b>	<b>3566</b>	<b>2202</b>	<b>192</b>	<b>243</b>	<b>549</b>	<b>338</b>	<b>42</b>	<b>152</b>

	# of Children Ages 0 to 3 Referred to				# of Children Ages 3 to 5 Referred to				Sub-Total for Age 0-35 mos	Sub-Total for Age 36-61+ mos
	Early Intervention	Early Head Start	Other Services	# Re-referred for Screening	Early Childhood Spec Ed	Pre-School for All	Head Start	Other Services	# Re-referred for Screening	
July 2015	0	0	0	0	0	0	0	0	0	0
August 2015	2	4	3	6	39	64	5	6	25	123
September 2015	3	0	1	3	37	10	2	2	12	102
October 2015	9	0	39	6	51	121	3	36	35	269
November 2015	4	2	0	3	30	5	3	0	19	63
December 2015	0	0	1	1	11	5	0	4	0	28
January 2016	45	0	8	33	34	45	0	11	21	142
February 2016	7	0	5	6	51	53	0	6	24	164
March 2016	0	0	0	0	14	21	0	0	3	38
<b>Total</b>	<b>70</b>	<b>6</b>	<b>57</b>	<b>58</b>	<b>267</b>	<b>324</b>	<b>13</b>	<b>65</b>	<b>139</b>	<b>929</b>

Retrieved from: <http://www.childfind-idea-il.us/>

## APPENDIX D: DUPAGE COUNTY HOME VISITING NETWORK PROGRAMS

Metropolitan Family Services Early Head Start & Head Start	Federal Funding	<ul style="list-style-type: none"> <li>• Prenatal to 3 years old (Early Head Start)</li> <li>• 3 or 4 years of age by September 1<sup>st</sup> (Head Start)</li> <li>• Must be at or below the Poverty Guideline</li> <li>• Must live in the target communities</li> <li>• May enroll families up to 230% of poverty level</li> </ul>	DuPage	72 families. Keeps waiting list
Regional Office of Education-Parents as Teachers	Illinois State Board of Education (Prevention Initiative)	<ul style="list-style-type: none"> <li>• At risk children and families with children- prenatal to age 3</li> <li>• Income is small factor (at-risk prioritization)</li> <li>• Must live with in school 7 school districts served</li> <li>• Services available in English or Spanish</li> </ul>	7 school districts: Addison 4 Bensenville 2, 100 Carol Stream 93 Glendale Hts. 15,16 Keeneyville 20	105 families
Glen Ellyn School District 41	Illinois State Board of Education (Preventive Initiative)	<ul style="list-style-type: none"> <li>• Prenatal-3 years old home visits and groups,, 3-5 year old</li> <li>• groups and PreK a-risk</li> <li>• Must live in District 41 (Glen Ellyn north of Roosevelt Road,</li> <li>• parts of Wheaton, Lombard, Glendale Hts, Carol Stream)</li> <li>• Prevention Initiative-most at risk</li> <li>• General parenting program for children and parents birth-5 years</li> <li>• 80 at-risk Pre-K spots with free transportation</li> </ul>	District 41 Home-based and weekly group connections off-site (Glendale Hts. & Glen Ellyn)	10-12 families in full program Groups open to all.
Bensenville School District #2	Illinois State Board of Education (Prevention Initiative)	<ul style="list-style-type: none"> <li>• Prenatal to 3 years old</li> <li>• Must meet at risk criteria</li> <li>• Must live in the school district</li> </ul>	Home-based monthly workshops, playgroups, library story-time activities	75 families 120 Pre-K

Family Focus DuPage Healthy Families & Doula Program	Illinois State Board of Education	<ul style="list-style-type: none"> <li>• Participant prefers services in Spanish</li> <li>• HF: 19 and under (1st/2nd time parents)</li> <li>• Doula: 22 and under (1st/2nd time parents)</li> <li>• Participant must score positive on an over phone Intake Screening using the HF Assessment Tool</li> <li>• Participant must be pregnant or baby less than three months old (Must be assessed within 2 weeks of birth)</li> <li>• Program completion is when child turns 5</li> </ul>	DuPage/Elgin	Between 85-135 Families
Naperville School District #203	Illinois State Board of Education (Prevention Initiative)	<ul style="list-style-type: none"> <li>• Prenatally – 3 years</li> <li>• Enroll throughout the year with caseload availability</li> <li>• Must live in Naperville #203</li> </ul>	Naperville School District #203	Approx. 15 Spanish families 10 Eng families
Project HELP	Private	<ul style="list-style-type: none"> <li>• 0-12 years of age</li> </ul>	DuPage	Dependent on availability of professional staff and trained mentor
DCHD Healthy Families	Department of Human Services	<ul style="list-style-type: none"> <li>• Participant prefers services in English or Spanish</li> <li>• Age: At least 20 years old</li> <li>• Participant must score positive on a phone screening</li> <li>• Participant must be pregnant or baby less than three months old</li> <li>• First time parents</li> <li>• Program complete when child turns 5</li> </ul>	DuPage	60 families
Teen Parent Connection Healthy Families & Doula Program	Department of Human Services	<ul style="list-style-type: none"> <li>• Participant prefers services in English</li> <li>• HF: 19 and under</li> <li>• Doula: 22 and under</li> <li>• Participant must score positive on an over phone Intake Screening using the HF Assessment Tool</li> <li>• Participant must be pregnant or baby less than three months old (Must be assessed within 2 weeks of birth)</li> <li>• Program completion is when child turns 5</li> </ul>	DuPage	Between 83-137 families

Project HOPE- Birth to 3 (Parents as Teachers)	Illinois State Board of Education (Prevention Initiative)	<ul style="list-style-type: none"> <li>• Participant prefers service in English or Spanish</li> <li>• Program designed to serve families for 3 years (plus prenatally)</li> <li>• At-risk matrix to assess and place families with highest needs</li> <li>• Transition plans in place between 0-3 and district preschool program</li> <li>• Must live in W. Chicago school district</li> </ul>	West Chicago School District 33	170 children
Great Start (Better Birth Outcomes)	IDHS	<ul style="list-style-type: none"> <li>• Participant prefers services in English or Spanish</li> <li>• No age restrictions</li> <li>• Participant must be less than 20 weeks pregnant</li> <li>• Participant must meet two criteria on 707G (Cornerstone)</li> </ul>	DuPage	90 families

## REFERENCES

1. Aber, J.L., Bennett, N.G. (1997). The Effects of Poverty on Child Health and Development. *Annual Review of Public Health*. 18, 463-83.
2. Aratani, Y. (2009). Homeless Children and Youth. *National Center for Children in Poverty*. Retrieved from: [http://www.nccp.org/publications/pdf/text\\_888.pdf](http://www.nccp.org/publications/pdf/text_888.pdf)
3. Center on the Developing Child (2009). Five Numbers to Remember About Early Childhood Development (Brief). Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
4. Dubow, E.F., Boxer, P., Huesmann, L.R. (2009). Long-term Effects of Parents' Education on Children's Educational and Occupational Success: Mediation by Family Interactions, Child Aggression, and Teenage Aspirations. *Merrill-Palmer quarterly (Wayne State University Press)*. 55(3), 224-249. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>
5. Engle, P.L., Black, M.M. (2008). The Effect of Poverty on Child Development and Educational Outcomes. *Annals of the New York Academy of Sciences*. 1136(1), 243-56. Retrieved from: [http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1002&context=psyed\\_fac](http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1002&context=psyed_fac)
6. Family Structure: Indicators on Children and Youth. (2015) *Child Trends Data Bank*. Retrieved from: [http://www.childtrends.org/wp-content/uploads/2015/03/59\\_Family\\_Structure.pdf](http://www.childtrends.org/wp-content/uploads/2015/03/59_Family_Structure.pdf)
7. Feeding America. Map the Meal Gap. *Feeding America*. Retrieved from: <http://map.feedingamerica.org/county/2013/child/illinois/county/dupage>
8. Guo, S.S. & Chumlea, W.C.. (1999) Tracking of body mass index in children in relation to overweight in adulthood. *American Journal of Clinical Nutrition*. 70, S145-8.
9. Kirkpatrick, S.I., McIntyre, L., Potestio, M.L.. (2010) Child hunger and long-term adverse consequences for health. *Archives of Pediatric and Adolescent Medicine*. 164(8), 754-62.
10. Luo, M. (2009, Nov. 11) Job Woes Exacting a Toll on Family Life. *New York Times*. Retrieved from [http://www.nytimes.com/2009/11/12/us/12families.html?\\_r=0](http://www.nytimes.com/2009/11/12/us/12families.html?_r=0)
11. Office of the Surgeon General. (2010) The Surgeon General's Vision for a Healthy and Fit Nation. *U.S. Department of Health and Human Services*. Retrieved from: [http://www.ncbi.nlm.nih.gov/books/NBK44660/pdf/Bookshelf\\_NBK44660.pdf](http://www.ncbi.nlm.nih.gov/books/NBK44660/pdf/Bookshelf_NBK44660.pdf)
12. Siegel, P., Martin, E., Bruno, R. (2001). Language Use and Linguistic Isolation: Historical Data and Methodological Issues. *United States Census Bureau*. Retrieved from: <https://www.census.gov/content/dam/Census/library/working-papers/2001/demo/li-final.pdf>
13. Wilson, J.H. (2014). Investing in English Skills: The Limited English Proficient Workforce in U.S. Metropolitan Areas. *Brookings*. Retrieved from: [http://www.brookings.edu/~media/Research/Files/Reports/2014/09/english-skills/Srvy\\_EnglishSkills\\_Sep22.pdf?la=en](http://www.brookings.edu/~media/Research/Files/Reports/2014/09/english-skills/Srvy_EnglishSkills_Sep22.pdf?la=en)