

COMMUNITY REPORT ON CHILDREN  
ENTERING SCHOOL IN 2003-2004  
ROCHESTER, NEW YORK

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# COMMUNITY REPORT ON CHILDREN ENTERING SCHOOL IN 2003-2004

## Introduction

This report describes findings from the Parent Appraisal of Child's Experiences (PACE), a parent-completed instrument that allows systematic collection of important screening information about children as they are enrolled in school. These data were collected during or immediately prior to the 2003-2004 school year, primarily from parents of children entering the Rochester public schools.

The PACE was designed to combine and exceed the functionality of two prior measures: the Health Appraisal Form and the Kindergarten Parent Review, both used since 1989 by the Monroe County Health Department (MCHD), Rochester City School District (RCSD), and schools in Monroe BOCES #1. The original PACE was jointly developed by MCHD, RCSD, and Children's Institute, in consultation with numerous early childhood professionals, including teachers, audiologists, physical and occupational therapists, speech pathologists, social workers, school psychologists, school nurses, and pediatricians.

In 2001 and 2002 Children's Institute, again in consultation with numerous professionals, created PACE version 2.0, the edition with which this report is concerned. A revised version 3.0 is expected to be released March, 2006. Additionally, Children's Institute is preparing to pilot test a "PACE – E" for children in late elementary grades; and is presently creating a PACE – M for middle school-aged children and a PACE – IT for Infants and Toddlers. The release dates for these three versions of the PACE have not yet been announced.

The PACE 2.0 consists of eight major sections:

- Family demographic information
- Childcare history
- General health information
- Motor and sensory functioning
- Speech and language development
- School skills
- Social, emotional, and behavioral functioning
- Life experiences

This report details information regarding the status of children entering school with regard to medical, educational, and social indicators. It provides up to five-year trends in areas covered by the current version of the PACE. We believe that the PACE sample provides a relatively comprehensive picture of the status of children entering school in the City of Rochester. Although some parents did not return the PACE to the school, information from the preponderance of new enrollees is available.

These data were collected through the efforts of numerous people. Most respondents, primarily parents, completed the PACE without assistance; some completed the PACE with assistance from school nurses, clerks, teachers, or school administrators. Once completed, the PACE measures were sent to Children's Institute for scanning, analyses, and reporting.

Because of the large sample sizes involved, in examining changes from prior years, we used chi-square tests with a significance criterion of  $p \leq .001$ . Only trend findings which meet or exceed this stringent threshold have been described in this report as statistically significant.

## History of the PACE

The PACE was developed to meet three main purposes:

1. To provide school personnel with a means for routinely obtaining systematic information from parents regarding their children.
2. To supplement the kindergarten screening process by providing important parent perspectives.
3. To provide school districts and the community in general with a timely description of the health, family situations, and school readiness skills of children entering kindergarten.

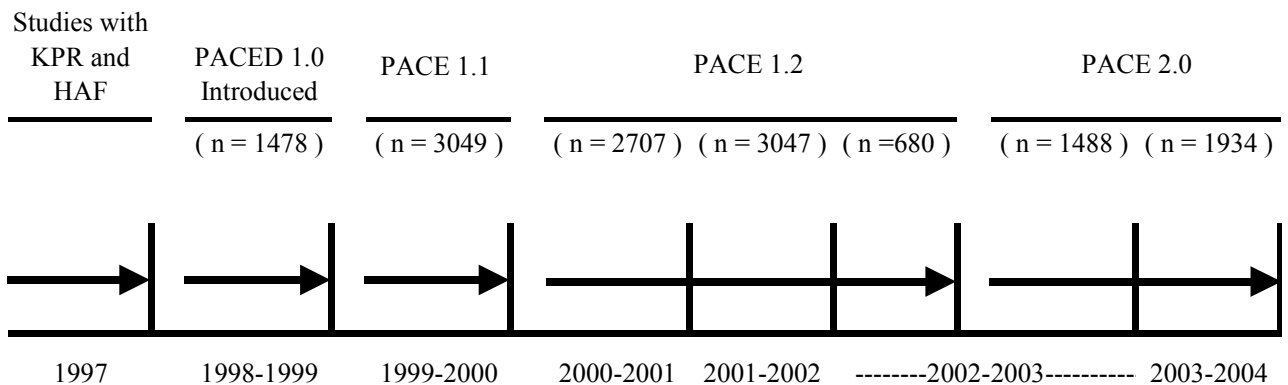
Development of the PACE occurred in three main phases.

**Phase I** involved preliminary analyses of data collected from two earlier instruments, the Kindergarten Parent Review (KPR) and the Health Appraisal Form (HAF). Two studies determined that, together, certain HAF and KPR items could predict over 40% of achievement four to six years later.

**Phase II** consisted of the development of the new instrument (the PACE), based on what was learned from Phase I, and consultation provided by an extensive network of professionals, including parents, school administrators, teachers, pediatricians, school nurses, speech and language pathologists, audiologists, physical therapists, school, clinical, and developmental psychologists, and occupational therapists.

*Phase III is an on-going process of testing and refinement of the measure.*

### Timeline for PACE versions



Following are samples of the PACE 2.0 measure and an individual report illustrating the information returned to schools.

# Parent Appraisal of Children's Experiences 2.0 (PACE)



Use a No. 2 pencil only. Fill in ovals completely.

Correct Mark

Child's Name: \_\_\_\_\_  
Last, First

Grade:  Prekindergarten  Kindergarten  First  Other \_\_\_\_\_

Sex:  Male  Female

Child's Race/Ethnicity (Fill in all that apply):  Asian/Pacific Islander  
 Black/African-American  Latino/Hispanic  Native American  
 White/Non-Hispanic  Other \_\_\_\_\_

School: \_\_\_\_\_

Your Relationship to this Child (Fill in one oval):  Mother  Father  
 Grandmother  Grandfather  Aunt  Other \_\_\_\_\_

Child's Birth Date			Today's Date	
Month	Day	Year	Month	Year
<input type="radio"/> Jan	<input type="radio"/> 0	<input type="radio"/> 1994	<input type="radio"/> Jan	<input type="radio"/> 2002
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 1995	<input type="radio"/> Feb	<input type="radio"/> 2003
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 1996	<input type="radio"/> Mar	<input type="radio"/> 2004
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 1997	<input type="radio"/> Apr	<input type="radio"/> 2005
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 1998	<input type="radio"/> May	<input type="radio"/> 2006
<input type="radio"/> June	<input type="radio"/> 5	<input type="radio"/> 1999	<input type="radio"/> June	<input type="radio"/> 2007
<input type="radio"/> July	<input type="radio"/> 6	<input type="radio"/> 2000	<input type="radio"/> July	<input type="radio"/> 2008
<input type="radio"/> Aug	<input type="radio"/> 7		<input type="radio"/> Aug	
<input type="radio"/> Sept	<input type="radio"/> 8		<input type="radio"/> Sept	
<input type="radio"/> Oct	<input type="radio"/> 9		<input type="radio"/> Oct	
<input type="radio"/> Nov			<input type="radio"/> Nov	
<input type="radio"/> Dec			<input type="radio"/> Dec	

Home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
Zip	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
Code	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

Child's Address: \_\_\_\_\_  
Street

Home Phone: \_\_\_\_\_

Father's/  
Guardian's Name: \_\_\_\_\_

Father's Age:  17-20  21-24  
 25-29  30-34  
 35-39  Over 39

Father's Daytime Phone: \_\_\_\_\_

Mother's/  
Guardian's Name: \_\_\_\_\_

Mother's Age:  17-20  21-24  
 25-29  30-34  
 35-39  Over 39

Mother's Daytime Phone: \_\_\_\_\_

Does the child have a doctor?  No  Yes

Does the child have a dentist?  No  Yes

Name of Child's Doctor/Clinic: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_

Child's Current Health Insurance:  None  Medicaid-Blue Choice option or Monroe Plan  Medicaid-Preferred Care option  Straight Medicaid  Child Health Plus  Blue Choice  Preferred Care  Other \_\_\_\_\_

During the past 12 months, how many months has this child had health insurance (Fill in one oval):  
 None  1  2  3  4  5  6  7  8  9  10  11  12 months

Parents' Education (Fill in the oval of the highest education for each):

Child's Mother (or female caregiver)	
<input type="radio"/> Some high school	<input type="radio"/> Some college
<input type="radio"/> GED	<input type="radio"/> Two year degree
<input type="radio"/> High school graduate	<input type="radio"/> Four year degree
<input type="radio"/> Technical or trade school	<input type="radio"/> Graduate degree

Child's Father (or male caregiver)	
<input type="radio"/> Some high school	<input type="radio"/> Some college
<input type="radio"/> GED	<input type="radio"/> Two year degree
<input type="radio"/> High school graduate	<input type="radio"/> Four year degree
<input type="radio"/> Technical or trade school	<input type="radio"/> Graduate degree

Did the mother ever receive special education services?  
 No  Yes

Did the father ever receive special education services?  
 No  Yes

Which adults (18 years or older) live in this child's home? (Fill in all that apply, including yourself):

- Child's mother  Child's stepmother  Child's adult sister  Grandmother  Aunt  Other female  
 Child's father  Child's stepfather  Child's adult brother  Grandfather  Uncle  Other male

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PLEASE DO NOT WRITE IN THIS AREA

64493



Children (under 18 years old) in the home (Please complete for each child. Do NOT include this child):

Name	Sex	Age in years	Childcare/School Name
Child 1	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> 0-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-13 <input type="radio"/> 14-17	
Child 2	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> 0-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-13 <input type="radio"/> 14-17	
Child 3	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> 0-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-13 <input type="radio"/> 14-17	
Child 4	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> 0-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-13 <input type="radio"/> 14-17	
Child 5	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> 0-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-13 <input type="radio"/> 14-17	

Childcare Experiences (For the child being enrolled, please fill in the information for each year of your child's life):

Child's Age	At Home Full-time	Went to A Center			Went to Caregiver's Home		
		Days Per Week	Time	Period	Days Per Week	Time	Period
0-12 Months	<input type="radio"/>	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only
13-24 Months	<input type="radio"/>	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only
2 Years Old	<input type="radio"/>	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only
3 Years Old	<input type="radio"/>	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only
4 Years Old	<input type="radio"/>	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only
5 Years Old	<input type="radio"/>	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only	<input type="radio"/> Full Day <input type="radio"/> Morning <input type="radio"/> Afternoon	<input type="radio"/> 5 Days <input type="radio"/> 3-4 Days <input type="radio"/> 2 or Fewer	<input type="radio"/> All Year <input type="radio"/> School Year <input type="radio"/> Summer Only

Name of Most Recent Center: \_\_\_\_\_

Phone #: \_\_\_\_\_

## General Health Information

1. At birth, how much did this child weigh?

- Less than 3 lbs 5 oz  
 Less than 5 lbs 8 oz  
 Between 5 lbs 8 oz and 9 lbs  
 More than 9 lbs

Child's weight at birth \_\_\_\_\_

2. Based on your "due date" was this child -

- Premature (born 6 weeks early or earlier)  
 Full term

3. How long was he/she breast fed?

- Never  
 Less than one month  
 One to 2 months  
 Two to 6 months  
 More than 6 months

4. As a newborn, was your child ever in the intensive care or special care nursery?

- No  Yes

If yes, how many days?

- 1-2 days  3-4 days  
 5-6 days  7-8 days  9-10 days  10+ days

5. Has your child ever stayed in the hospital:

overnight?  No  Yes

for 3 days or more?  No  Yes

If yes, please explain: \_\_\_\_\_

6. Which allergies does your child have? (Please specify which Foods, Medications, or Other, if any.)

- None  
 Bee sting  
 Seasonal (such as hayfever, pollens, etc.)  
 Food \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

7. Does your child take any prescription medications now?

- No  
 Yes

If yes, please list all:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

8. When did your child last see a doctor for a routine physical?

- Never  More than a year ago  
 Within past 6 months  More than two years ago  
 Within past year  Do not remember

9. When did your child last see a dentist for a check-up or dental work?

- Never  More than a year ago  
 Within past 6 months  More than two years ago  
 Within past year  Do not remember



10. Does your child ever need to stop playing because of breathing problems?  
 No  Yes
11. How many days a week does your child usually have wheezing, coughing, or shortness of breath?  
 None  One  Two  Three  4 or more days
12. How many days a week does your child usually wake up from sleep because of wheezing, coughing, or shortness of breath?  
 None  One  Two  Three  4 or more days
13. Has a doctor ever said that your child has *asthma*?  
 No  Yes  
 If Yes:
- 13a. Does your child take *medicine every day to prevent asthma symptoms*?  
 No  Yes, List \_\_\_\_\_
- 13b. Over the past 12 months, how many times has your child needed *emergency medical visits for asthma*?  
 None  One  Two  
 Three  Four  5 or more times
14. Has your child *ever* had any health conditions that required *emergency medical attention*?  
 None  Asthma  Broken bones  
 Burns  Head injury  Seizures  
 Other \_\_\_\_\_

15. Please fill in the oval if your child has ever had any of the following:
- |   |   |
|---|---|
| <input type="radio"/> Behavior problems             | <input type="radio"/> Poisoning                       |
| <input type="radio"/> Bone or joint problems        | <input type="radio"/> Seizures or epilepsy            |
| <input type="radio"/> Ear infections (6 or more)    | <input type="radio"/> Sickle cell disease             |
| <input type="radio"/> Early Intervention Services   | <input type="radio"/> Stomach aches (weekly or daily) |
| <input type="radio"/> Hearing problems              | <input type="radio"/> Trouble seeing things           |
| <input type="radio"/> Headaches (weekly or daily)   | <input type="radio"/> Trouble sleeping - nightmares   |
| <input type="radio"/> Heart trouble                 | <input type="radio"/> Wears glasses                   |
| <input type="radio"/> High Lead levels              | <input type="radio"/> Weight problems-overweight      |
| <input type="radio"/> Hyperactivity (ADD/ADHD)      | <input type="radio"/> Weight problems-underweight     |
| <input type="radio"/> "Low iron" or iron deficiency | <input type="radio"/> Other _____                     |
| <input type="radio"/> PE or ear tubes               |   |
16. During pregnancy with this child, how much did the mother:  
*Smoke:*  Never  Less than a pack a day  More than a pack a day  
*Drink alcohol:*  Never  Less than one drink a day  More than one drink a day
17. Currently, how many people in this child's home smoke?  
 None  One  Two  Three  4 or more
18. Overall, how would you describe your *child's health*?  
 Poor  Fair  Good  Excellent
19. Would you like to talk with the *school nurse* about your child's health?  
 No  Yes

NOTE: It is NOT expected that children will have mastered all the skills listed below.

### Fine Motor, Gross Motor and Sensory Functioning

How well does your child...	Not Well	Fairly Well	Well	Very Well
1. ...hold a pencil with his/her fingers for writing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...draw or copy shapes like squares?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...zip his or her coat by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...cut out simple shapes, like a house, with scissors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...run?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...balance on one foot without support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...go <u>down</u> steps one foot after the other without holding a railing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...catch a small ball, like a tennis ball?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often does your child...	Almost Never	Sometimes	Often	Almost Always
9. ...trip and fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...avoid touching slimy or gooey things like play-dough, mud, or glue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How often is your child super aware of different sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often is your child a picky eater?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Would you like to talk with someone about your child's coordination?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

### Speech and Language Development

How well does your child...	Not Well	Fairly Well	Well	Very Well
1. ...understand English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...talk with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...talk with adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...use words to describe things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...tell a complete story with a beginning, middle and end?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...tell you how he/she feels when asked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often...	Almost Never	Sometimes	Often	Almost Always
7. ...do you have difficulty understanding your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...do others have difficulty understanding your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...does your child understand what others say?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...does your child speak clearly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has your child received special help for speech or language?	<input type="radio"/> No	<input type="radio"/> Yes		
12. Does your child need extra help with speech or language?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	



### School Skills

How well does this child...	Not Well	Fairly Well	Well	Very Well
1. ...listen to books being read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...listen to and follow directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...read his/her own written name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...read numbers up to 12?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...identify written alphabet letters by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...read simple written words?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...count 20 things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...write the numbers from 1 to 12?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...write his or her first and last name by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...repeat sentences when asked to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...retell a story that was just read aloud?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...know the words to at least one song or rhyme by heart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...remember things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ...learn new things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Does your child need extra help to learn new things?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

### Social, Emotional, and Behavioral Functioning

How much do you agree each item describes this child...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. ...makes friends easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...gets nervous easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...fights with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...completes things he/she starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...has many friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...is withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...hurts others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...has a short attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...talks easily with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...bothers other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...concentrates well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...is irritable, touchy or prickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ...is an "easy child"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. ...has a very high activity level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Does your child need extra help with his/her behavior?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

### Life Experiences

Has your child...	Never	1 Time	2 Times	3 or More Times
1. ...gone to a library?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...gone on an outing (e.g., zoo, museum, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...moved from one home to another in the last 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...moved from one home to another during his/her life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...seen a close family member or friend very sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...experienced the death of a close family member or friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...experienced parents' separation or divorce?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...experienced a parent who is depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...witnessed violence in the neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...witnessed violence at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...been away from parent(s) for more than a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...seen a family member with a drug or alcohol problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...a "mother" who regularly spends time with him/her?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
14. ...a "father" who regularly spends time with him/her?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
15. ...a warm close relationship with any adult(s)?	<input type="radio"/> No	<input type="radio"/> 1 adult	<input type="radio"/> 2 adults	<input type="radio"/> 3 or more
16. How often does an adult read to this child?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
17. How much TV does your child watch each day?	<input type="radio"/> 1 hr or less	<input type="radio"/> 1-2 hours	<input type="radio"/> 3-4 hours	<input type="radio"/> 5 hrs+
18. What time does (will) your child go to bed on school nights?	<input type="radio"/> Before 8:00	<input type="radio"/> Between 8-9	<input type="radio"/> Between 9-10	<input type="radio"/> After 10
19. How often does your child eat breakfast?	<input type="radio"/> Almost never	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily
20. Does your child have enough food to eat?	<input type="radio"/> Almost never	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily

Are other agencies or professionals involved with your child?  No  Yes

please list: \_\_\_\_\_  
 \_\_\_\_\_

Comments, or anything else about your child or family you wish to share? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Parent Appraisal of Children's Experiences 2.0 (PACE) Summary Report

School: PS 00

Student ID: 890000000

Form Serial Number: 53158

Completed by: Mother

Date of form completion: 6 / 2002

Child's date of birth: 4 / 30 / 1997

Grade: Kindergarten

### General Health Information

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>❶ Child may not have a doctor</li> <li style="padding-left: 20px;">Last routine physical exam - Within past year</li> <li style="padding-left: 20px;">Child has health insurance</li> <li>❶ Child takes prescription medication</li> <li>❶ Indications or diagnosis of asthma</li> <li style="padding-left: 20px;">No allergies reported</li> </ul> | <ul style="list-style-type: none"> <li>Child has a dentist</li> <li style="padding-left: 20px;">Last dental examination - Within past 6 months</li> <li>❶ Child's birth weight less than 3 lbs 5 oz</li> <li>❶ Neonatal problems reported</li> <li style="padding-left: 20px;">Child's health described as excellent</li> <li>❶ Other health-related conditions:                             <ul style="list-style-type: none"> <li>- Ear infections - Early Intervention Service - Hyperactivity - Iron deficiency - PE or Ear tubes</li> </ul> </li> </ul> |
|--|--|

### Current Functioning

Higher scores indicate better functioning

Score [Range is 1 - 4]

	Low  High	
Motor	Low  High	3
Speech	Low  High	3.3
❶ Language	Low  High	2.2
Pre-Literacy	Low  High	3
Learning	Low  High	3
Positive peer social skills	Low  High	4
Shyness / Anxiety	Low  High	4
Acting out / Aggression	Low  High	2.5
❶ Task Orientation	Low  High	2.3

### Life Experiences

#### ❶ These 4 items may be of concern for this student

- ❶ Child's experience of close family member's illness or death reported
- ❶ Child has witnessed violence in the neighborhood or at home
- ❶ Parent issues were noted
- ❶ Child's bedtime may be too late

Items marked with the information ❶ symbol may warrant special attention.

Current Functioning entries marked with the information ❶ symbol are at or below the 15th percentile.

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## Summary of Findings

Major findings for each of the PACE's sections are described here.

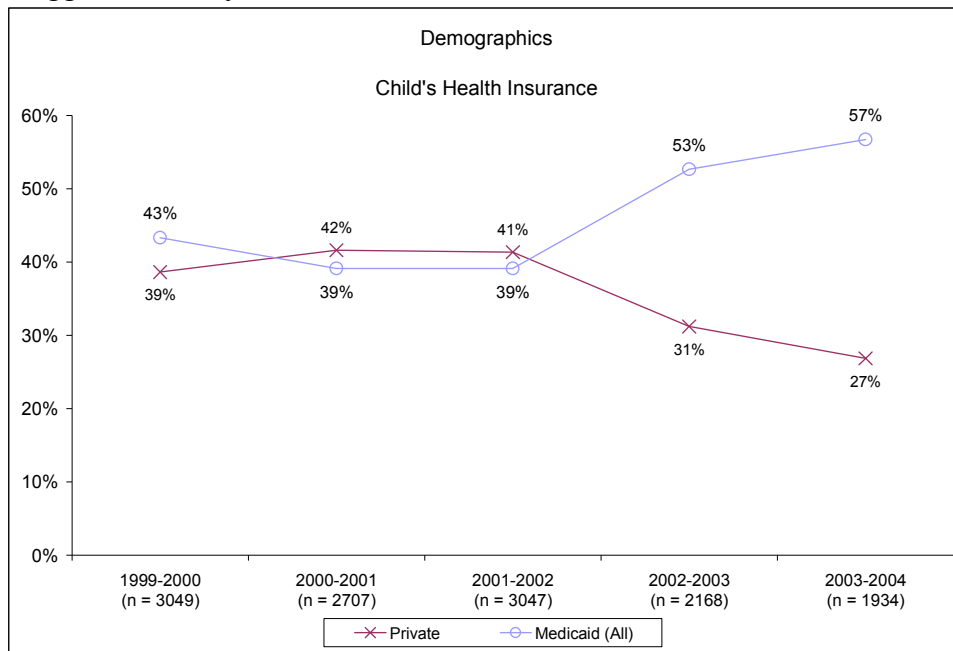
### *Demographic Information*

This section provides information about the sampled children and their families. These data are used to provide a descriptive demographic picture of the PACE sample. Examples of items in this section include:

- Child's date of birth
- Child's ethnicity
- Respondent's relation to the child
- Child's health insurance status
- Mother's and father's ages
- Mother's and father's highest completed level of education
- Whether the child has a doctor and/or a dentist
- Basic information about the number of adults and children in the child's home

In 2003-2004, PACE 2.0 questionnaires were completed for 1934 children. Most (88%) pertained to kindergarteners. The children's mothers accounted for 86% of the respondents. Over 60% of the sample was from zip codes of 14621, 14609, 14611, 14605, and 14608. 58% of the children were Black/African-American, 18% were White/non-Hispanic, and 23% were Latino/Hispanic.

Enrollment in Medicaid has risen from 39% in 2001-2002 to 57% in 2003-2004, a statistically significant change, whereas the Private Insurers category has decreased from 42% in 2000-2001 to 27% in 2003-2004, also a significant change. These changes may be due to reductions in the Rochester job market, increases in unemployment, and the general sluggish economy in Rochester.



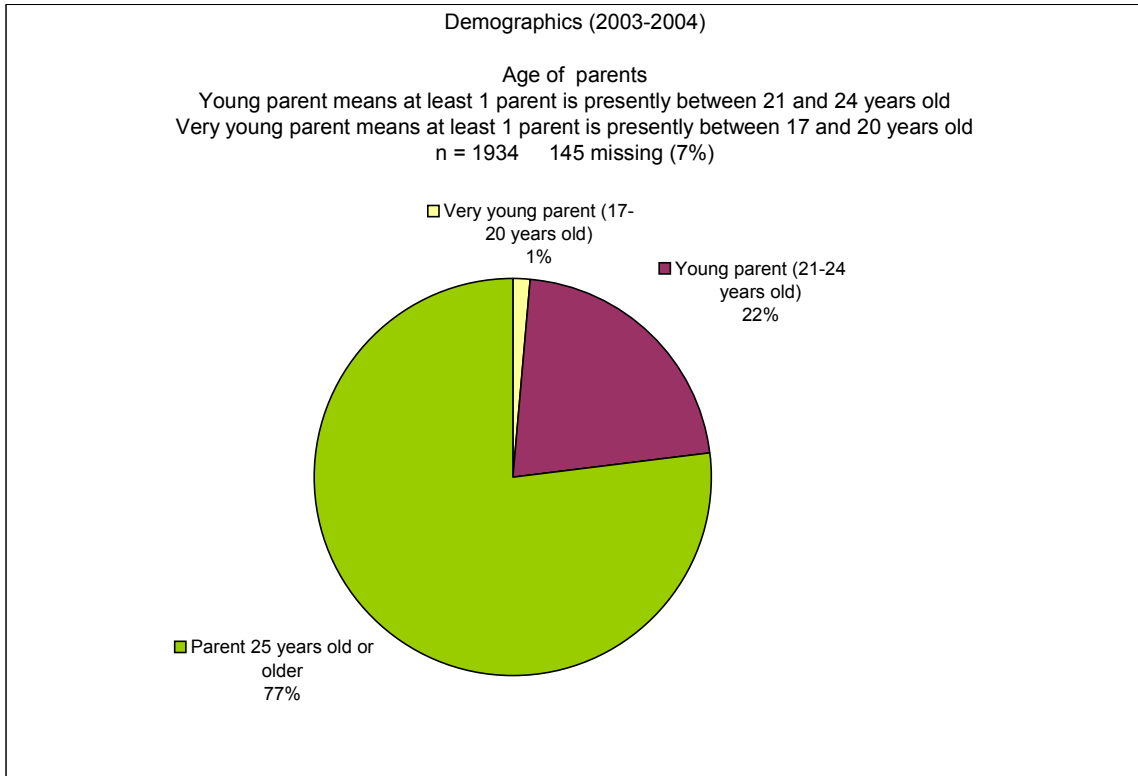
93% of children in the sample had some form of medical insurance coverage. 65% of the children were covered by either Medicaid or Child Health Plus insurance, but 7% of the respondents indicated that the child did not have any medical insurance. The ethnic breakdown for children having insurance is 87% Black/African-American, 81% Latino/Hispanic, and 85% White/non-Hispanic. Nationwide statistics for children under the age of 18 having insurance coverage is similar to that observed in the Rochester PACE sample for Black/African-American (86%) and Latino/Hispanic (79%), but a greater percentage of White/non-Hispanic children have health insurance nationally (93%) than we observed in the PACE sample. (Source: CPS Annual Social and Economic Supplement, Table H108, <http://ferret.bls.census.gov/macro/0302004/health/toc.htm>, as cited in the Child Trends DataBank.)

An average of 2.7 children live in reporting households. 32% of the children had one other child living at home with them; 26% had 2 other children in the household; and 26% of the respondents had 3 or more other children at their home. These children were not necessarily related to the child for whom the PACE was completed. The most common household composition of adult(s) living with the registered child was a single mother and no other adult (34%); the second most common included both parents and no other adults (26%).

29% of the children were reported to not have a dentist, and 5% did not have a doctor. The percentage for not having a doctor has stayed fairly stable over the last 5 years, but not having a dentist has decreased from a high of 36% in 1999-2000 to a low of 29% this year, 2003-2004, a statistically significant change.

Of those who responded, 76% of mothers and 75% of fathers had at least a high school education or had obtained a GED. This question was not answered for 18% of mothers and 28% of fathers. 9% of mothers and 8% of fathers reported that they had received special education services. These statistics have been consistent over the last five years.

According to the Demographic and Health Data for Rochester, NY and its Suburbs, 1999-2000, 18.3% of births in 2000 were to city teen mothers (source: US Census Bureau, CDC/National Center for Health Statistics and Federal Bureau of Investigation), as compared to 22.1% in the PACE sample. 23% of mothers and/or fathers were either young or very young parents when the child was born. We define a very young or young parent (at the time of the child's birth) as one who was 24 years old or younger when their child entered kindergarten. Of those parents 1% were very young, 17-20 years old, at their child's kindergarten entrance. Note that parents' age was not provided for 14% of mothers and 24% of fathers. A pie chart representing PACE findings for the age of parents follows.



See Appendix A for complete demographic information.

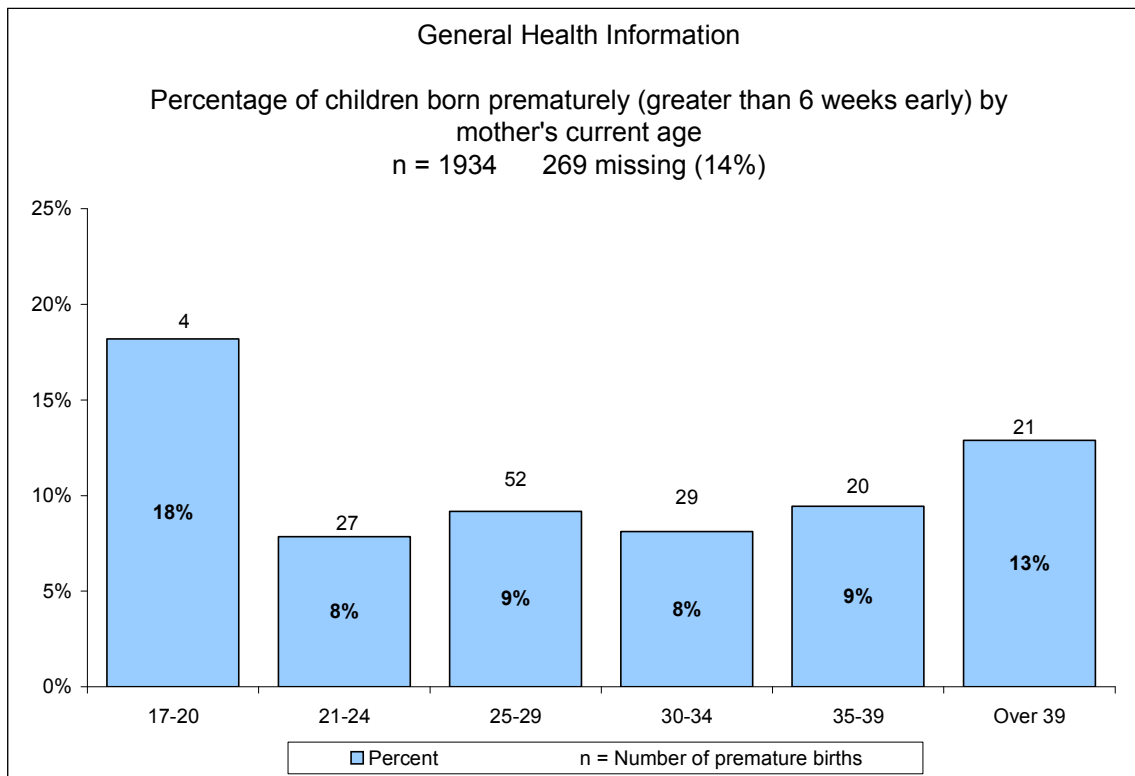
## General Health Information

Professionals from the Monroe County Health Department, the University of Rochester Department of Pediatrics, and Children's Institute consulted in selecting the PACE's health related questions. Additionally, focus groups made up of parents and health professionals were conducted to determine which health topics were most important to families in the Rochester community.

Examples of areas assessed in this section include:

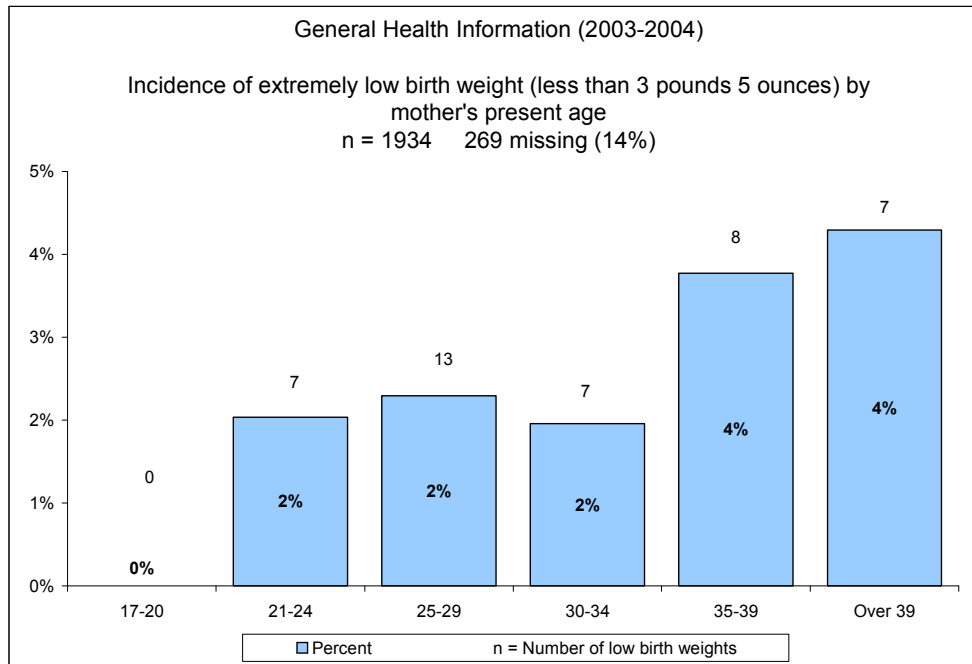
- Neonatal outcomes
- Current health conditions and concerns
- Hospitalizations
- Health history
- High lead levels
- Maternal smoking and drinking behaviors during pregnancy
- Asthma
- Number of people who smoke in the child's home

Findings for this year's sample indicate that 10% of the children were born prematurely. Premature birth is defined as 6 weeks or earlier than the mother's "due date". Below is a chart of rates of premature births, presented by mother's current age in 2003-2004, suggesting increased risk for both older and particularly very young women.





7% of the children were described as being overweight (greater than 9 pounds) at birth, as compared to 10% being underweight (less than 5 lbs 8 oz; 2500 grams) at birth. Below is a chart of children having extremely low birth weights (less than 3 lbs 5 oz; 1500 grams) disaggregated by the mother's present age in 2003-04.



16% of the children had been in neonatal intensive care. Parents<sup>1</sup> reported that 48% of the children were never breastfed. The majority of mothers (81%) reported never smoking during pregnancy. These results should be viewed with some skepticism, however, as other researchers have reported that, during the time frame of 1998-2000, 23.9% of city mothers aged less than 20 years old, and 26.6% of city mothers aged 20 years old or older, smoked during pregnancy (source: Vital Records, MCHD). The overwhelming majority of mothers (96%) also reported never drinking alcohol during pregnancy.

21% of the children have never been to a dentist, and 33% had not been to a dentist in more than a year (it is recommended that children start seeing a dentist at age 3). 7.5% of the sample had not had a routine physical examination within the past year.

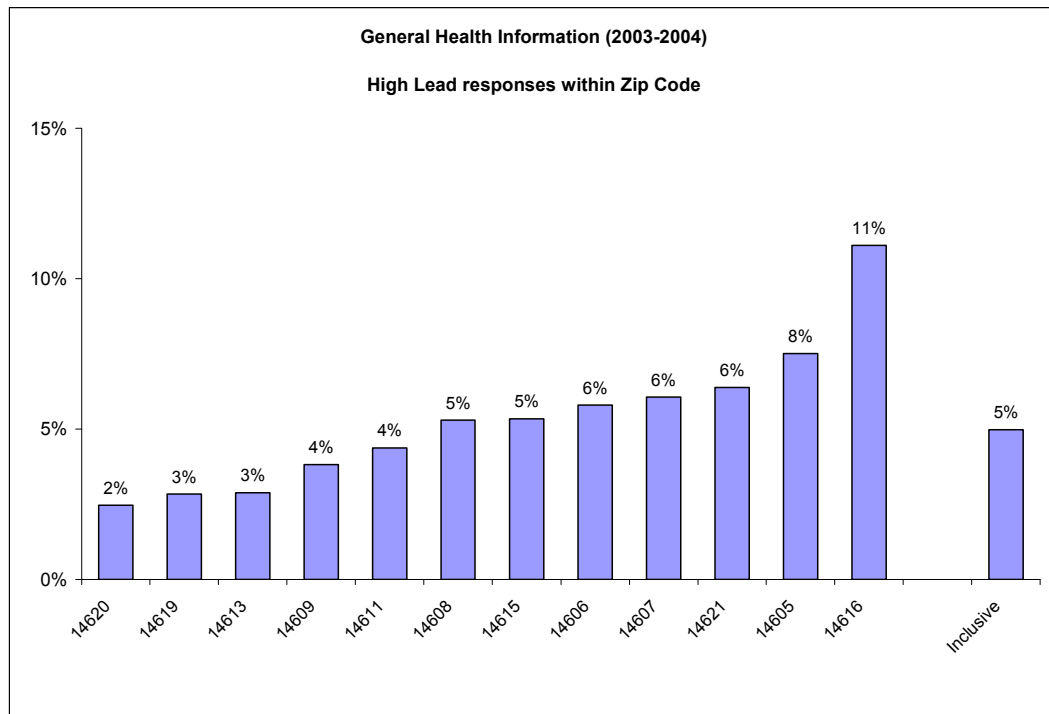
Time frame of visit	2002-2003		2003-2004	
	Routine Physical	Dental Check-up	Routine Physical	Dental Check-up
Never	1%	21%	0.5%	21%
More than 1 year ago	7%	33%	7%	33%
Within past year	28%	23%	31%	21%
Within last 6 months	65%	44%	62%	47%

<sup>1</sup> Throughout this report, we have used the term 'parent' to indicate the person completing the PACE. Actually, 5% of the respondents were not parents, although most of these were other relatives.

Children’s illnesses reported on the PACE cover a wide range of syndromes. 13% had recurrent ear infections, and 4% had an iron deficiency. The parents of 2% of the children identified them as overweight, 3% were identified as underweight, 4% as having trouble sleeping (nightmares), 4% as having frequent stomach aches (either daily or weekly), 2% as suffering from frequent headaches (either daily or weekly), 9% as having behavior problems, and 7% who have already had some kind of early intervention services. Additionally, 5% of the parents reported their child to have high lead levels. We compared the rates of reported high lead levels to the child’s zip code and found the highest concentrations of occurrences in the 14616 (11%) and 14605 (8%) areas.

Below is a summary table and chart with the percent of children with high lead levels by zip code in ascending order.

High Lead level responses within Zip Code (2003-2004)			
Zip Code	Zip Code Count	High Lead Count	Percent
14620	81	2	2%
14619	141	4	3%
14613	104	3	3%
14609	367	14	4%
14611	160	7	4%
14608	151	8	5%
14615	75	4	5%
14606	138	8	6%
14607	33	2	6%
14621	376	24	6%
14605	173	13	8%
14616	9	1	11%
Inclusive	1808	90	5%

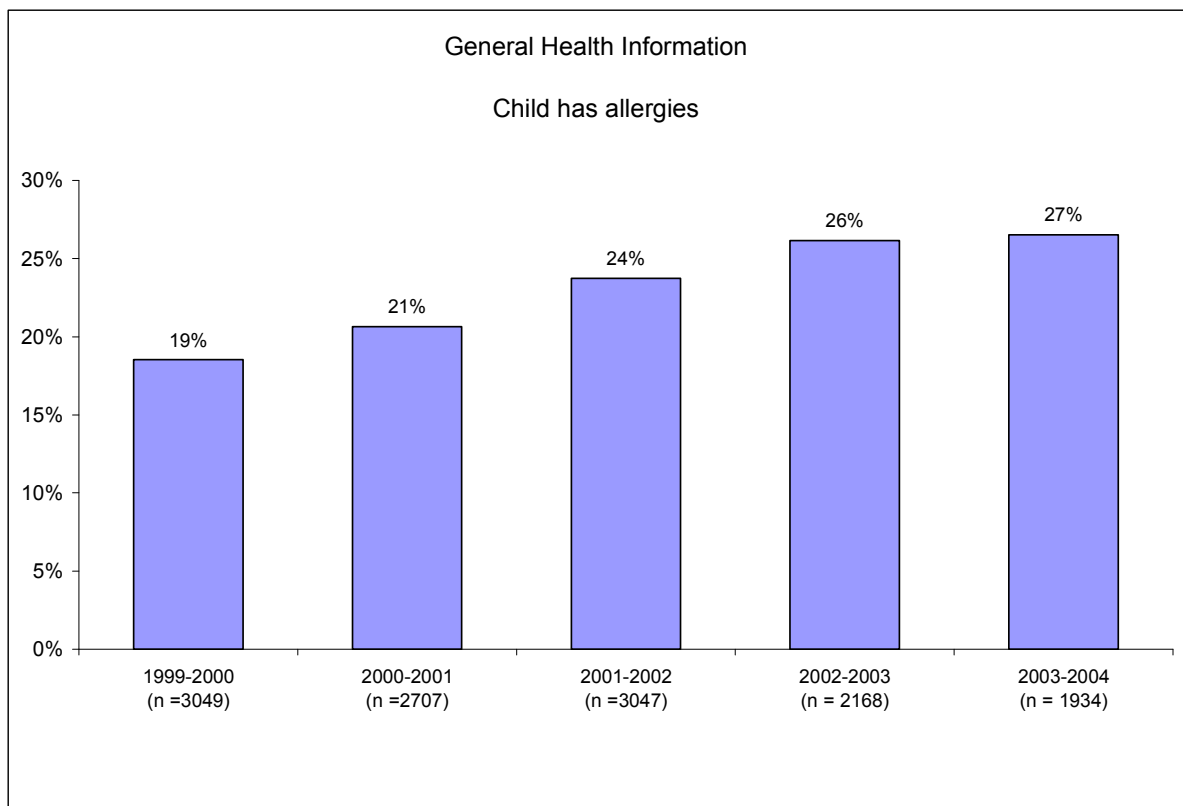


73% of parents reported that there had been no medical emergencies with their child. Among those who reported emergencies, 10% of the children were treated for asthma, and 8% were treated for other reasons not specifically identified.

13% of parents reported that their child was taking at least one prescription medication. 27% of children had various allergies.

	Child's Allergies	
	2002-2003	2003-2004
Seasonal	11%	12%
Medication	6%	7%
Food	4%	3%
Bee sting	1%	1%
Other	3%	3%

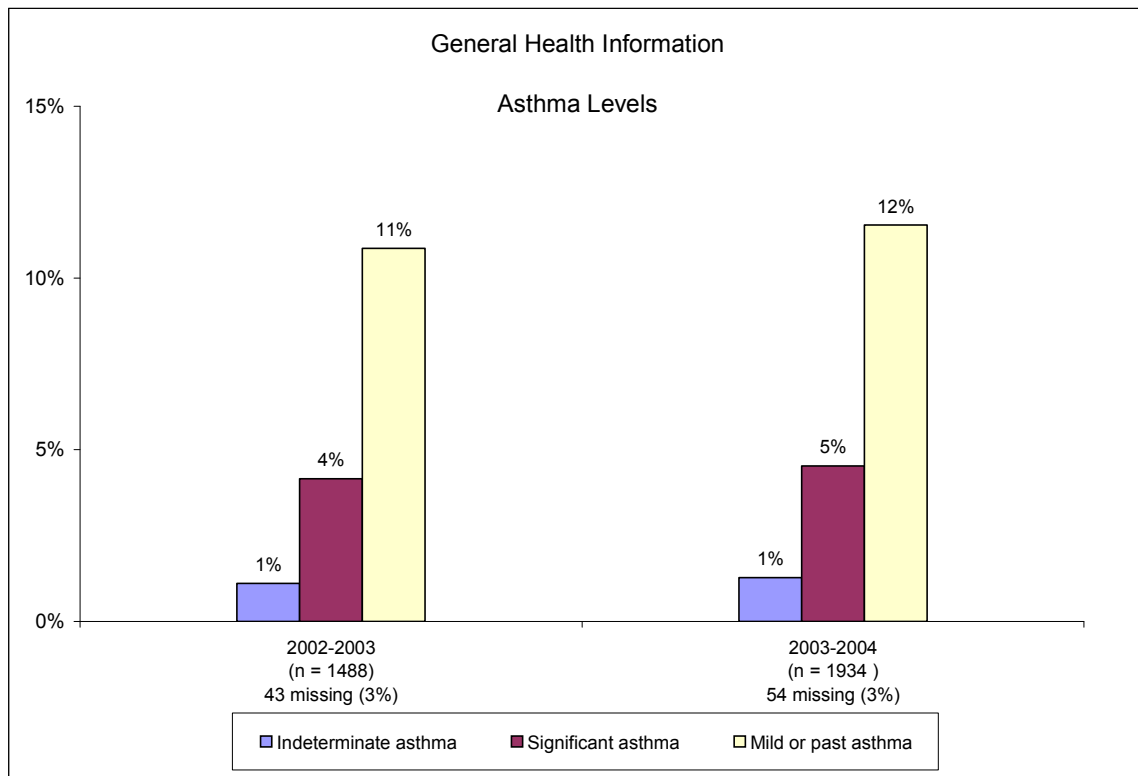
The percentage of children identified as having allergies has increased over time. In 1999-2000, 19% of parents reported their child had some kind of allergy, as compared to 27% in 2003-2004, a statistically significant change.



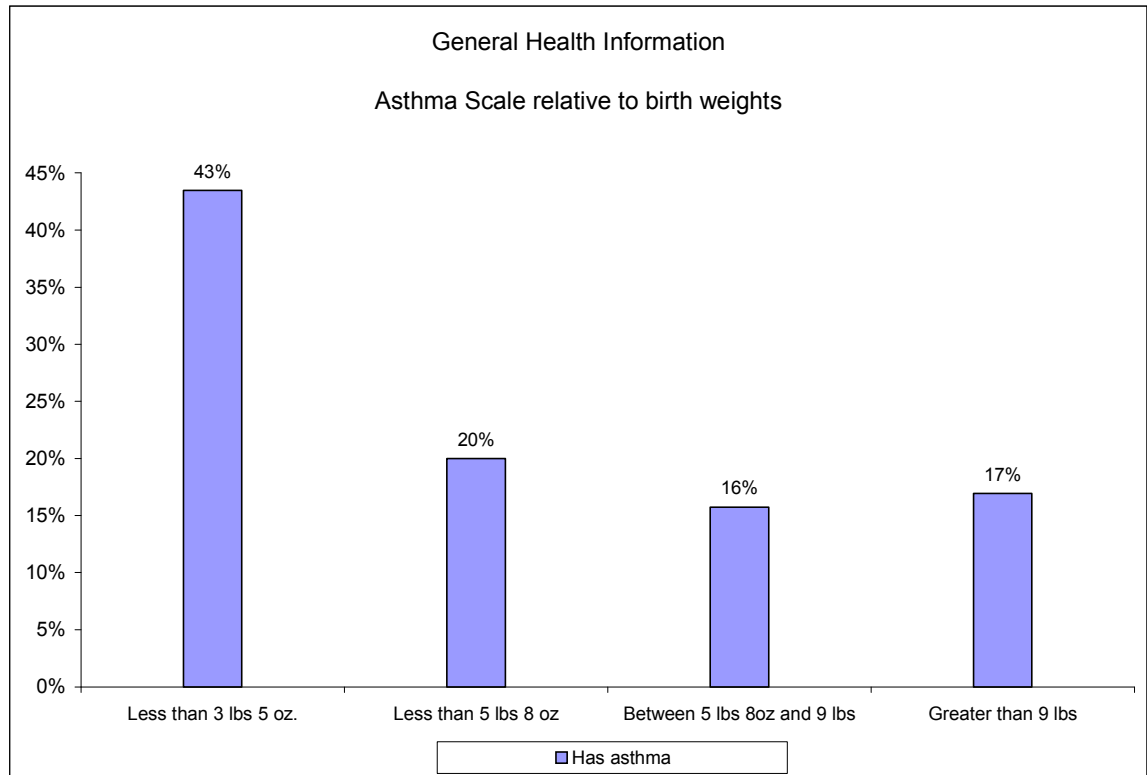
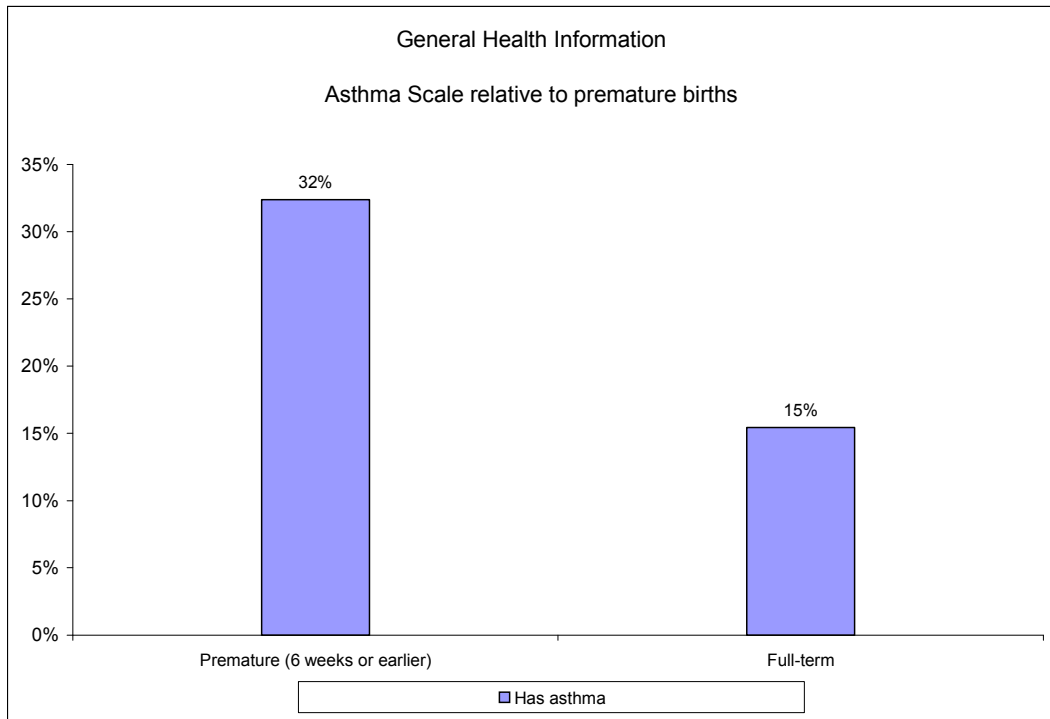
Tabled below are the outcomes for questions specifically related to asthma and breathing problems.

Asthma and or Breathing problems	2002-2003	2003-2004
Child needs to stop playing because of breathing problems	8%	8%
At least 1 day a week child usually has wheezing, coughing, or shortness of breath	9%	10%
At least 1 day a week child usually wakes up from sleep because of wheezing, coughing, or shortness of breath	6%	7%
Doctor has said that child has asthma	16%	17%
Child takes medication every day to prevent asthma symptoms	6%	6%
Over the past 12 months at least 1 time child needed emergency medical visit for asthma	9%	11%

We estimated severity levels for those children whose doctors have diagnosed them as having asthma. For a child to be classified at the “Significant” level he/she wheezes, coughs, or has shortness of breath at least 3 times a week **or** wakes up with these symptoms at least once a week. To be at the “Mild or Past” level he/she wheezes, coughs, or is short of breath fewer than 3 times a week **and** does not wake up with these symptoms.



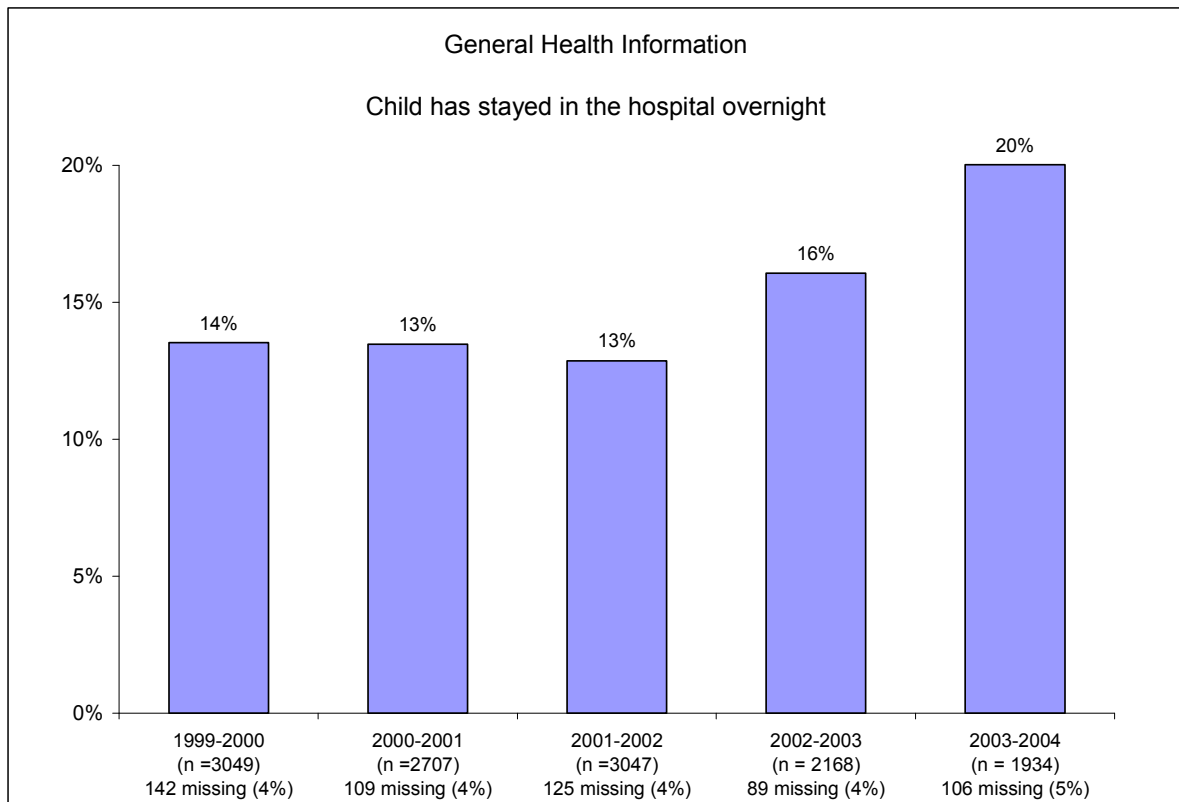
32% of the children who were born prematurely are asthmatic, whereas 15% of those carried full term are asthmatic. To further illustrate these results, 43% of children with birth weights less than 3 pounds 5 ounces have asthma. Both of these results are statistically significant.



60% of the respondents reported that no one smoked in their homes. One or two people smoked in 38% of the homes.

16% of the children had been in a hospital at least overnight, excluding neonatal intensive care stays.

The percentage of children staying at least overnight in a hospital, excluding birth, has increased from 13% in 2001-2002 to 20% 2003-2004, a statistically significant change.



97% of the children, according to parents, are in good or excellent overall health. 13% of the parents reported that they would like to talk to the school nurse about their child's health.

See Appendix B for complete health-related findings.

### ***Fine Motor Skills, Gross Motor Skills, and Sensory Functioning***

Parents answered questions regarding observable motor and sensory functioning indicators, developed after consulting with early childhood educators, occupational and physical therapists, a pediatric neurologist, and other experts.

Questions in this section include:

- Holds a pencil with his/her fingers for writing
- Zips own coat
- Catches a small ball
- Trips and falls
- Picky eater
- Super aware of different sounds

Items within this section were combined empirically to create a Fine Motor and a Gross Motor subscale. See the **Subscales** section of this report on page 27 and Appendix D for additional information.

### ***Speech and Language Development***

After consultation with teachers, speech/language pathologists, developmental psychologists and literacy experts, the following observable speech and language development questions were selected as being strong indicators of strengths and weaknesses in the areas of speech and language.

Questions in this section include:

- Understands English
- Child tells a complete story
- Parent understands their child
- Other people than parent understands the child
- Child received special help for speech
- Child needs extra help with speech and language

Items within this section were combined empirically to create Expressive Language and Speech subscales. See the **Subscales** section of this report on page 27 and Appendix D.

## ***School Skills***

After consultation with preschool and kindergarten teachers, school administrators, developmental psychologists, and early childhood experts, the following items are examples of those selected as being strong observable indicators of strengths and weaknesses in the school skills area:

- Reads own written name
- Listens to and follows directions
- Writes own name
- Retells story just read aloud
- Learns new things

Items within this section have been combined to create Learning and Pre-literacy subscales. See the **Subscales** section of this report on page 27 and Appendix D.

## ***Social, Emotional, and Behavioral Functioning***

Four subscales are assessed within this area. *Positive Peer Social* and *Negative Peer Social* (externalized behaviors) refer to a child's likeability, popularity, and quality of interactions among peers. *Task Orientation* assesses a child's ability to stay focused on and complete a task, and the *Shy-Anxious* scale measures internalized behaviors. These scales are subsets of constructs and items assessed by the Parent-Child Rating Scale, developed over the past decade at the Children's Institute. Examples of items from each scale include:

- 1) Positive Peer Social:
  - Makes friends easily
  - Talks easily with other children
- 2) Negative Peer Social (externalized behaviors):
  - Bothers other children
  - Fights with other children
- 3) Task Orientation:
  - Completes things he/she starts
  - Concentrates
- 4) Shy Anxious (internalized behaviors):
  - Gets nervous easily
  - Worries a lot

See Appendix D for further information about these subscales.



## *Life Experiences*

Life experience items were selected after consulting with resilience researchers, school, clinical, and developmental psychologists, school nurses, preschool and kindergarten teachers, and the research literature.

Examples of experiences assessed in this section include:

- Going to a library
- Going on other outings
- Experienced a parent who is depressed
- Witnessed violence in the neighborhood
- Witnessed violence at home
- Experienced the death of family member or close friend
- Child eats breakfast
- Child has enough food to eat

42% of the parents indicated that their children had gone to a library no more than 2 times in their lifetime and 21% had been on fewer than 3 outings, such as visits to a museum or zoo. 91% of parents reported that their child has daily contact with a mother (or mother-figure), as compared to 53% with a father (or father-figure). 5% of respondents said a ‘mother’ spends almost no time with their child as compared to 24% for a ‘father’ spending almost no time with their child. 70% of parents reported their child having a warm, close relationship with 3 or more adults. 45% of the parents reported they read daily to their child, and 9% of the parents estimated that their child watched television 5 or more hours each day. 14% of the respondents stated that their child goes to bed 9 p.m. or later.

36% of the respondents said their child has experienced parental separation or divorce. 18% of the children have been away from their parent(s) for more than a month. 37% of the children had changed residence within the past six months. 73% have moved to another home in their lifetime.

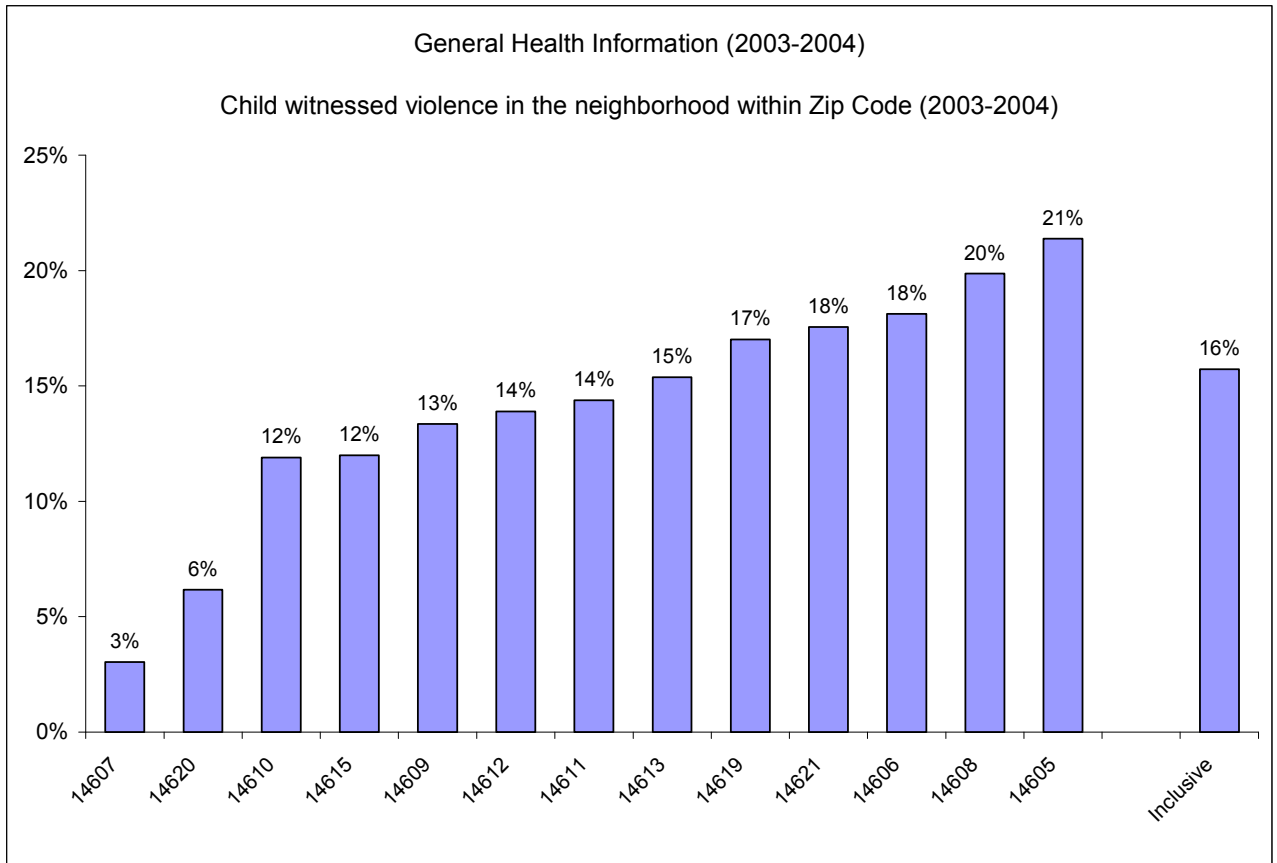
41% of the children have seen close friends or relatives very sick, and 37% have experienced the death of a close family member or friend. Parents reported that 25% of the children had experienced a parent with bouts of depression. 9% have seen a family member with a drug or alcohol problem, as compared to a high of 15% in 1999-2000, a statistically significant change.

Parents indicated that 16% had witnessed violence in the neighborhood and 13% of children had seen violence at home. 2003-2004 is the second year we have asked this question. Witnessing violence in the neighborhood has decreased from 21.1% in 2002-2003 to 16% in 2003-2004, a statistically significant change.

	2002-2003				2003-2004			
	Never	1 Time	2 Times	3 or more times	Never	1 Time	2 Times	3 or more times
Witnessed violence in the neighborhood	78.9%	12.4%	5.0%	3.7%	84.0%	9.7%	3.7%	2.6%
Witnessed violence at home	85.7%	9.0%	2.2%	3.1%	86.7%	8.2%	1.7%	3.4%

Organizing this information by zip code, rates of witnessing neighborhood violence ranged from 3% to 21%. Refer to the table and chart below for more details.

<b>Child witnessed violence in the neighborhood within Zip Code (2003-2004)</b>			
Zip Code	Zip Code Count	Witnessed Violence Count	Percent
14607	33	1	3%
14620	81	5	6%
14610	42	5	12%
14615	75	9	12%
14609	367	49	13%
14612	36	5	14%
14611	160	23	14%
14613	104	16	15%
14619	141	24	17%
14621	376	66	18%
14606	138	25	18%
14608	151	30	20%
14605	173	37	21%
Inclusive	1877	295	16%



98% of the parents reported that their child has sufficient food to eat each day. 84% of the parents reported that their child eats breakfast daily, although 1% of the children almost never eat breakfast.

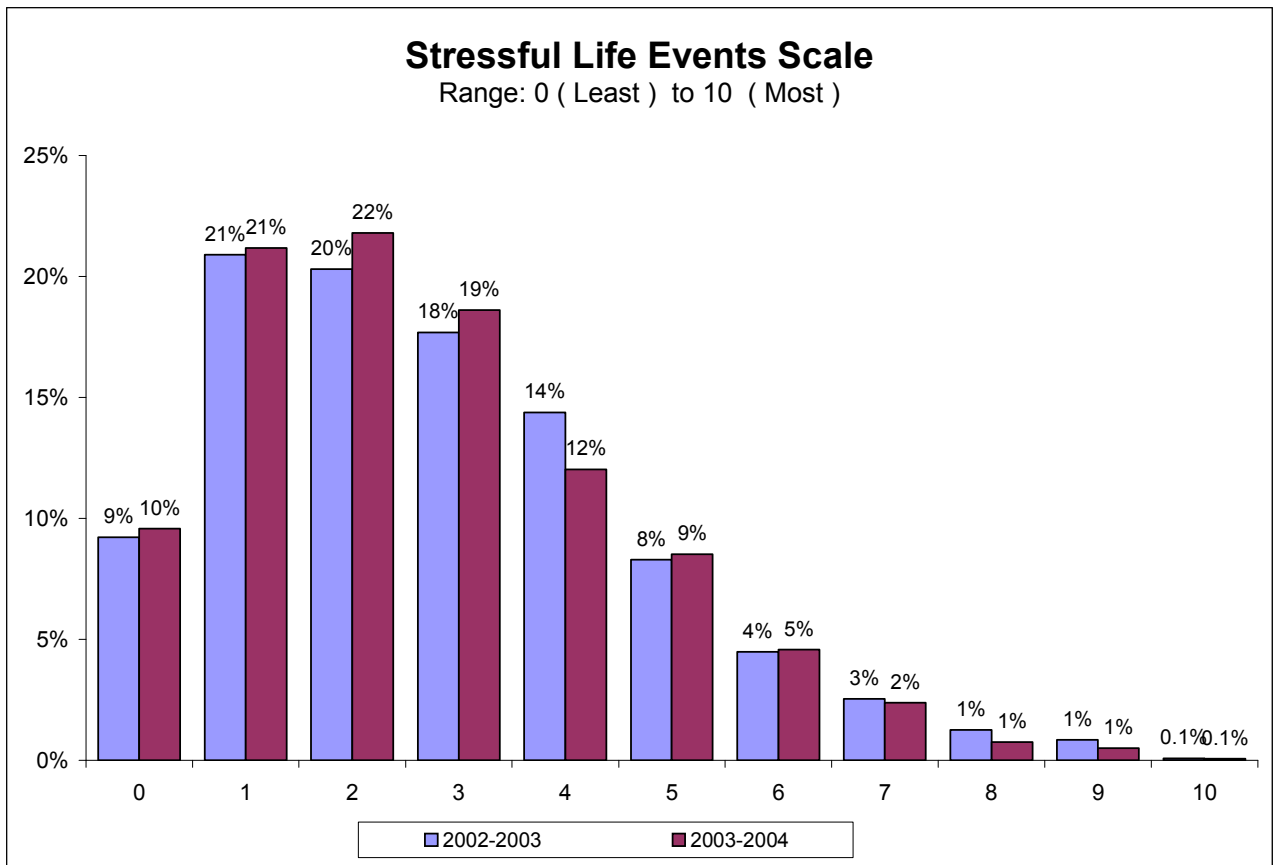
The Stressful Life Events scale is the sum of the following 10 life experiences:

- Moved from one home to another during his/her life?
- Seen a close family member or friend very sick?
- Experienced the death of a close family member or friend?
- Experienced parents' separation or divorce?
- Experienced a parent who is depressed?
- Witnessed violence in the neighborhood?
- Witnessed violence at home?
- Been away from parent(s) for more than a month?
- Seen a family member with a drug or alcohol problem?
- Does your child have enough food to eat?

Each item contributed 0 if the life experience response was “no” and 1 for any other response. In order to be included in the scale, the child must have had a response to each of the 10 life experiences. Following is a table and chart comparing 2002-2003 to 2003-2004 results. Research findings<sup>2</sup> suggest that psychiatric risk is about the same for children who have experienced 0 stressors compared to 1 stressor, whereas 4 or more stressors increases risk 10-fold. Note that in 2003-2004 29% of the children included in the scale had 4 or more stressors. In 2002-03 the corresponding proportion was 32%.

<b>Stressful Life Events Scale</b>				
Stressful Life Events Scale	<b>2002-2003</b>		<b>2003-2004</b>	
	n	Percent	n	Percent
0	109	9.2%	153	9.6%
1	247	20.9%	338	21.2%
2	240	20.3%	348	21.8%
3	209	17.7%	297	18.6%
4	170	14.4%	192	12.0%
5	98	8.3%	136	8.5%
6	53	4.5%	73	4.6%
7	30	2.5%	38	2.4%
8	15	1.3%	12	0.8%
9	10	0.8%	8	0.5%
10	1	0.1%	1	0.1%
Total Respondents	1182		1596	

<sup>2</sup> Rutter, M. (1979) Protective factors in children's responses to stress and disadvantage. In Kent, W. and Rolf, J. (eds.) *Primary Prevention of Psychopathology*, vol. 3, *Social Competencies in Children*, Hanover: University Press of New England.



See Appendix C for complete life experiences information.

## ***Subscales***

Empirically derived subscales were developed and confirmed within several areas of the PACE 2.0. Items within these respective areas are combined to provide reliable generalized information about children's overall functioning. Multiple years of PACE data were used to develop these subscales.

### Fine Motor, Gross Motor and Sensory Functioning

- Fine Motor Subscale
- Gross Motor Subscale

### Speech and Language Development

- Expressive Language Subscale
- Speech Subscale

### School Skills

- Learning Subscale
- Pre-Literacy Subscale

### Social, Emotional and Behavioral Functioning

- Negative Peer Social Subscale
- Task Oriented Subscale
- Positive Peer Social Subscale
- Shy Anxious Subscale

See Appendix D for further information.

## **Predictive Validity of the PACE**

To determine the extent to which kindergarteners' school performance could be predicted by PACE items, we selected Fall and Spring Child Observation Record (COR) data of the children for whom a PACE was also completed. The items on the COR are scored to form three subscales: social skills, schools skills, and social relations. We also calculated a COR total score by summing the three subscale scores.

To select the PACE items or subscales which would be included as predictors in the regression analyses, we initially correlated the PACE with the Fall, 2003 COR. PACE items or subscales which correlated at  $p \leq .05$  with any COR subscale or the COR total were included in the regression analyses, as were key demographic variables from the PACE.

The resulting set of predictors was regressed on each of the COR subscales and the COR total score. Predictors were entered in two blocks. The first included the child's sex and ethnicity; the second included low birth weight status, TV watching, premature birth, Fine Motor Scale, Speech Scale, Pre-Literacy Scale, Shy Anxious Scale, Gross Motor Scale, and mother's education.

Using the above model to predict Fall COR performance, we accounted for 19% of the variance for Motor Skills, 25% of School Skills, 20% of Social Relations, and 24% of the COR total score. Repeating the analyses using the Spring, 2004 COR data, we accounted for 21% of the variance for Motor Skills, 26% of School Skills, 20% of Social Relations, and 25% of the total score.

Detailed results from each of the regression analyses are presented below.

**Regression Analysis Results for PACE 2003-2004 with Kindergartner Child Observation Record (KCOR) for Fall 2003-2004**

		Model Summary								
Dependent Variable	Predictors	Block	Incremented R <sup>2</sup>	F Statistics		F Change Statistics		Standardized Coefficient Beta	t Statistics	
				Value	Significance Level (p)	Value	Significance Level (p)		Value	Significance Level (p)
Motor Skills	Female	1	0.04	7.73	0.00*	7.73	0.00*	0.07	2.35	0.02*
	Black/African American							-0.07	-1.31	0.19
	Latino/Hispanic							0.04	0.81	0.42
	White/Non-Hispanic							0.06	1.55	0.12
	All Other Ethnicities							0.03	1.06	0.29
	Low Birth Weight	2	0.19	17.49	0.00*	22.13	0.00*	-0.07	-2.11	0.04*
	TV Watching							-0.07	-2.34	0.02*
	Fine Motor Scale							0.20	5.26	0.00*
	Speech Scale							0.06	2.13	0.03*
	Pre-Literacy Scale							0.18	5.40	0.00*
	Premature Birth							-0.01	-0.28	0.78
	Shy Anxious Scale							-0.01	0.42	0.68
	Gross Motor Scale							-0.03	-0.82	0.12
	Mother's Education							0.10	3.51	0.00*
School Skills	Female	1	0.04	9.33	0.00*	9.33	0.00*	0.02	0.60	0.55
	Black/African American							-0.11	-2.12	0.03*
	Latino/Hispanic							0.01	0.12	0.90
	White/Non-Hispanic							0.08	2.01	0.05*
	All Other Ethnicities							0.03	0.85	0.40
	Low Birth Weight	2	0.25	24.28	0.00*	31.24	0.00*	-0.06	-1.88	0.06
	TV Watching							-0.06	-2.00	0.05*
	Fine Motor Scale							0.12	3.27	0.00*
	Speech Scale							0.05	1.73	0.09
	Pre-Literacy Scale							0.30	9.10	0.00*
	Premature Birth							0.00	-0.09	0.93
	Shy Anxious Scale							-0.02	-0.80	0.43
	Gross Motor Scale							-0.06	-1.71	0.09
	Mother's Education							0.17	5.97	0.00*

**Regression Analysis Results for PACE 2003-2004 with Kindergartner Child Observation Record (KCOR) for Fall 2003-2004**

Dependent Variable	Predictors	Block	Model Summary							
			Incremented R <sup>2</sup>	F Statistics		F Change Statistics		Standardized Coefficient Beta	t Statistics	
				Value	Significance Level (p)	Value	Significance Level (p)		Value	Significance Level (p)
Social Relations	Female	1	0.05	10.29	0.00*	10.29	0.00*	0.06	2.09	0.04*
	Black/African American							-0.12	-2.51	0.01*
	Latino/Hispanic							0.01	0.29	0.78
	White/Non-Hispanic							0.06	1.44	0.15
	All Other Ethnicities							0.04	1.11	0.27
	Low Birth Weight	2	0.20	18.09	0.00*	21.41	0.00*	-0.06	-1.61	0.11
	TV Watching							-0.04	-1.48	0.14
	Fine Motor Scale							0.13	3.25	0.00*
	Speech Scale							0.06	2.18	0.03*
	Pre-Literacy Scale							0.22	6.65	0.00*
	Premature Birth							-0.03	-0.94	0.35
	Shy Anxious Scale							-0.02	-0.66	0.51
	Gross Motor Scale							-0.03	-0.76	0.45
	Mother's Education							0.13	4.50	0.00*
Total	Female	1	0.05	10.18	0.00*	10.18	0.00*	0.05	1.86	0.06
	Black/African American							-0.11	-2.19	0.03*
	Latino/Hispanic							0.02	0.45	0.65
	White/Non-Hispanic							0.07	1.82	0.07
	All Other Ethnicities							0.03	1.10	0.27
	Low Birth Weight	2	0.24	23.14	0.00*	28.99	0.00*	-0.07	-2.04	0.04*
	TV Watching							-0.06	-2.12	0.03*
	Fine Motor Scale							0.16	4.31	0.00*
	Speech Scale							0.06	2.20	0.03*
	Pre-Literacy Scale							0.25	7.67	0.00*
	Premature Birth							-0.02	-0.48	0.63
	Shy Anxious Scale							-0.01	-0.37	0.71
	Gross Motor Scale							-0.04	-1.19	0.24
	Mother's Education							0.15	5.08	0.00*

\*Statistically significant where p <=.05



**Regression Analysis Results for PACE 2003-2004 with Kindergartner Child Observation Record (KCOR) for Spring 2003-2004**

		Model Summary								
Dependent Variable	Predictors	Block	Incremented R <sup>2</sup>	F Statistics		F Change Statistics		Standardized Coefficient Beta	t Statistics	
				Value	Significance Level (p)	Value	Significance Level (p)		Value	Significance Level (p)
Motor Skills	Female	1	0.04	7.90	0.00*	7.90	0.00*	0.13	4.38	0.00*
	Black/African American							-0.04	-0.85	0.39
	Latino/Hispanic							0.02	0.49	0.62
	White/Non-Hispanic							-0.02	-0.42	0.68
	All Other Ethnicities							-.57	1.78	0.08
	Low Birth Weight	2	0.21	18.04	0.00*	22.80	0.00*	-0.15	-4.11	0.00*
	TV Watching							0.02	0.53	0.59
	Fine Motor Scale							0.22	5.54	0.00*
	Speech Scale							0.07	2.47	0.01*
	Pre-Literacy Scale							0.15	4.29	0.00*
	Premature Birth							0.05	1.42	0.16
	Shy Anxious Scale							0.00	-0.08	0.94
	Gross Motor Scale							-0.04	-1.04	0.30
	Mother's Education							0.17	5.68	0.00*
School Skills	Female	1	0.03	5.61	0.00*	5.61	0.00*	0.05	1.81	0.07
	Black/African American							-0.03	-0.70	0.48
	Latino/Hispanic							0.04	0.92	0.36
	White/Non-Hispanic							0.07	1.74	0.08
	All Other Ethnicities							0.03	0.88	0.38
	Low Birth Weight	2	0.26	23.91	0.00*	33.17	0.00*	-0.13	-3.88	0.00*
	TV Watching							0.05	1.62	0.11
	Fine Motor Scale							0.16	4.16	0.00*
	Speech Scale							0.10	3.36	0.00*
	Pre-Literacy Scale							0.27	8.04	0.00*
	Premature Birth							0.04	1.28	0.20
	Shy Anxious Scale							-0.03	-1.14	0.26
	Gross Motor Scale							-0.09	-2.55	0.01*
	Mother's Education							0.21	7.12	0.00*

**Regression Analysis Results for PACE 2003-2004 with Kindergartner Child Observation Record (KCOR) for Spring 2003-2004**

Dependent Variable	Predictors	Block	Model Summary							
			Incremented R <sup>2</sup>	F Statistics		F Change Statistics		t Statistics		
				Value	Significance Level (p)	Value	Significance Level (p)	Standardized Coefficient Beta	Value	Significance Level (p)
Social Relations	Female	1	0.04	8.06	0.00*	8.06	0.00*	0.12	3.39	0.00*
	Black/African American							-0.07	-1.44	0.15
	Latino/Hispanic							0.04	0.81	0.42
	White/Non-Hispanic							0.04	0.88	0.38
	All Other Ethnicities							0.02	0.72	0.48
	Low Birth Weight	2	0.20	17.55	0.00*	21.96	0.00*	-0.14	-3.85	0.00*
	TV Watching							0.02	0.68	0.50
	Fine Motor Scale							0.13	3.20	0.00*
	Speech Scale							0.09	2.81	0.01*
	Pre-Literacy Scale							0.21	6.29	0.00*
	Premature Birth							0.05	1.54	0.12
	Shy Anxious Scale							-0.03	-0.85	0.40
	Gross Motor Scale							-0.05	-1.46	0.14
	Mother's Education							0.18	5.59	0.00*
Total	Female	1	0.04	7.64	0.00*	7.64	0.00*	0.11	3.68	0.00*
	Black/African American							-0.05	-1.10	0.27
	Latino/Hispanic							0.04	0.82	0.41
	White/Non-Hispanic							0.03	0.84	0.40
	All Other Ethnicities							0.04	1.22	0.22
	Low Birth Weight	2	0.25	23.37	0.00*	30.95	0.00*	-0.15	-4.34	0.00*
	TV Watching							0.03	1.05	0.29
	Fine Motor Scale							0.18	4.70	0.00*
	Speech Scale							0.09	3.19	0.00*
	Pre-Literacy Scale							0.23	6.86	0.00*
	Premature Birth							0.05	1.56	0.12
	Shy Anxious Scale							-0.02	-0.78	0.44
	Gross Motor Scale							-0.06	-1.88	0.06
	Mother's Education							0.20	6.87	0.00*

\*Statistically significant where p <= .05

## **Closing Thoughts**

Because we had more than 50 percent of RCSD kindergartens with a returned PACE, we are comfortable that the current data have ample power for policy implications. Additionally, the results hold great potential not only for future analyses covering this year, but also for trends and comparisons over the time span of PACE.

We plan to continually review and refine the PACE, when and where indicated, to ensure there is a reliable and valid system in place allowing for relevant communication among parents, schools, and the community. Our primary goal in this effort, shared with all the partners who made the PACE possible, is to provide relevant and timely information so parents, providers, and policy makers can make sound and timely decisions, ultimately improving young children's health and well-being across multiple interrelated domains.



## **APPENDIX A**

### Demographics Tables and Charts



## Demographics

### Mother's Education

	1999-2000 681 missing (29%)	2000-2001 537 missing (25%)	2001-2002 622 missing (26%)	2002-2003 417 missing (19%)	2003-2004 353 missing (18%)
Some high school	23%	20%	22%	23%	24%
GED	15%	14%	14%	16%	17%
High school graduate	24%	21%	21%	20%	20%
Technical or trade school	3%	2%	3%	3%	3%
Some college	14%	14%	15%	17%	18%
Two year degree	11%	11%	10%	12%	10%
Four year degree	5%	11%	10%	6%	6%
Graduate degree	4%	6%	6%	3%	3%

### Father's Education

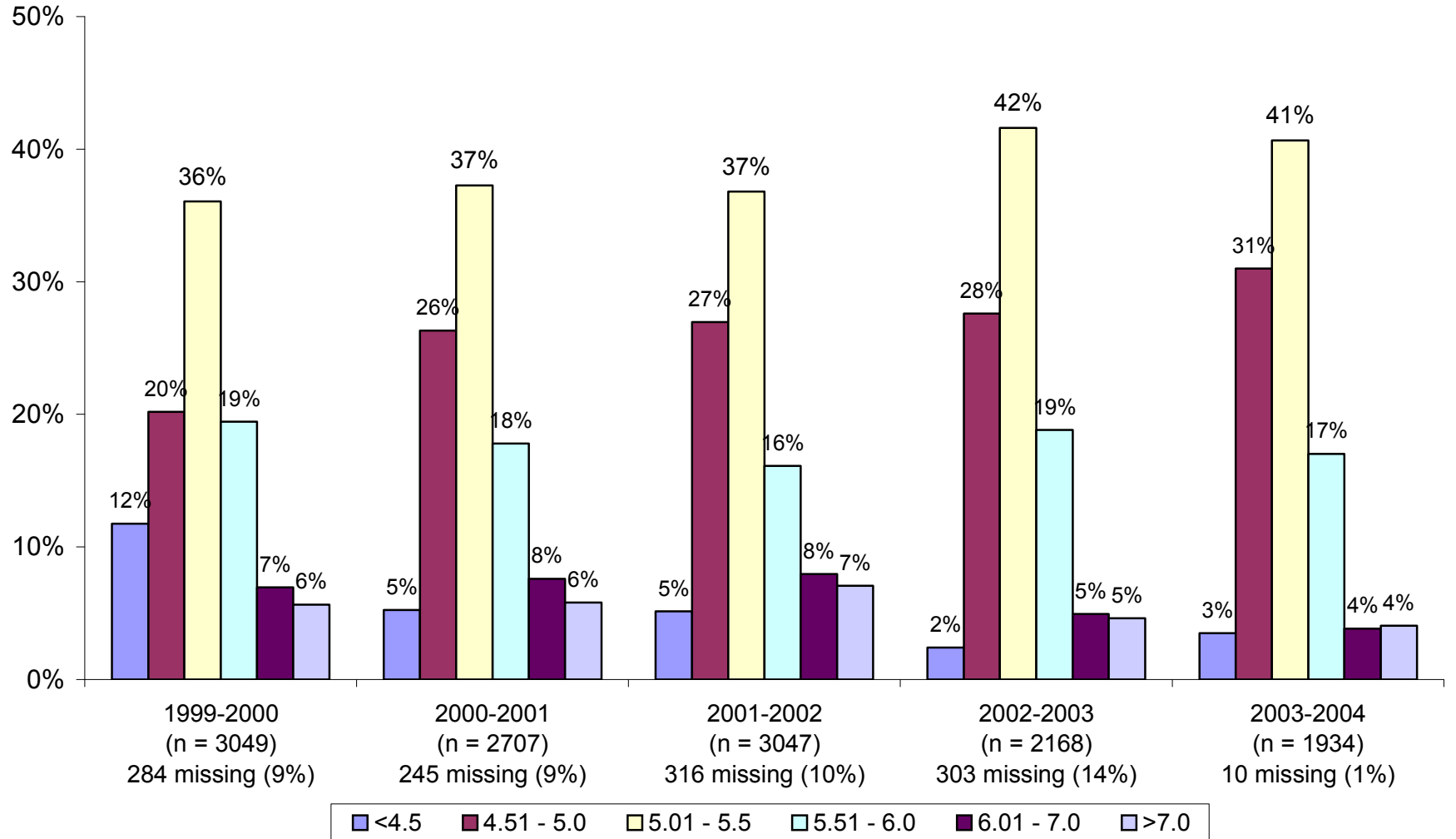
	1999-2000 959 missing (31%)	2000-2001 812 missing (30%)	2001-2002 908 missing (30%)	2002-2003 626 missing (29%)	2003-2004 549 missing (28%)
Some high school	24%	22%	21%	23%	25%
GED	15%	13%	14%	20%	17%
High school graduate	33%	27%	29%	28%	27%
Technical or trade school	3%	3%	3%	3%	3%
Some college	11%	9%	13%	13%	12%
Two year degree	5%	7%	5%	5%	6%
Four year degree	5%	11%	9%	4%	5%
Graduate degree	4%	7%	6%	4%	4%

### Adults in the home with child

	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)	2003-2004 (n = 1934)
Mother	77%	76%	76%	80%	83%
Father	31%	36%	36%	34%	34%
Stepmother	0%	1%	1%	1%	1%
Stepfather	6%	7%	6%	7%	7%
Adult sister	4%	4%	3%	5%	4%
Adult brother	4%	4%	4%	4%	4%
Grandmother	11%	10%	12%	13%	13%
Grandfather	4%	4%	4%	5%	5%
Aunt	6%	7%	7%	7%	8%
Uncle	5%	5%	4%	5%	5%
Other female	4%	5%	4%	4%	4%
Other male	3.8%	5%	4%	4%	4%

## Demographics

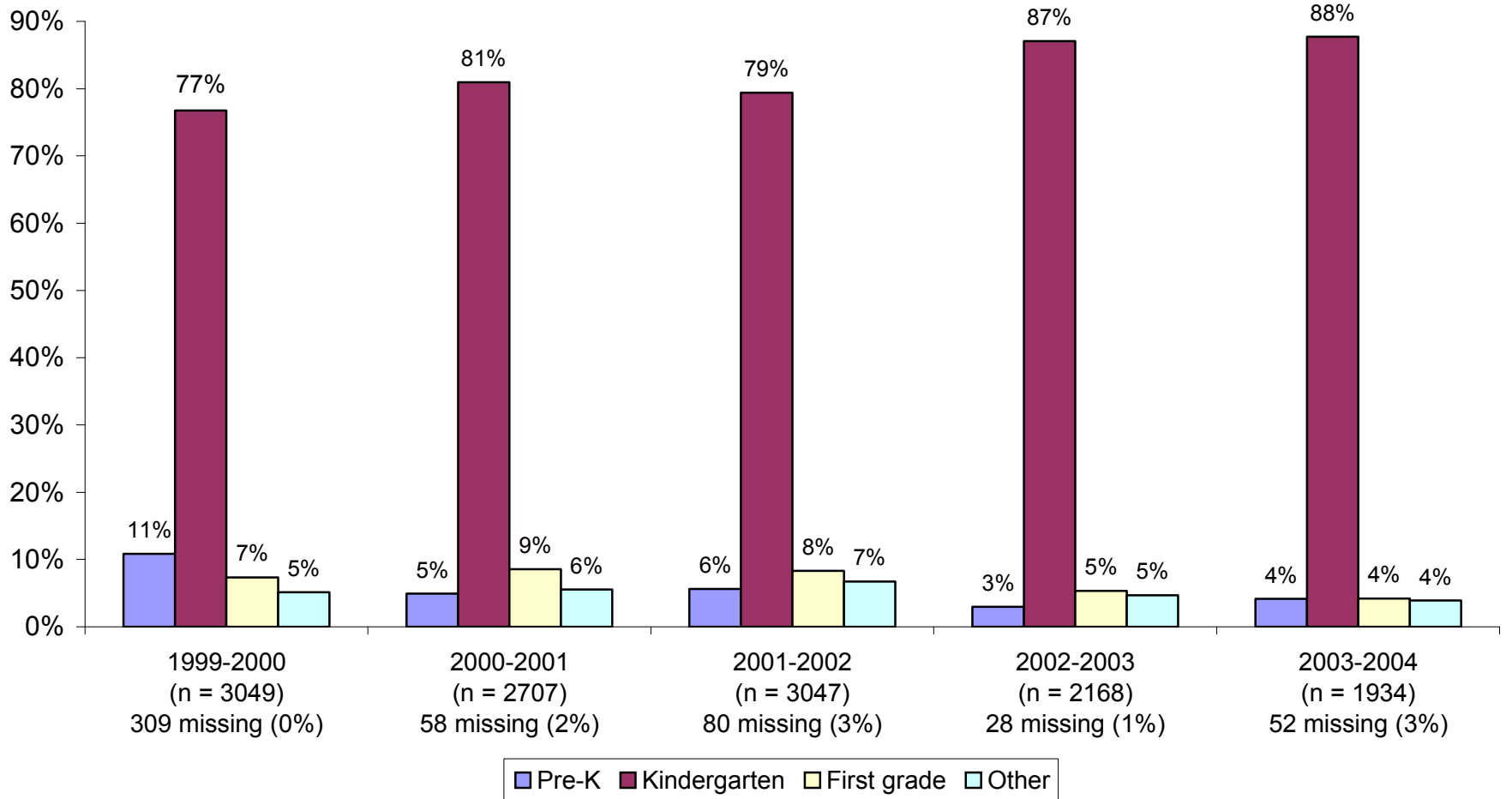
### Child's age





## Demographics

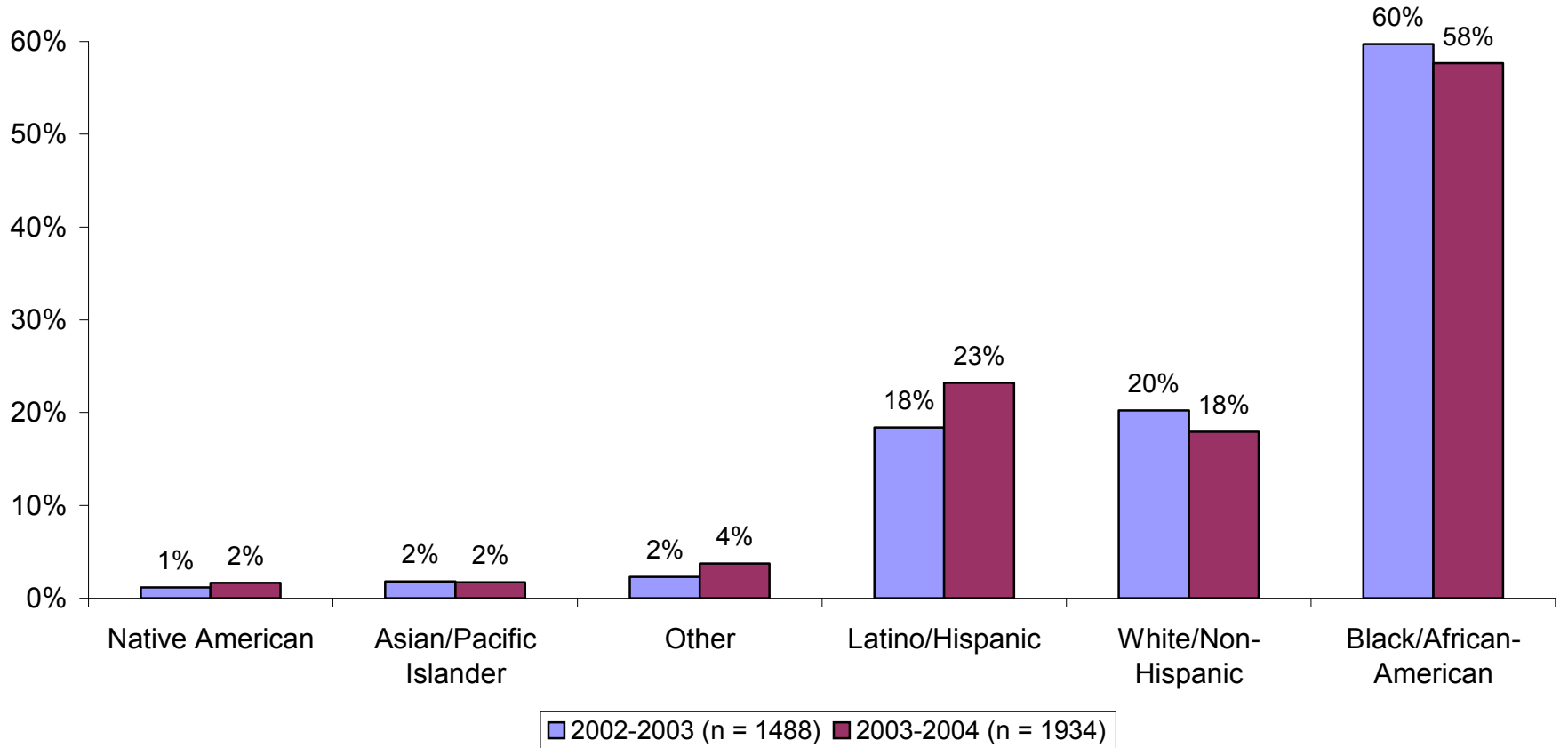
### Grade level of child



## Demographics

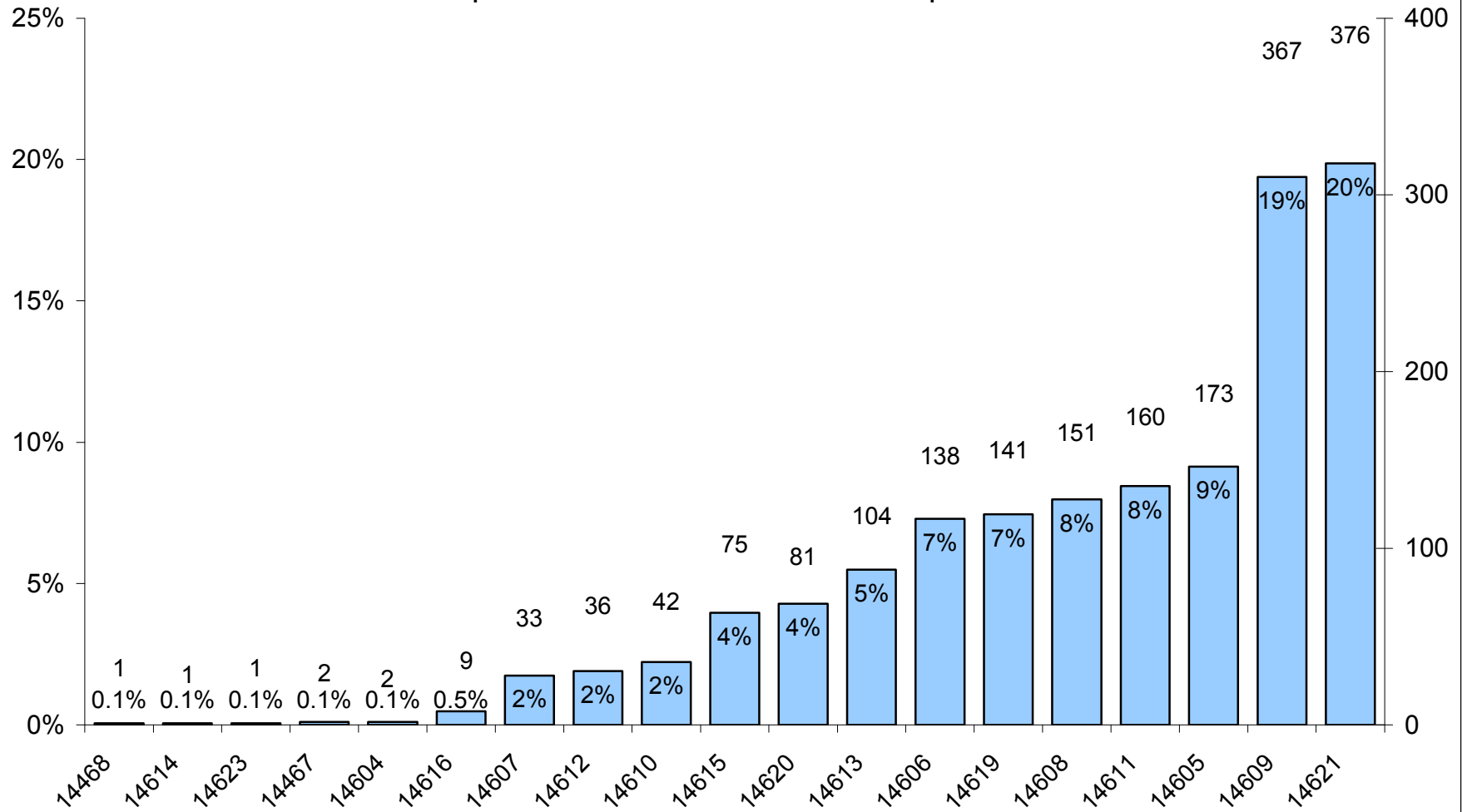
### Ethnicity

Note: Percent totals more than 100%, includes multiracial children



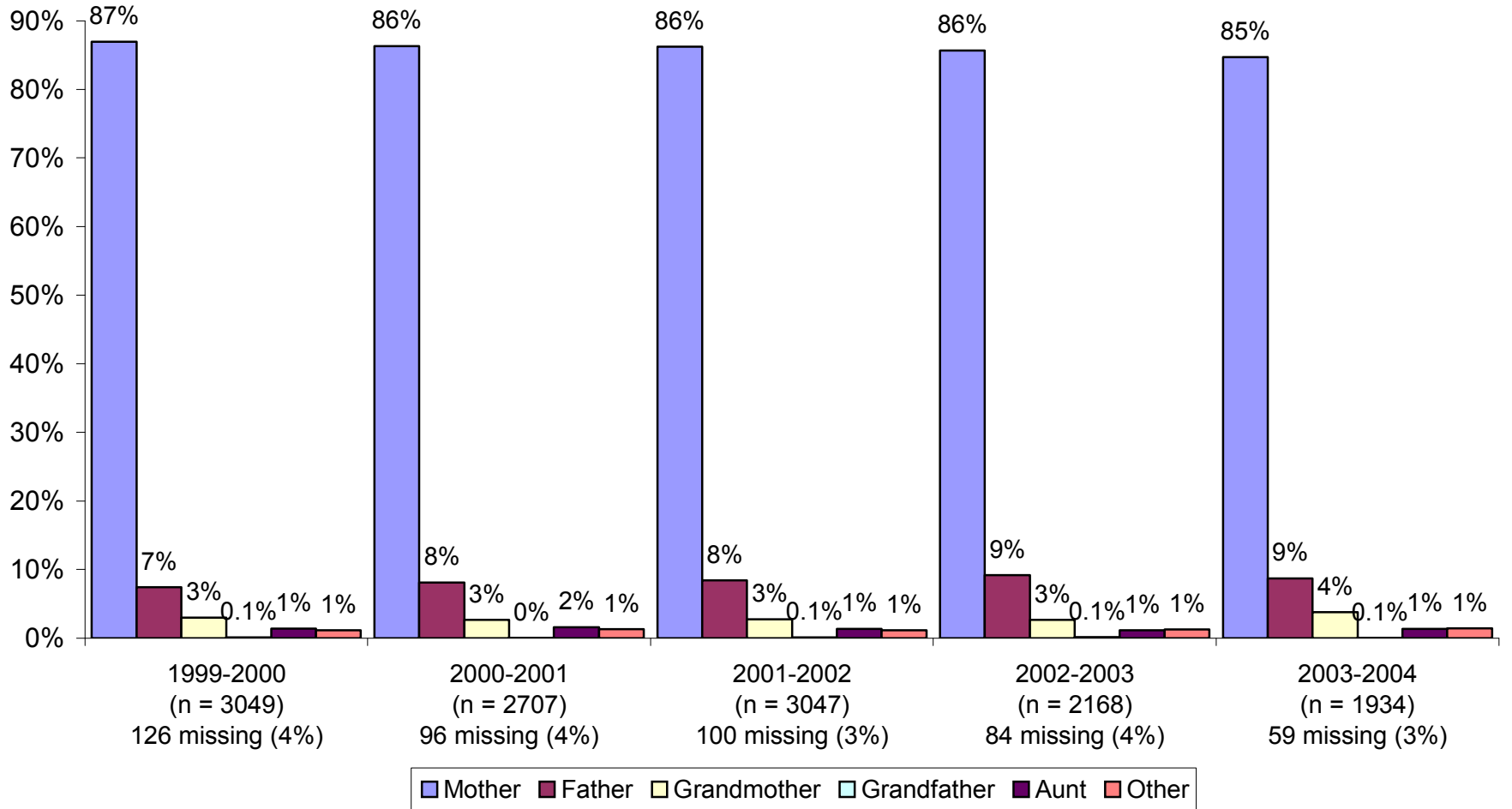
# Demographics

Zip Codes (2003-2004)  
with percent and n for each child's Zip Code



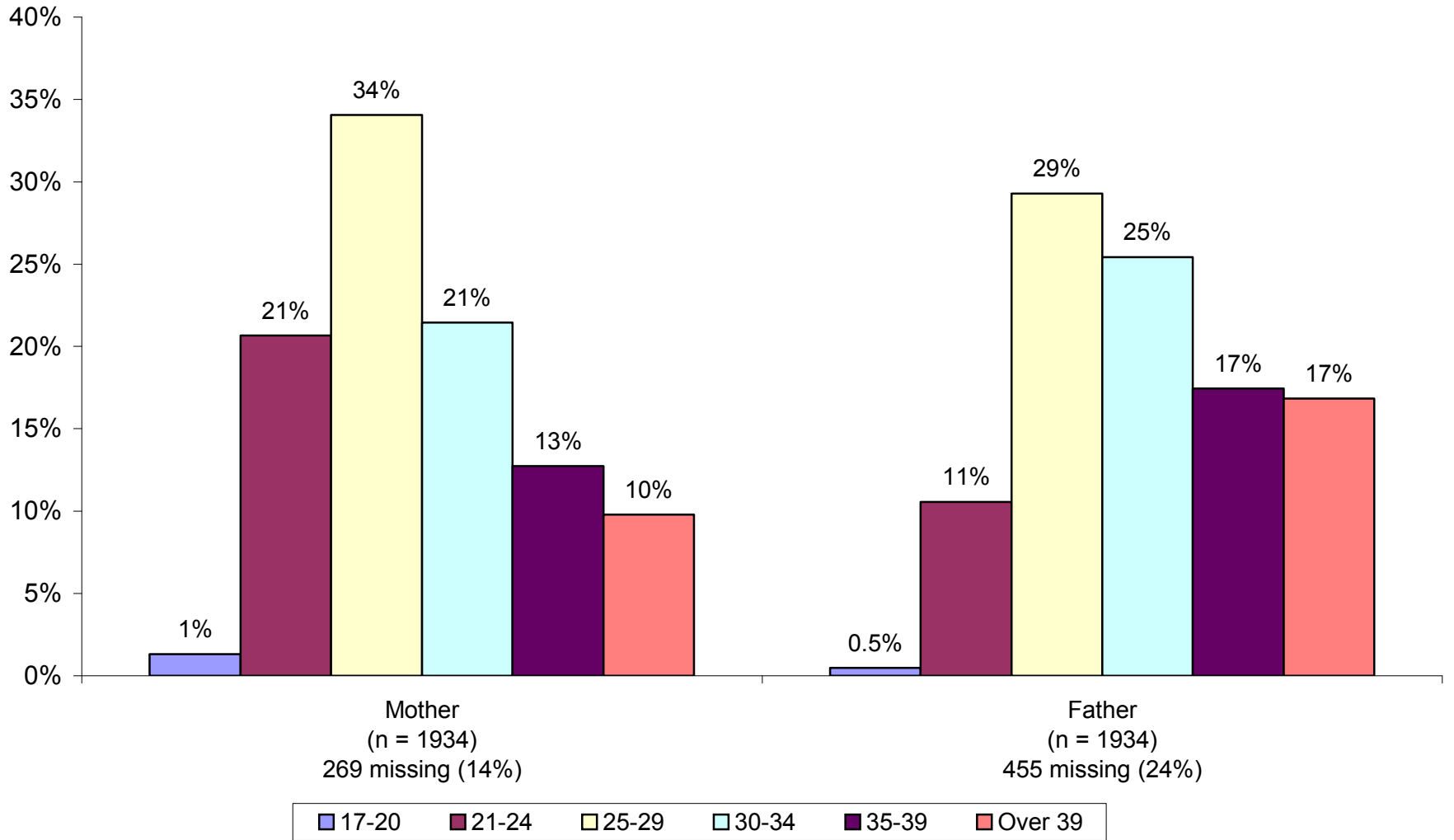
## Demographics

### Respondent's relationship to child



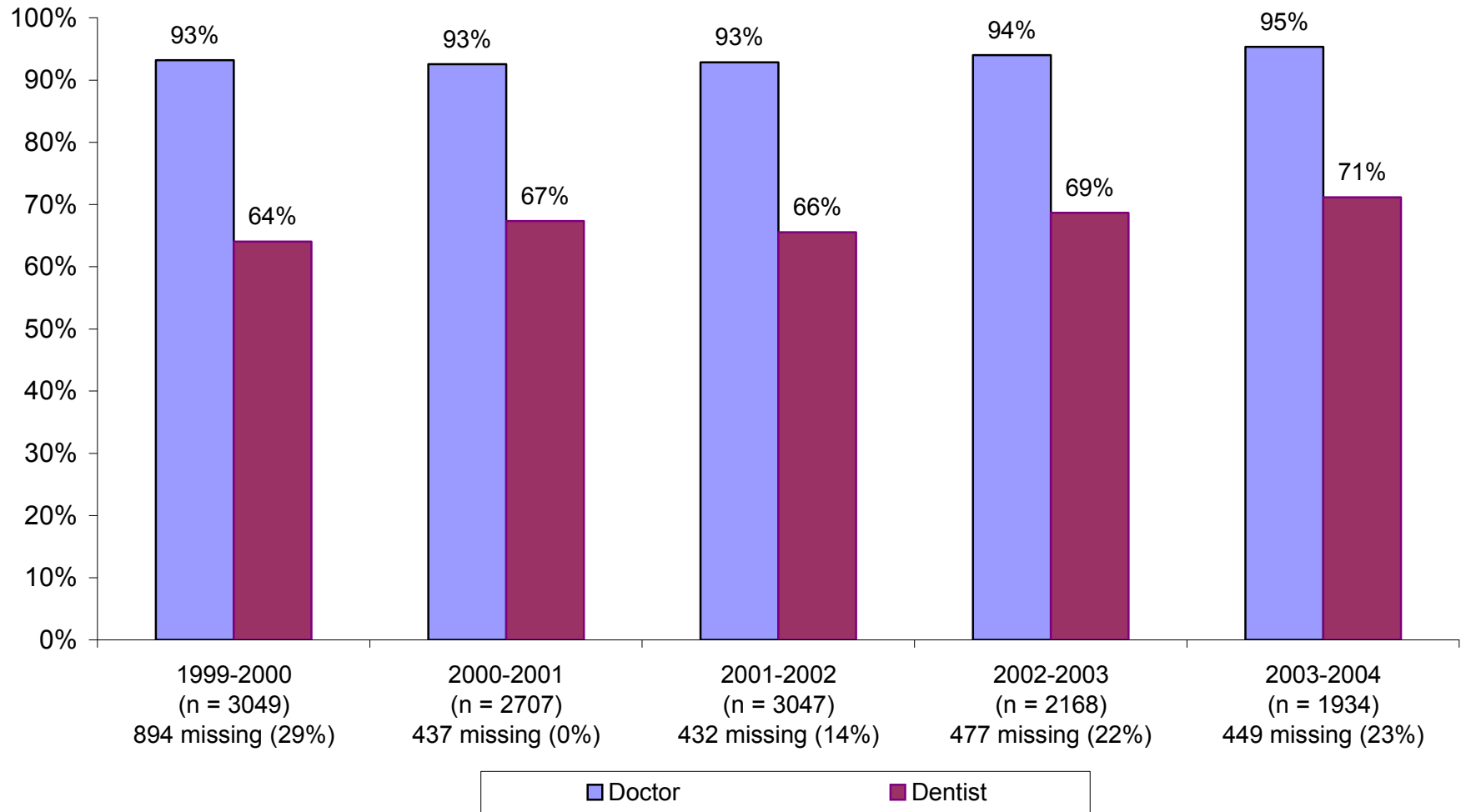
# Demographics

## Parents' age 2003-2004



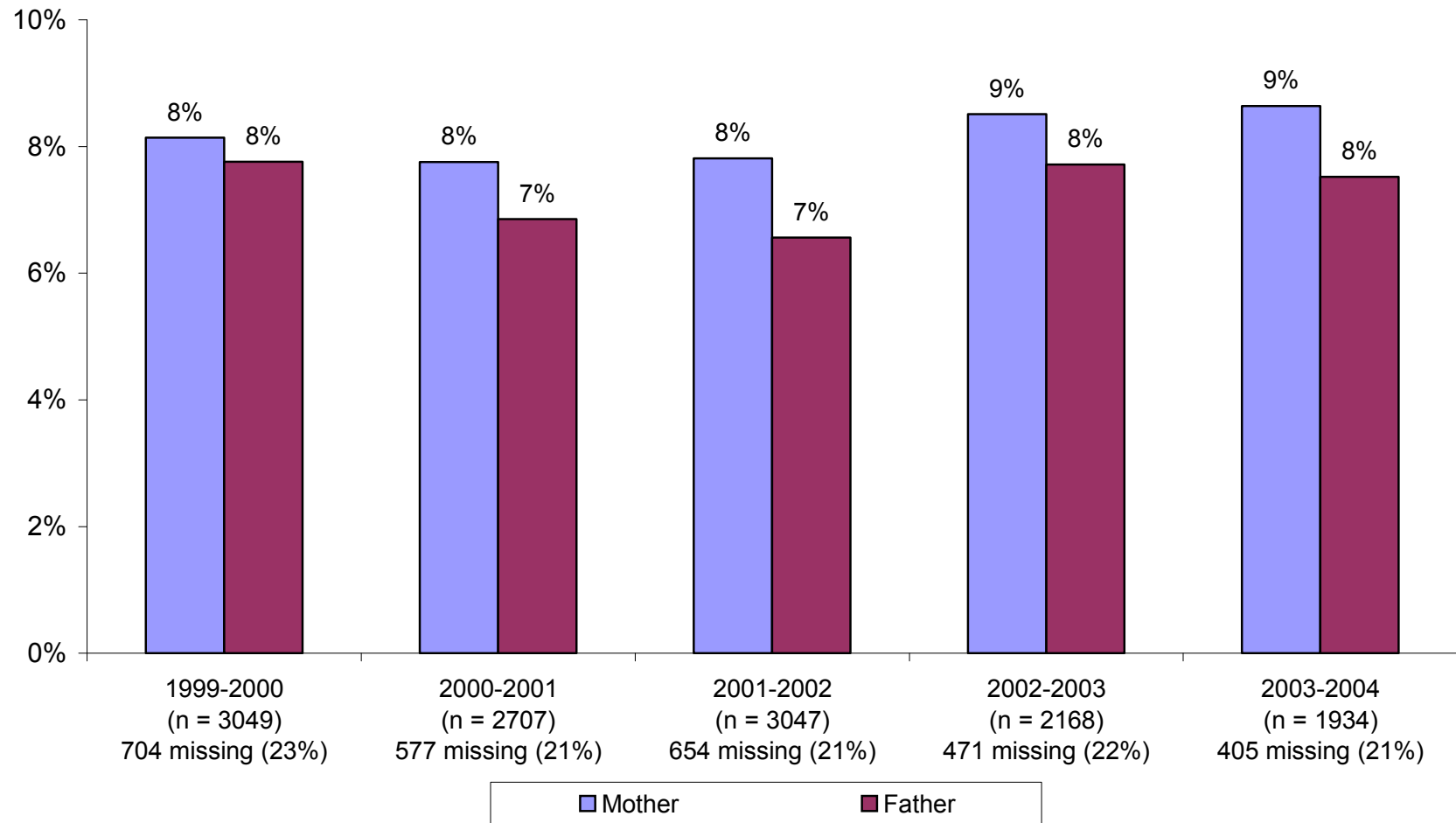
## Demographics

### Children who have a doctor or dentist



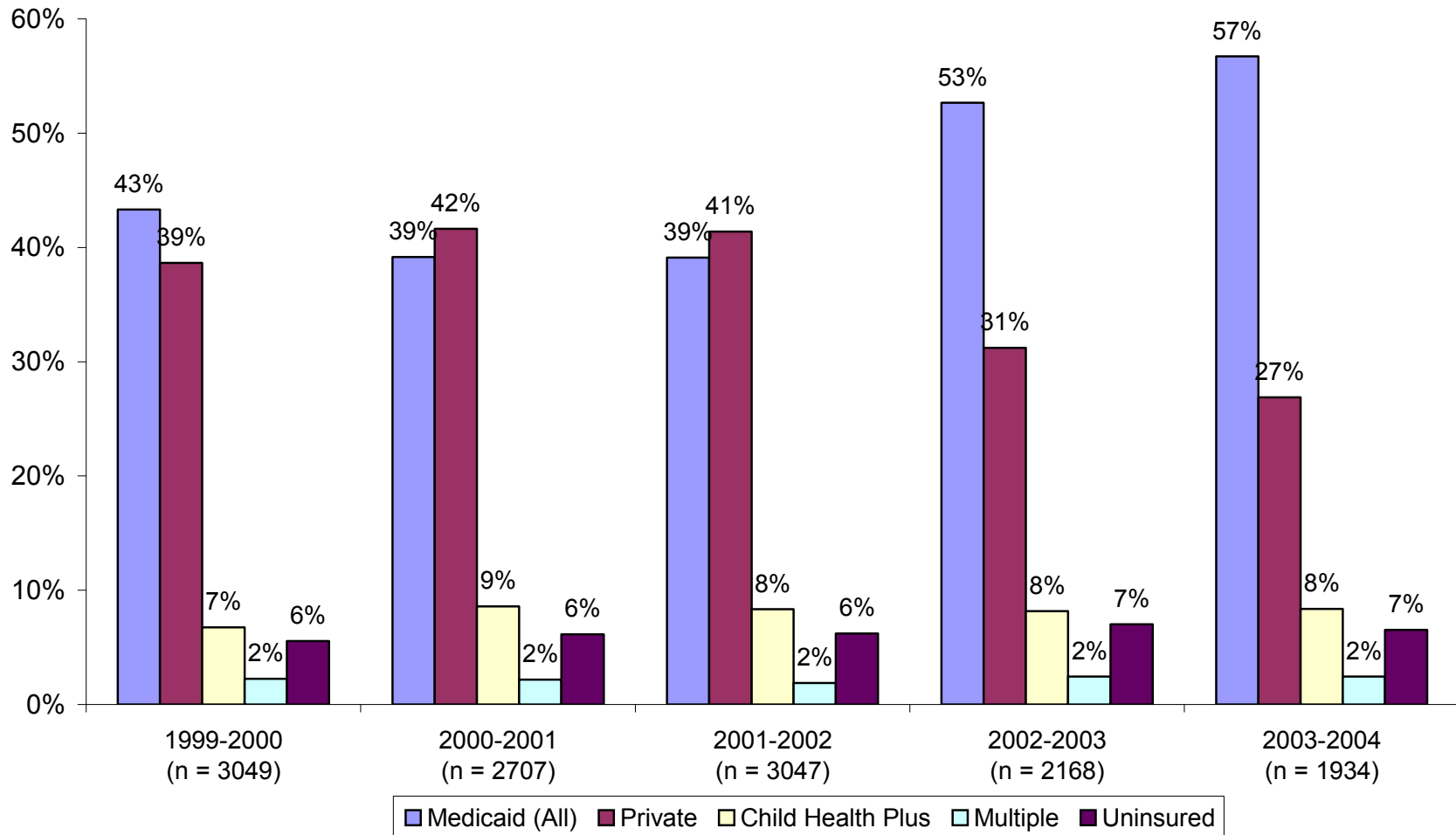
## Demographics

### Parents who have received Special Education Services



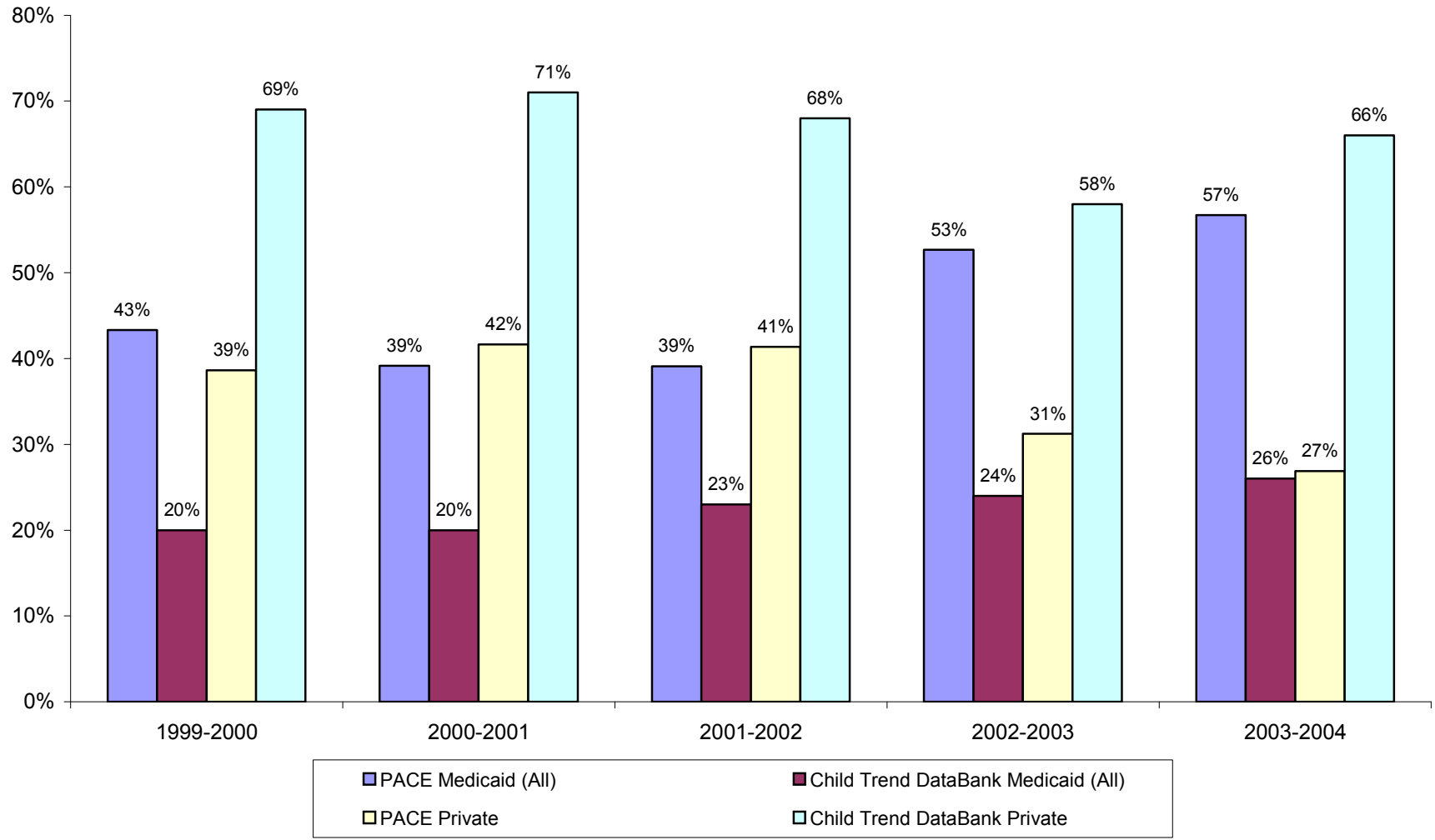
## Demographics

### Child's Health Insurance



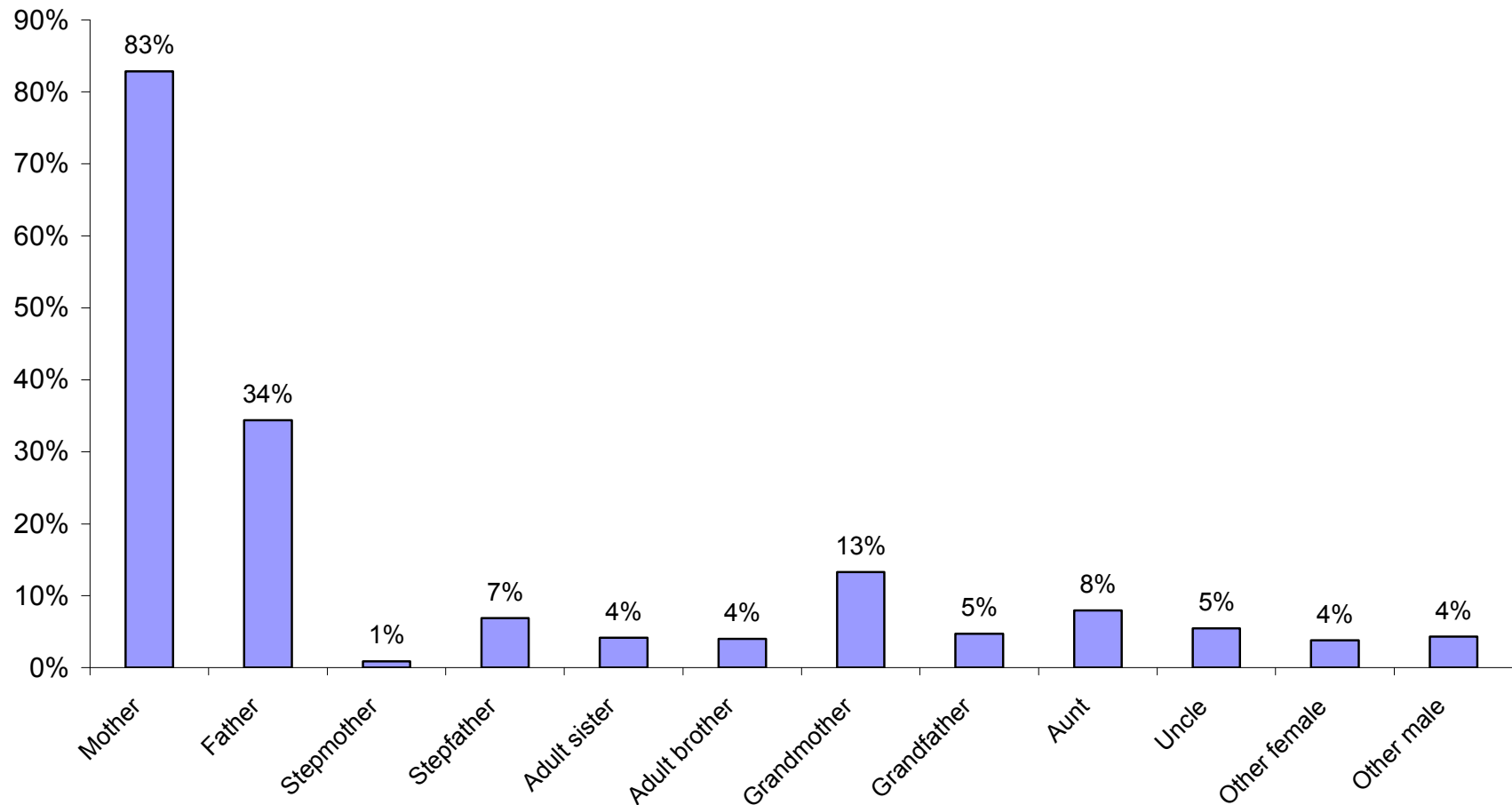


### PACE versus ChildTrends DataBank Insurance



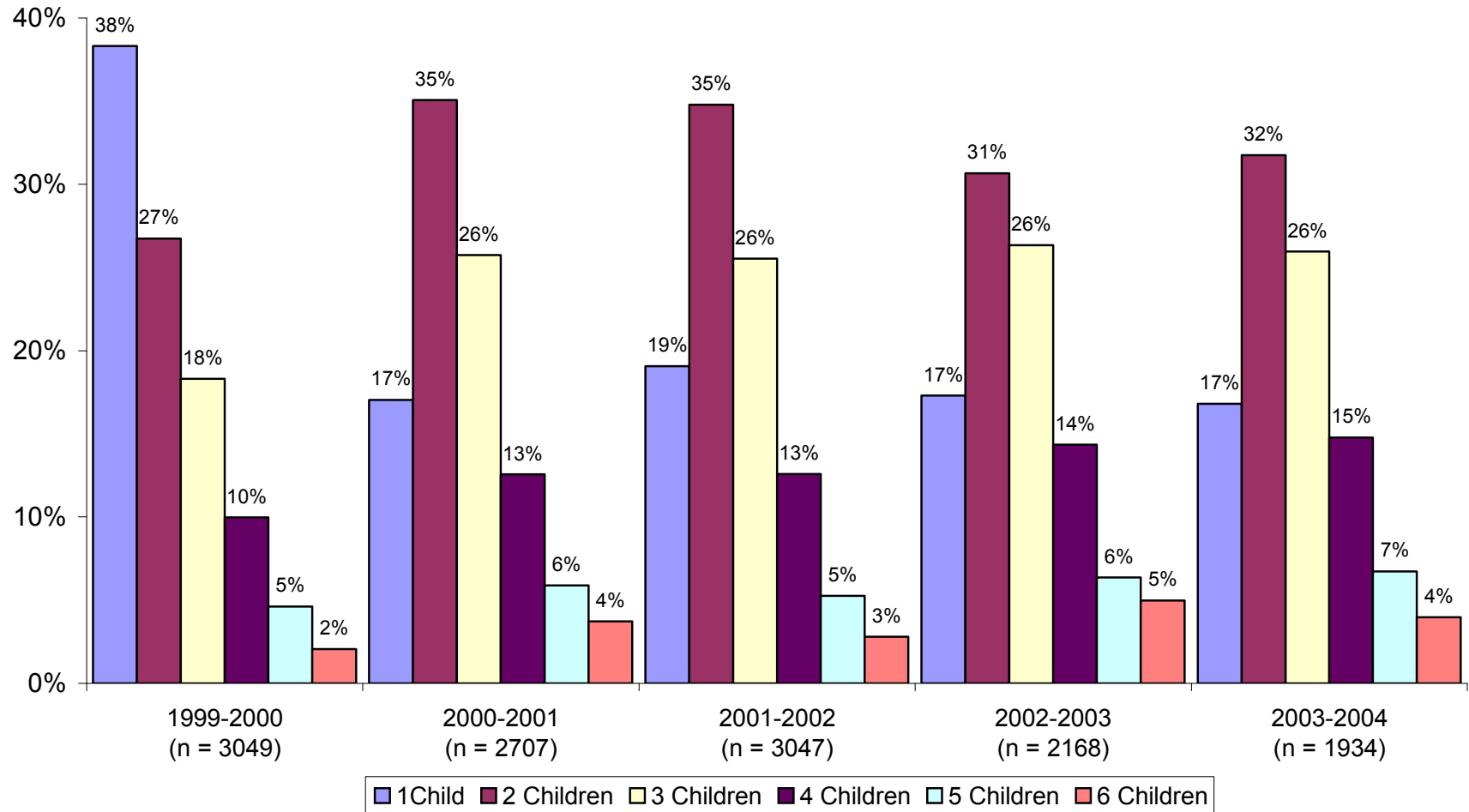
## Demographics

### Adults in the home with the child registered



## Demographics

### Number of children in the home including child registered





## **APPENDIX B**

### Health Related Tables and Charts



## General Health Information

### Item #6: Child's allergies

	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)	2003-2004 (n = 1934)
None	79%	77%	77%	77%	78%
Seasonal	7%	10%	10%	11%	12%
Medication	4%	5%	6%	6%	7%
Food	3%	3%	4%	4%	3%
Bee sting	1%	1%	1%	1%	1%
Other	3%	2%	3%	3%	3%

### Item #8: Last routine doctor visit

	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)	2003-2004 (n = 1934)
	101 missing (3%)	89 missing (3%)	99 missing (3%)	73 missing (3%)	71 missing (4%)
Never	1%	1%	1%	1%	0.5%
Within last 6 months	68%	63%	61%	65%	62%
Within past year	26%	30%	31%	28%	31%
More than 1 year ago	4%	4%	4%	4%	5%
More than 2 years ago	1%	1%	0.4%	0.4%	1%
Do not remember	2%	2%	2%	1%	1%

### Item #9: Last dental visit

	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)	2003-2004 (n = 1934)
	112 missing (4%)	89 missing (3%)	82 missing (3%)	64 missing (3%)	54 missing (3%)
Never	22%	19%	20%	21%	21%
Within last 6 months	46%	49%	47%	44%	47%
Within past year	21%	21%	22%	23%	21%
More than 1 year ago	7%	8%	8%	8%	8%
More than 2 years ago	1%	1%	1%	2%	1%
Do not remember	3%	2%	2%	2%	2%

## General Health Information

### Item #14: Has child ever had any health conditions that required emergency medical attention?

	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)	2003-2004 (n = 1934)
None	79%	96%	77%	75%	73%
Asthma	N/A	N/A	N/A	9%	10%
Broken bones	4%	1%	4%	3%	2%
Head injury	2%	0.4%	2%	2%	3%
Burns	2%	0.3%	1%	1%	2%
Seizures	N/A	N/A	N/A	2%	2%
Other	14%	3%	16%	10%	8%

### Item #15: Illnesses over child's entire life

	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)	2003-2004 (n = 1934)
Behavior problems	N/A	N/A	N/A	8%	9%
Bone or joint problems	2%	1%	1%	1%	1%
Ear infections (6 or more)	9%	10%	9%	11%	13%
Early Intervention Services	3%	39%	4%	5%	7%
Hearing problems	1%	1%	0%	2%	2%
Headaches (weekly or daily)	N/A	N/A	N/A	2%	2%
Heart trouble	1%	1%	1%	1%	1%
High Lead levels	6%	5%	4%	5%	5%
Hyperactivity (ADD/ADHD)	2%	2%	2%	3%	3%
"Low iron" or iron deficiency	N/A	N/A	N/A	5%	4%
PE or ear tubes	2%	4%	3%	3%	4%
Poisoning	N/A	N/A	N/A	0.1%	0.3%
Seizures or Epilepsy	2%	2%	1%	1%	2%
Sickle Cell Disease	0.4%	0.3%	0.3%	1%	1%
Stomach aches (weekly or daily)	N/A	N/A	N/A	3%	4%
Trouble seeing things	1%	1%	0.4%	1%	2%
Trouble sleeping - nightmares	N/A	N/A	N/A	3%	4%
Wears glasses	2%	3%	3%	3%	3%
Overweight	N/A	N/A	N/A	3%	2%
Underweight	N/A	N/A	N/A	3%	3%
Other conditions	4%	4%	5%	4%	4%



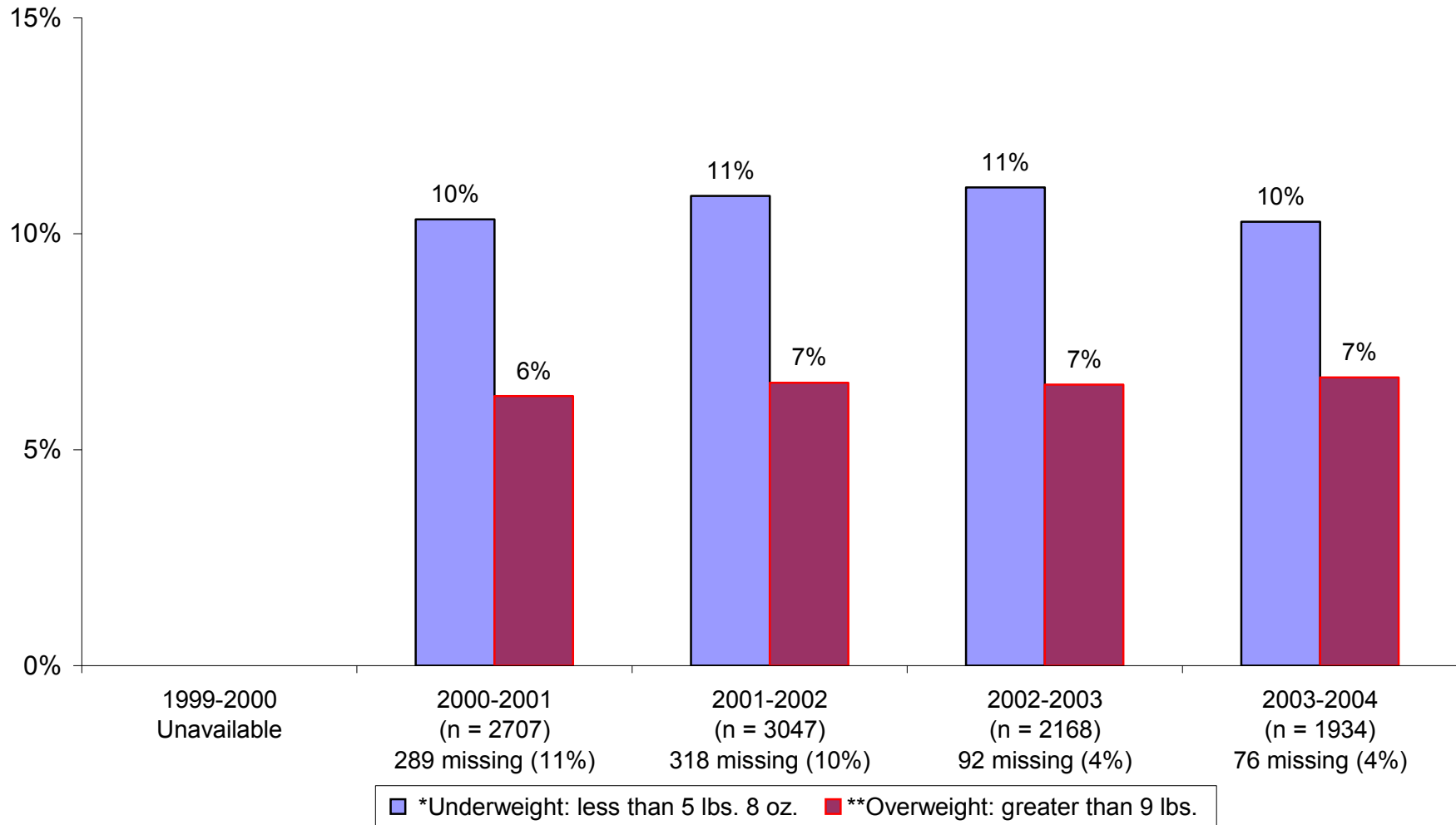
## General Health Information

### Item #19: Parents who would like to talk to the school nurse

	1999-2000 (n = 3049) 222 missing (7%)	2000-2001 (n = 2707) 171 missing (6%)	2001-2002 (n = 3047) 162 missing (5%)	2002-2003 (n = 2168) 115 missing (5%)	2003-2004 (n = 1934) 94 missing (5%)
No	84%	85%	87%	87%	87%
Yes	16%	15%	13%	13%	13%

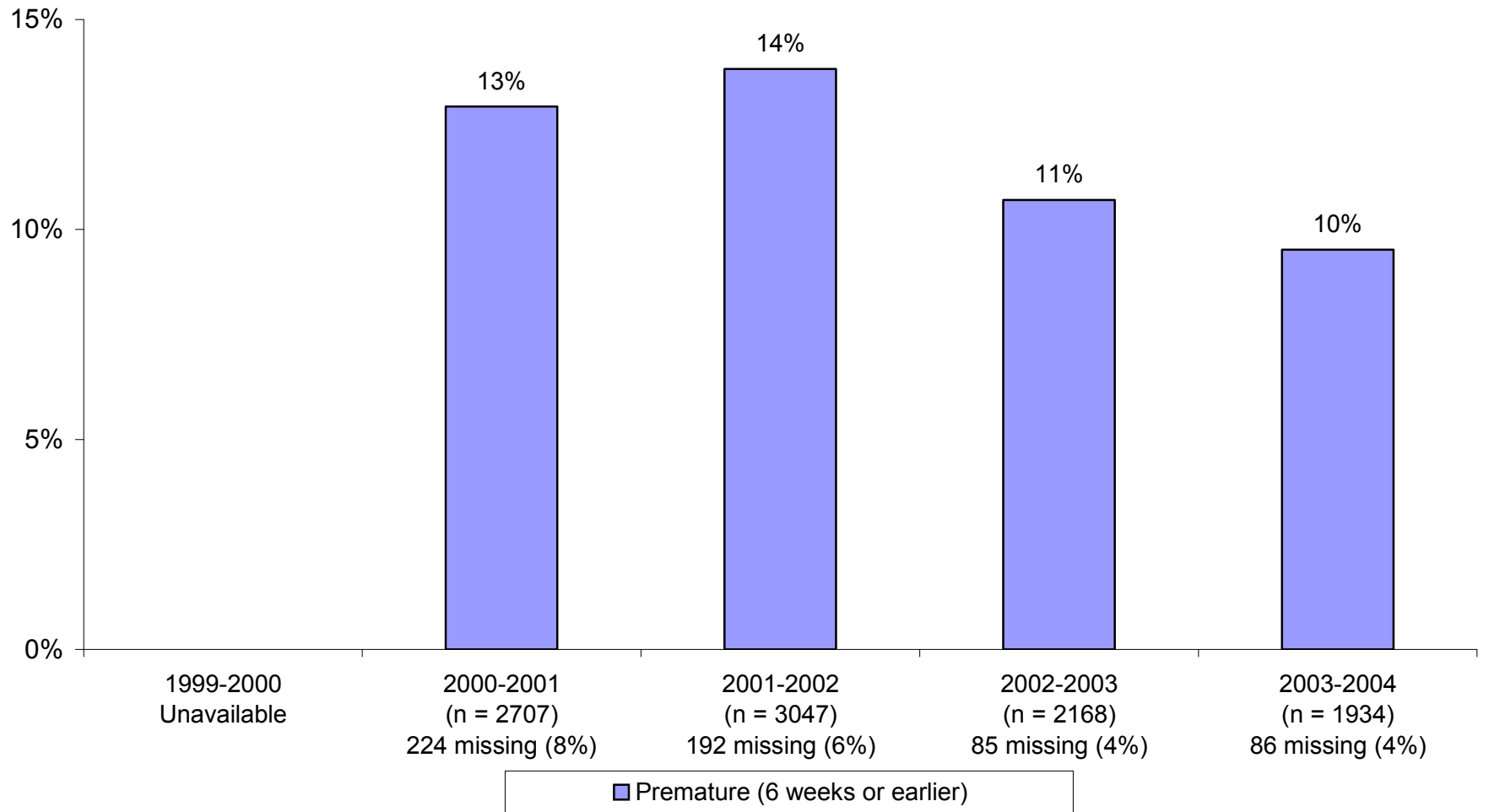
## General Health Information

### Item #1: Birthweight



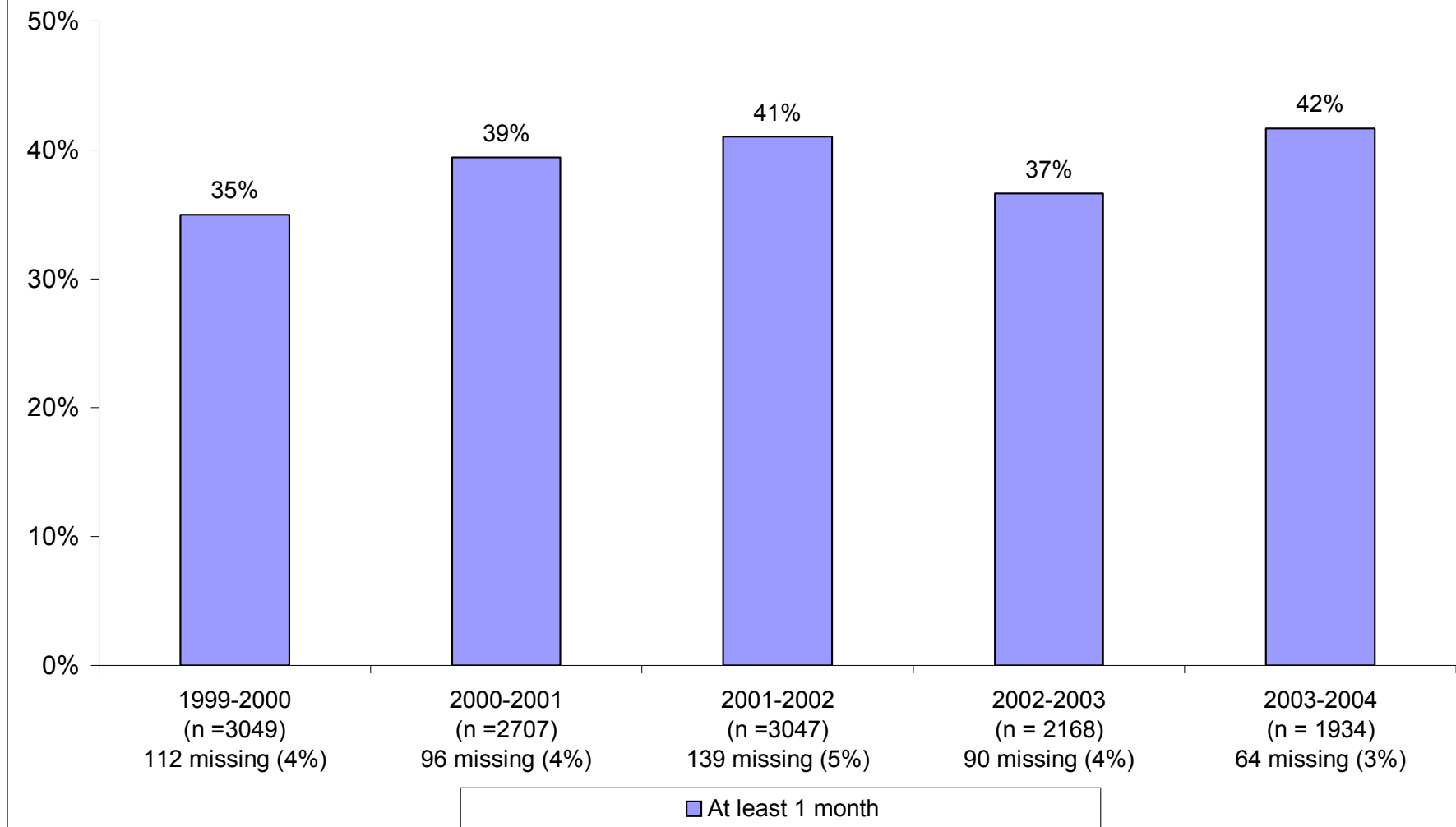
## General Health Information

### Item #2: Premature birth



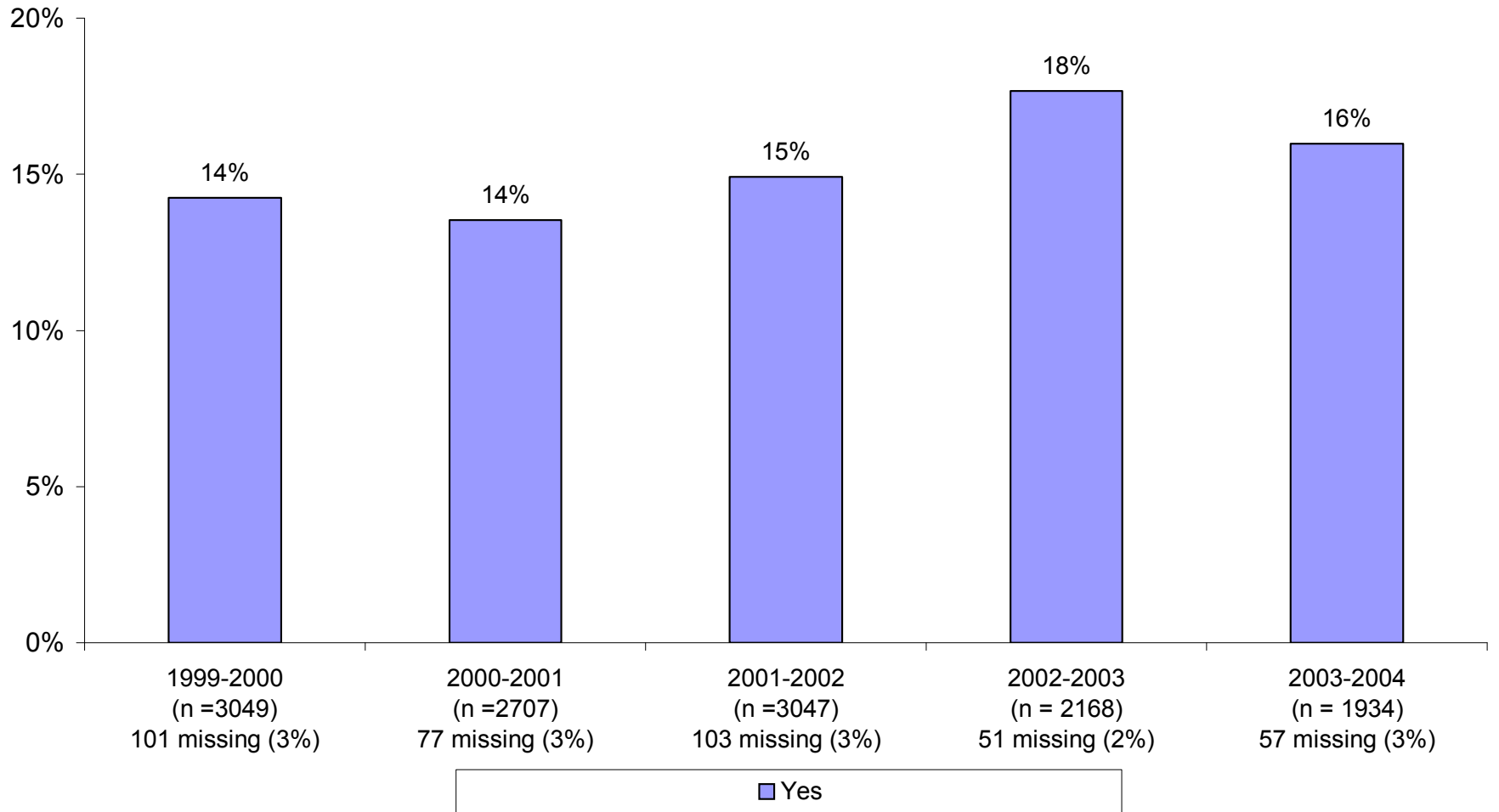
## General Health Information

### Item #3: Breastfeeding



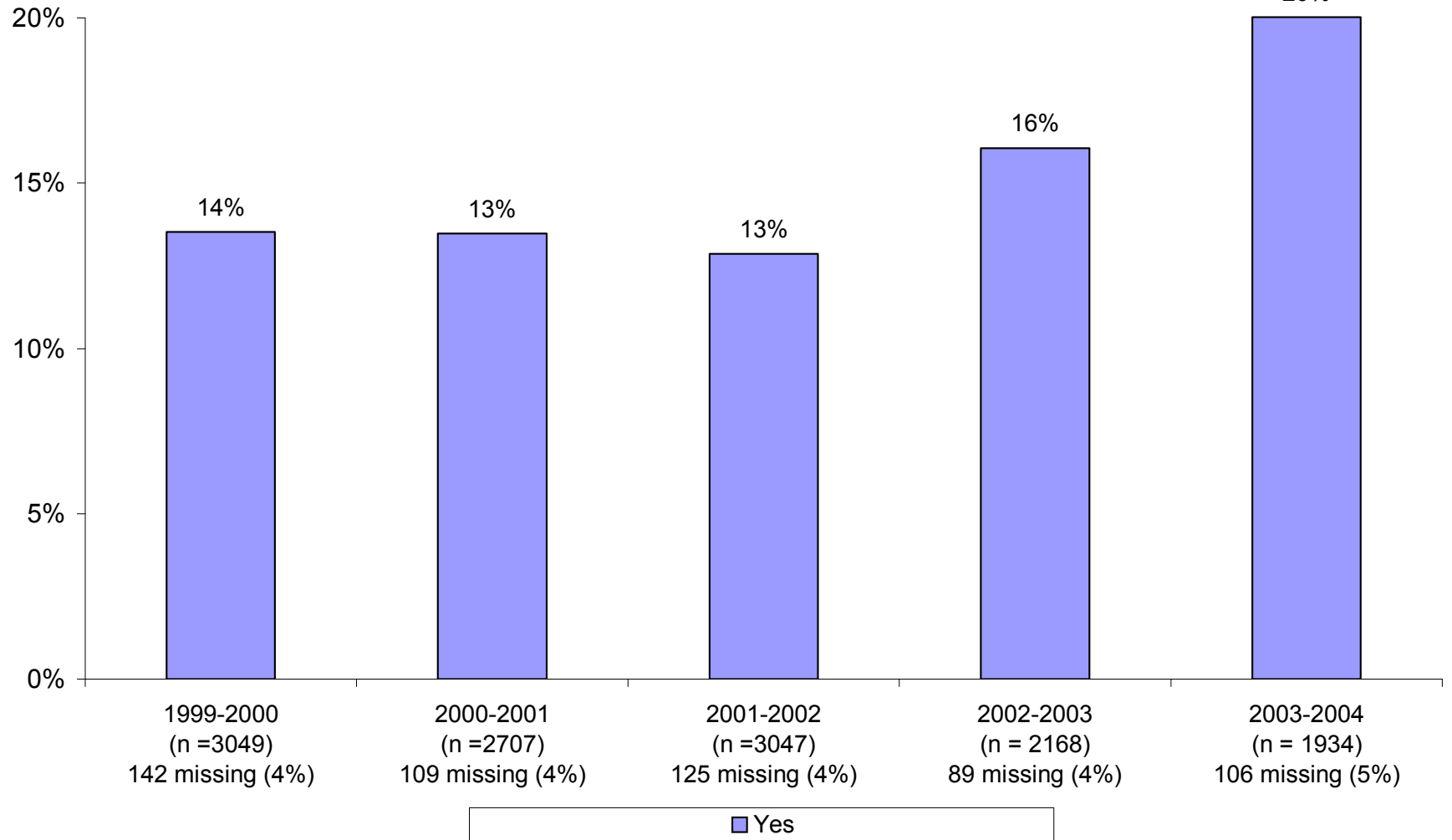
## General Health Information

Item #4: Was child ever in Neonatal Intensive Care Unit (NICU)?



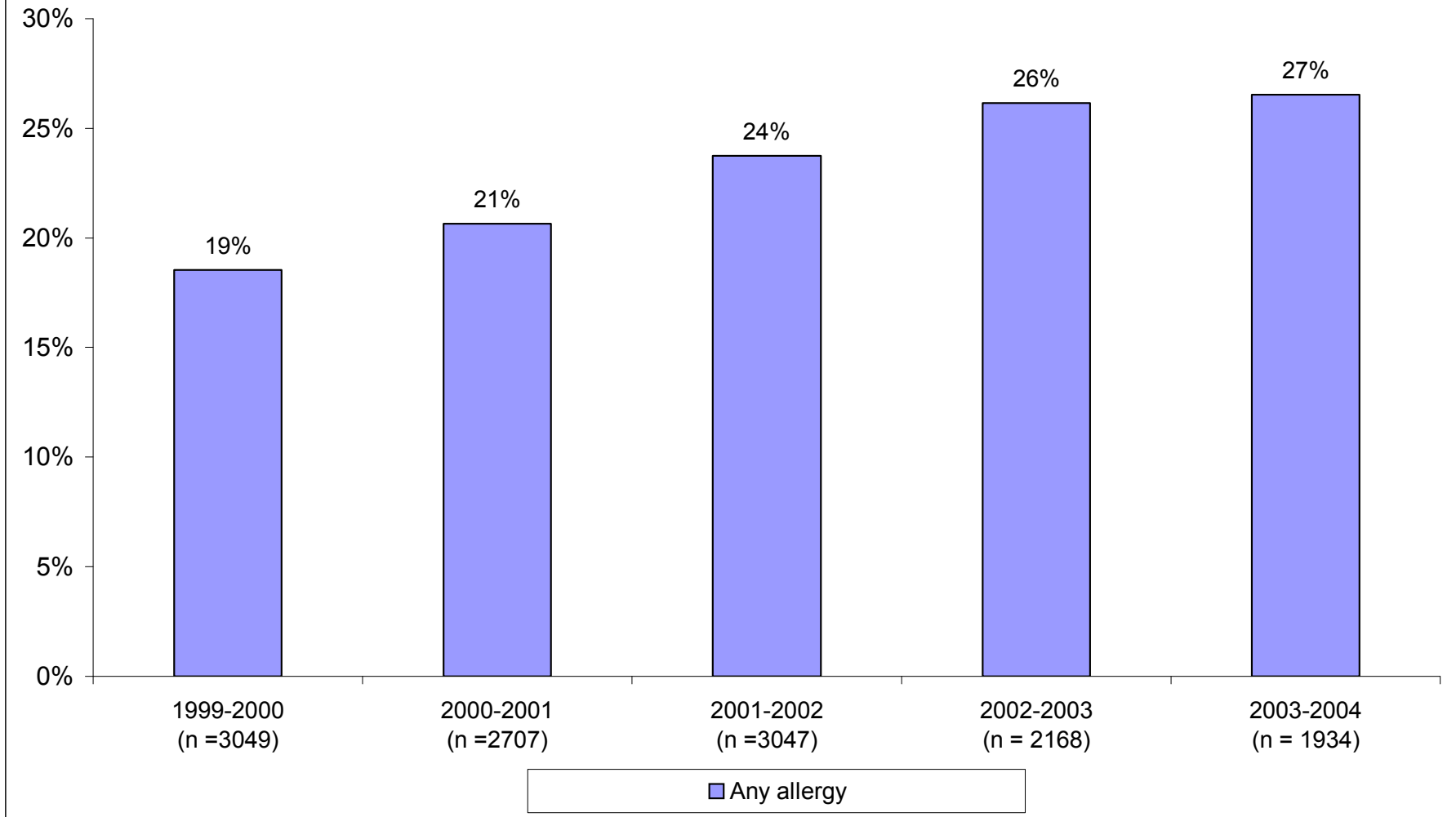
## General Health Information

Item #5: Has child ever stayed in the hospital overnight?



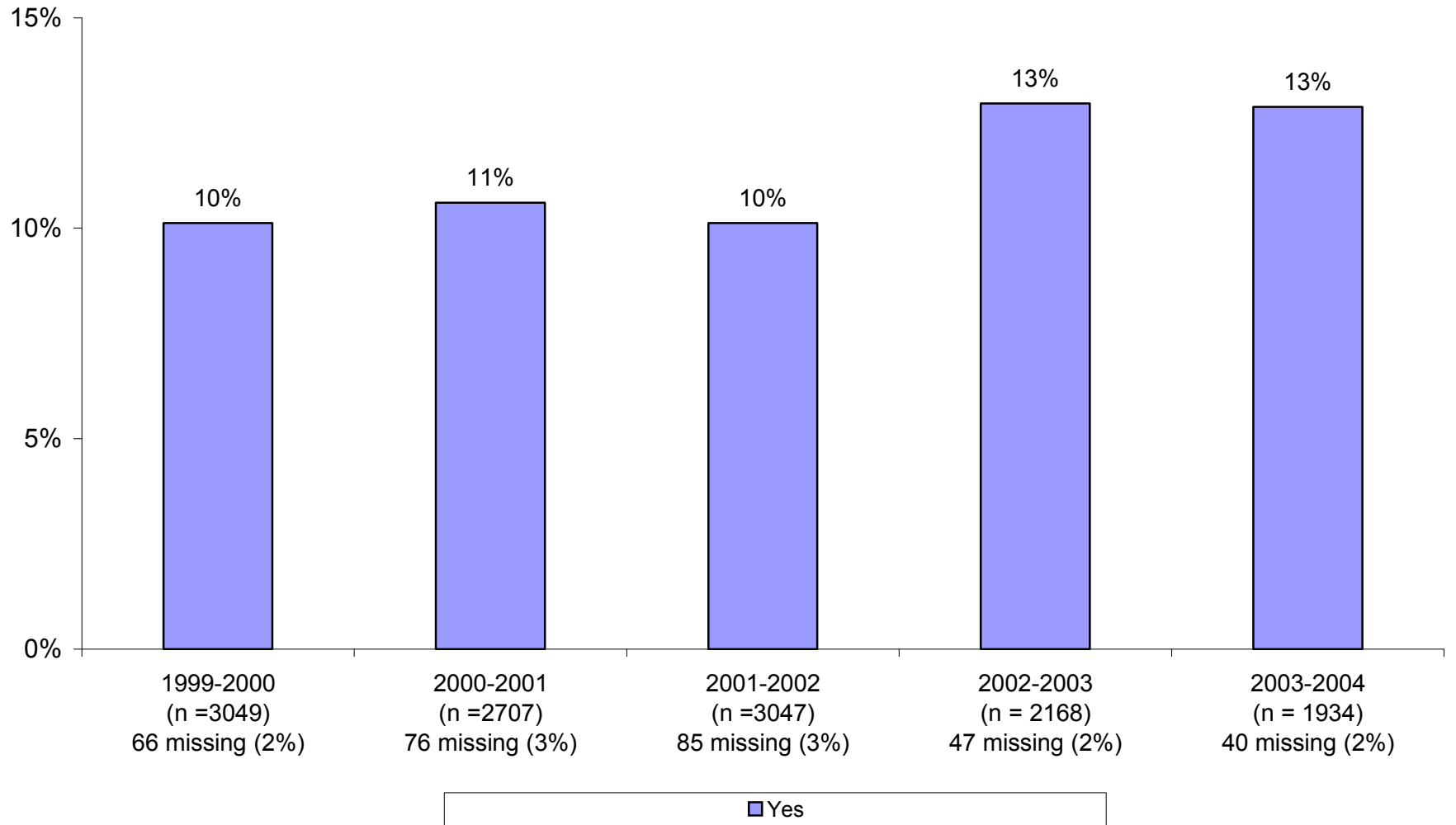
## General Health Information

Item #6: Does child have allergies?



## General Health Information

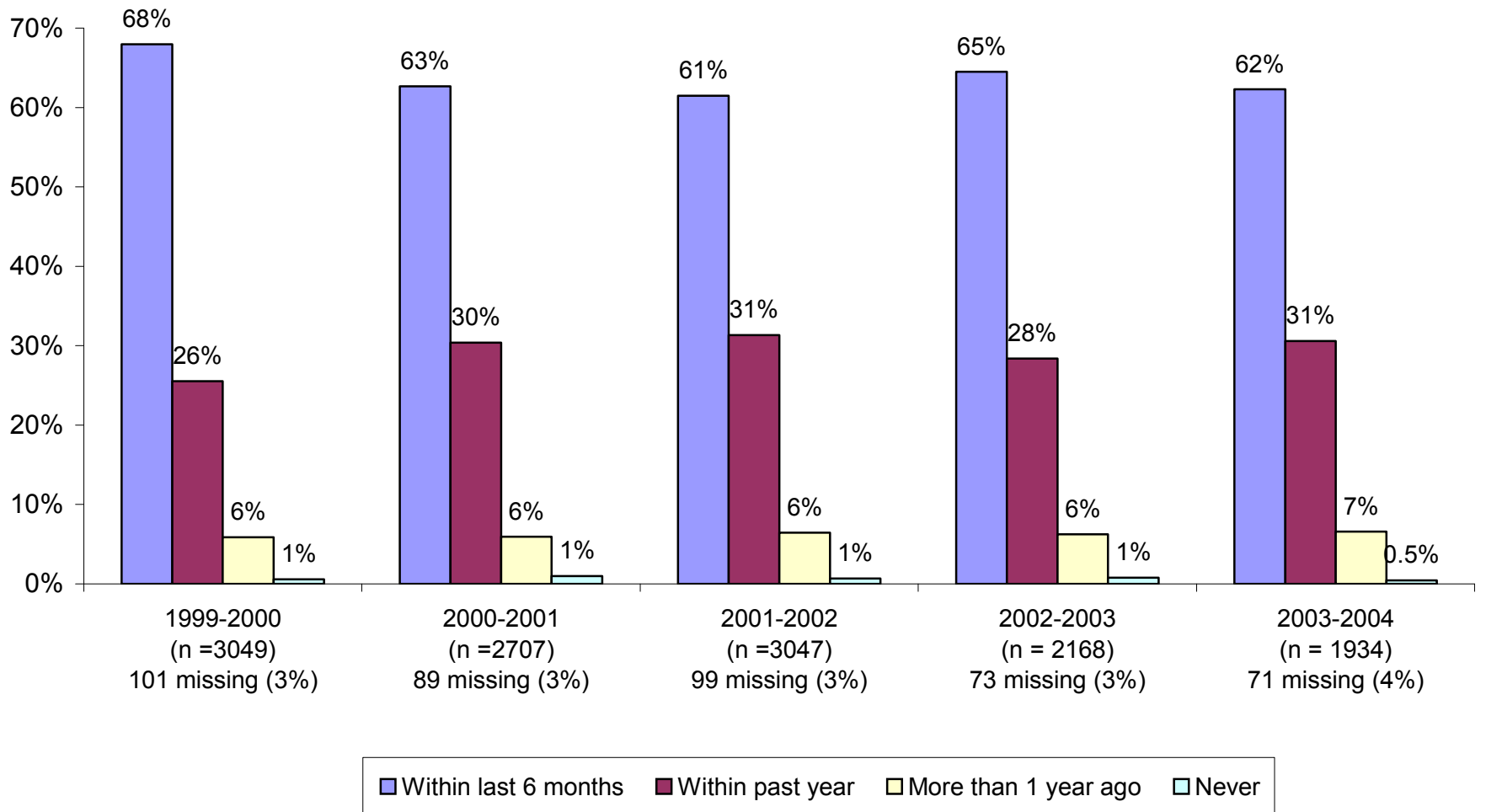
Item #7: Does child presently take prescription medications?





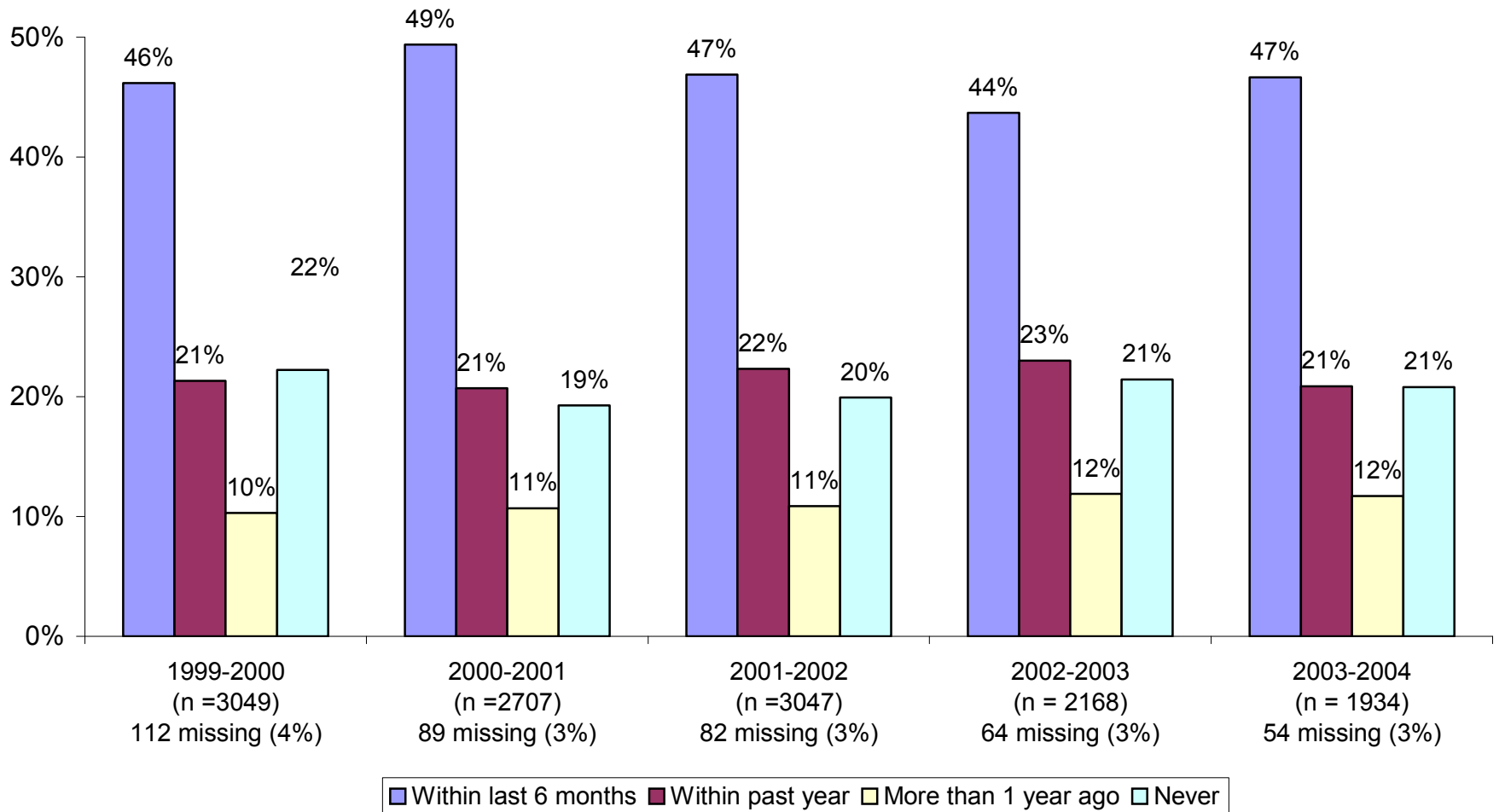
## General Health Information

### Item #8: Last routine doctor visit



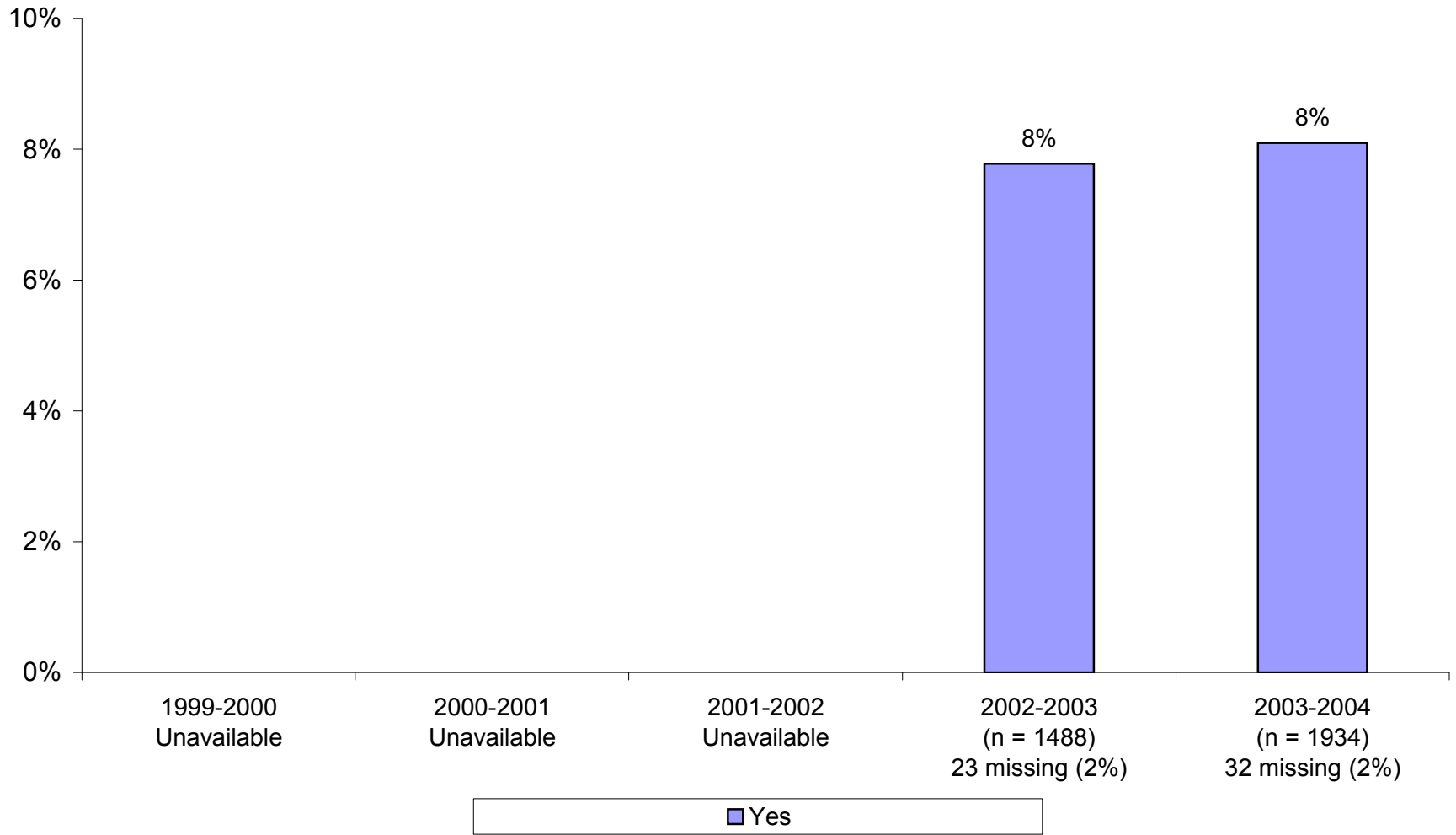
## General Health Information

### Item #9: Last dental visit



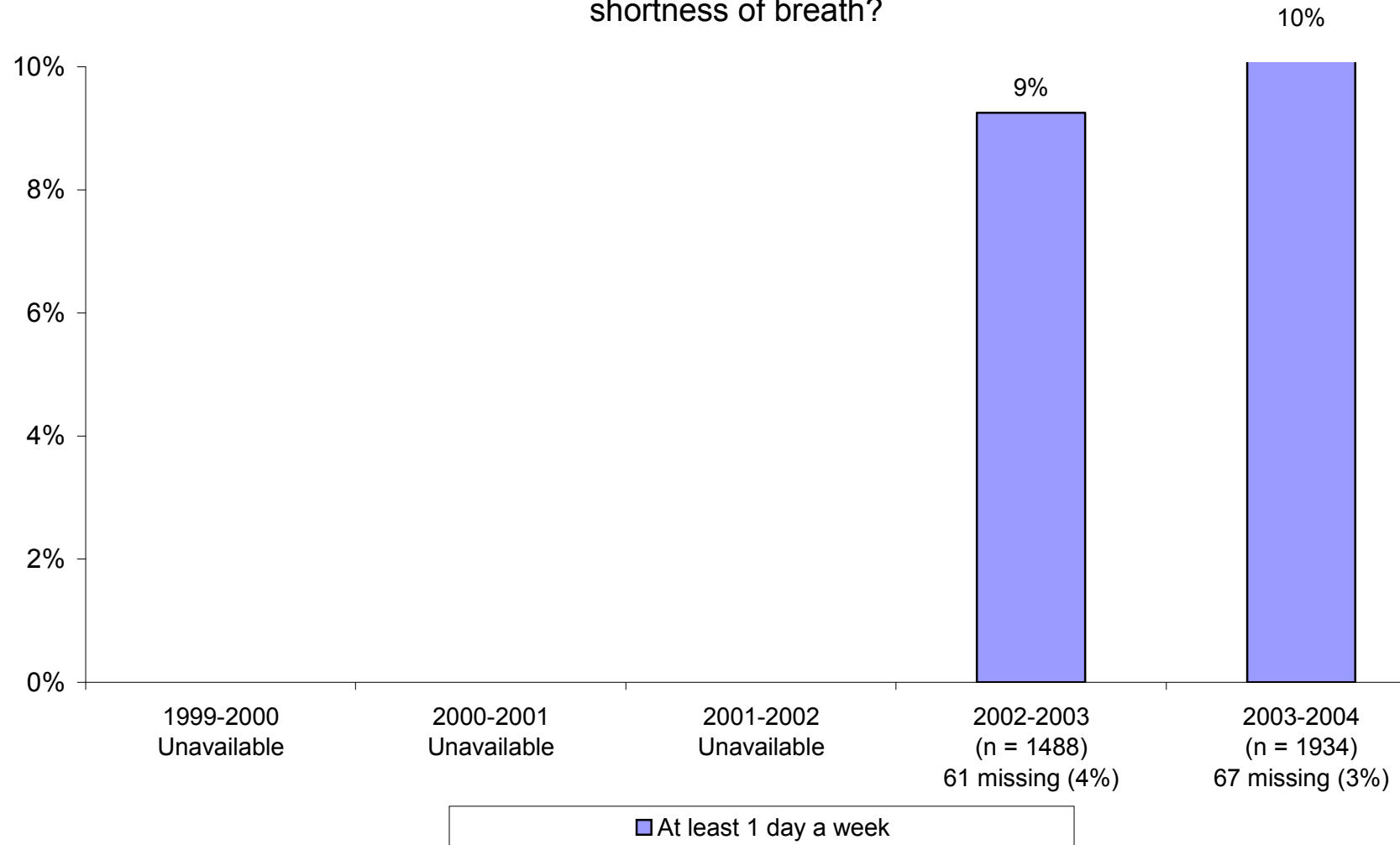
## General Health Information

Item #10: Does child ever need to stop playing because of breathing problems?



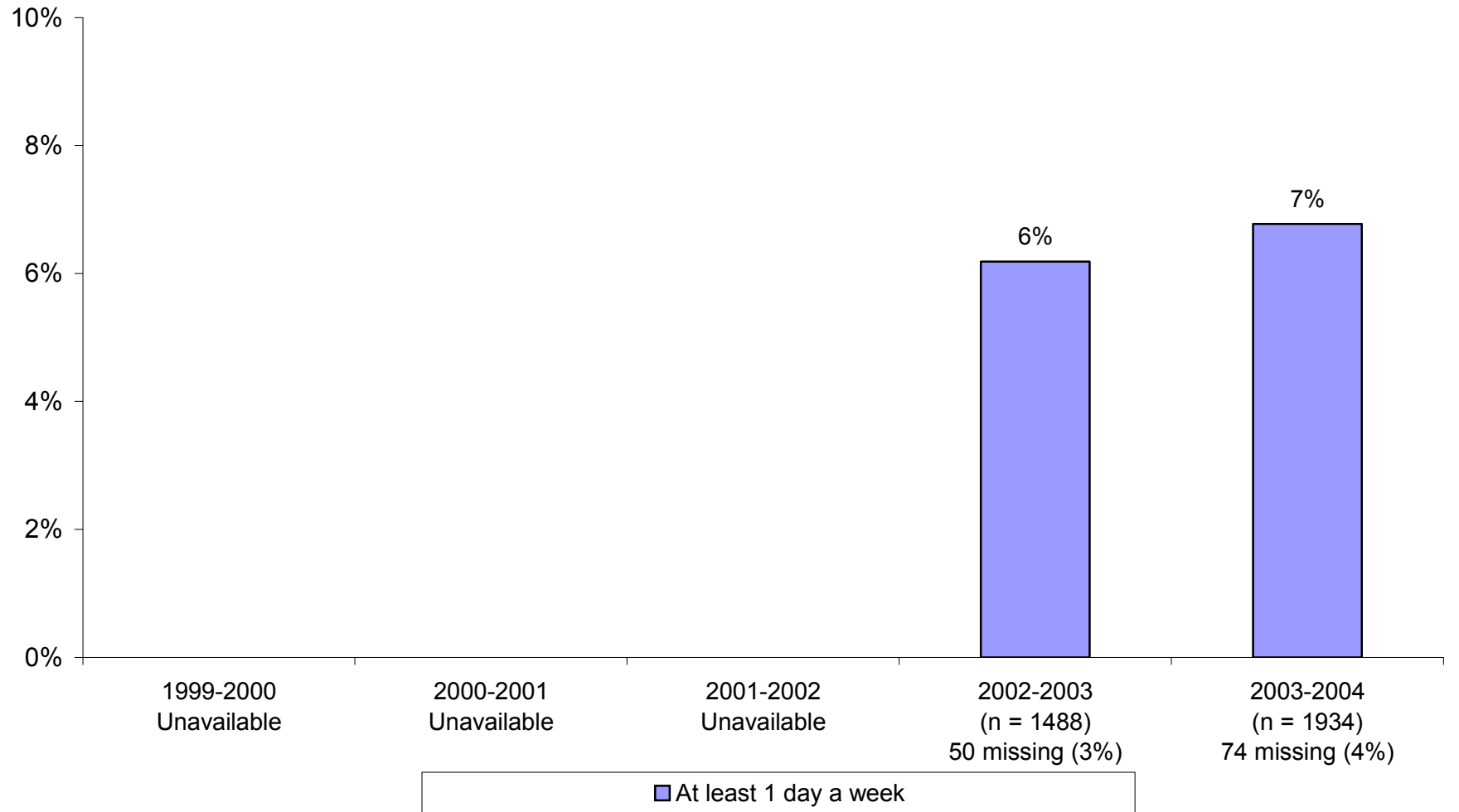
## General Health Information

Item #11: How many days a week does child have wheezing, coughing, or shortness of breath?



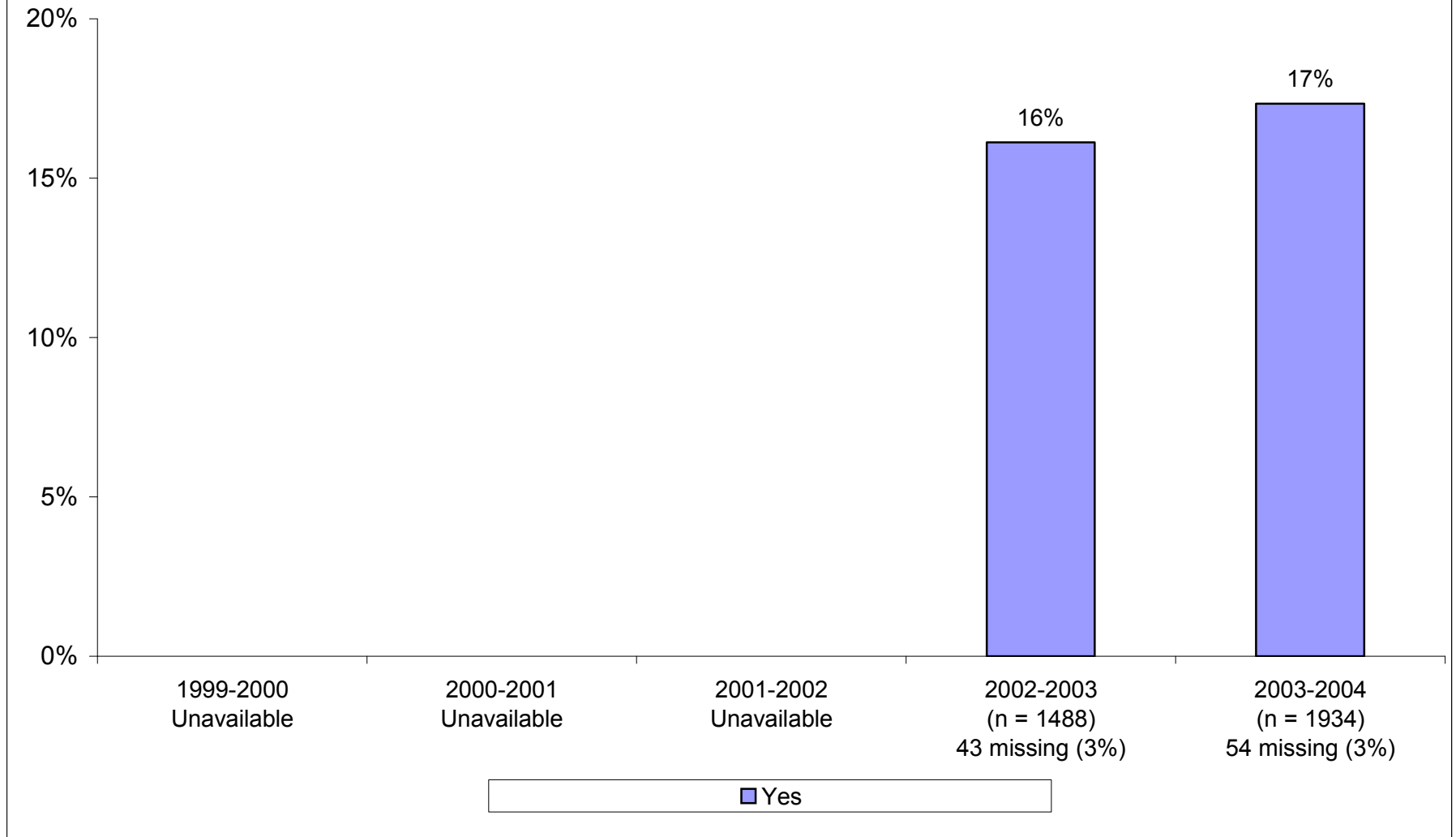
### General Health Information

Item #12: How many days a week does child wake up from sleep because of wheezing, coughing, or shortness of breath?



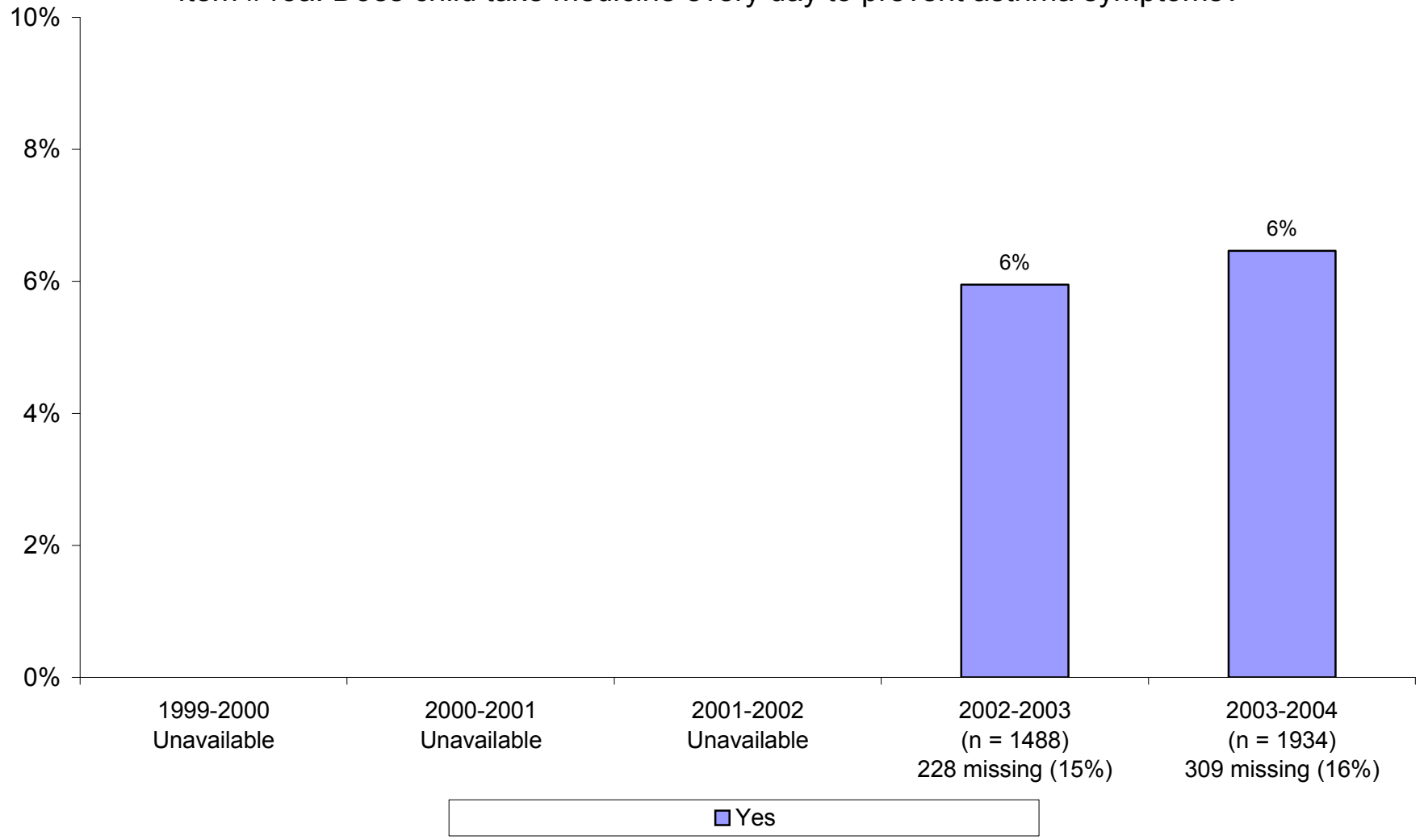
## General Health Information

Item #13: Has a doctor ever said child has asthma?



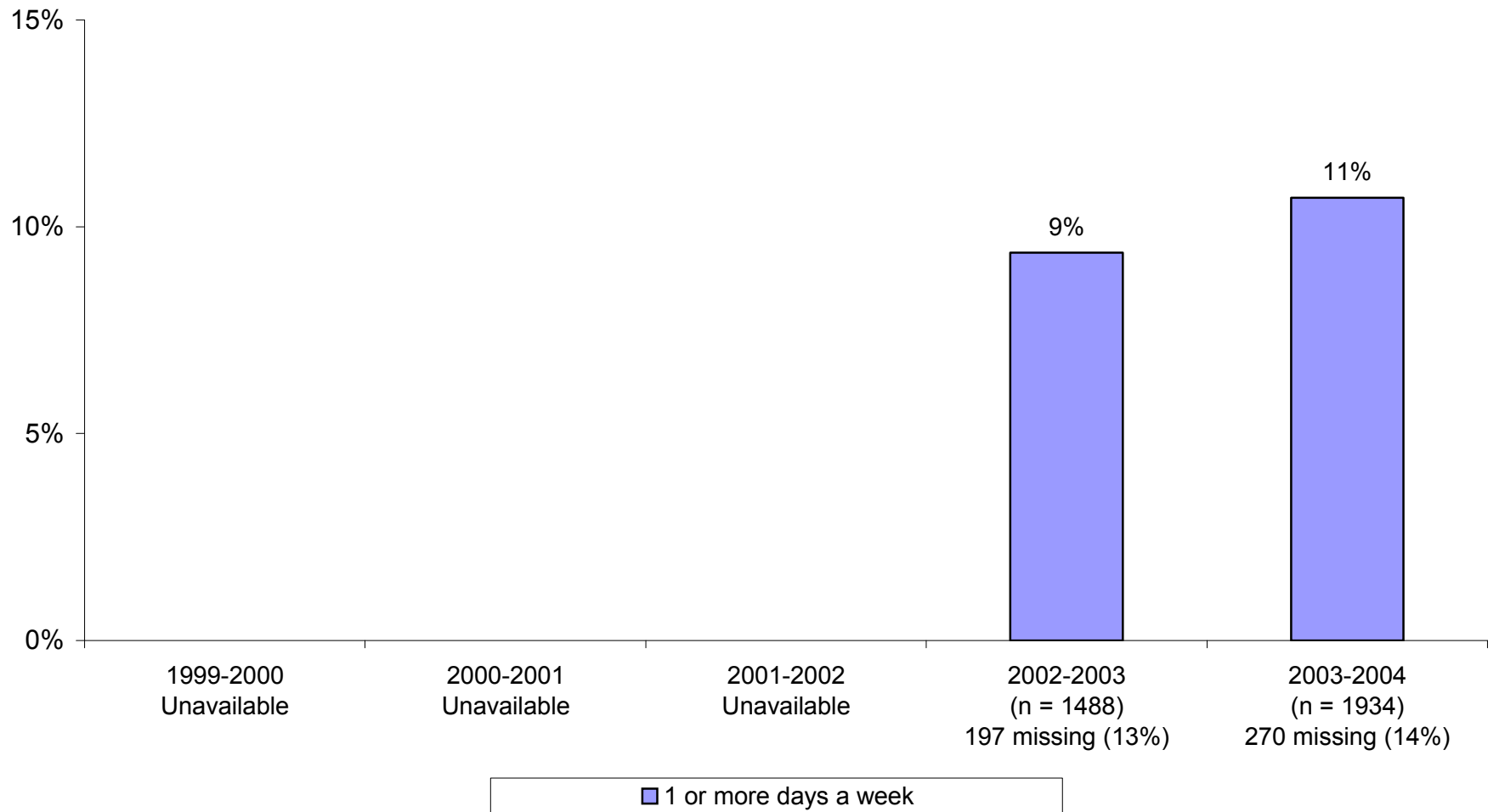
## General Health Information

Item #13a: Does child take medicine every day to prevent asthma symptoms?



## General Health Information

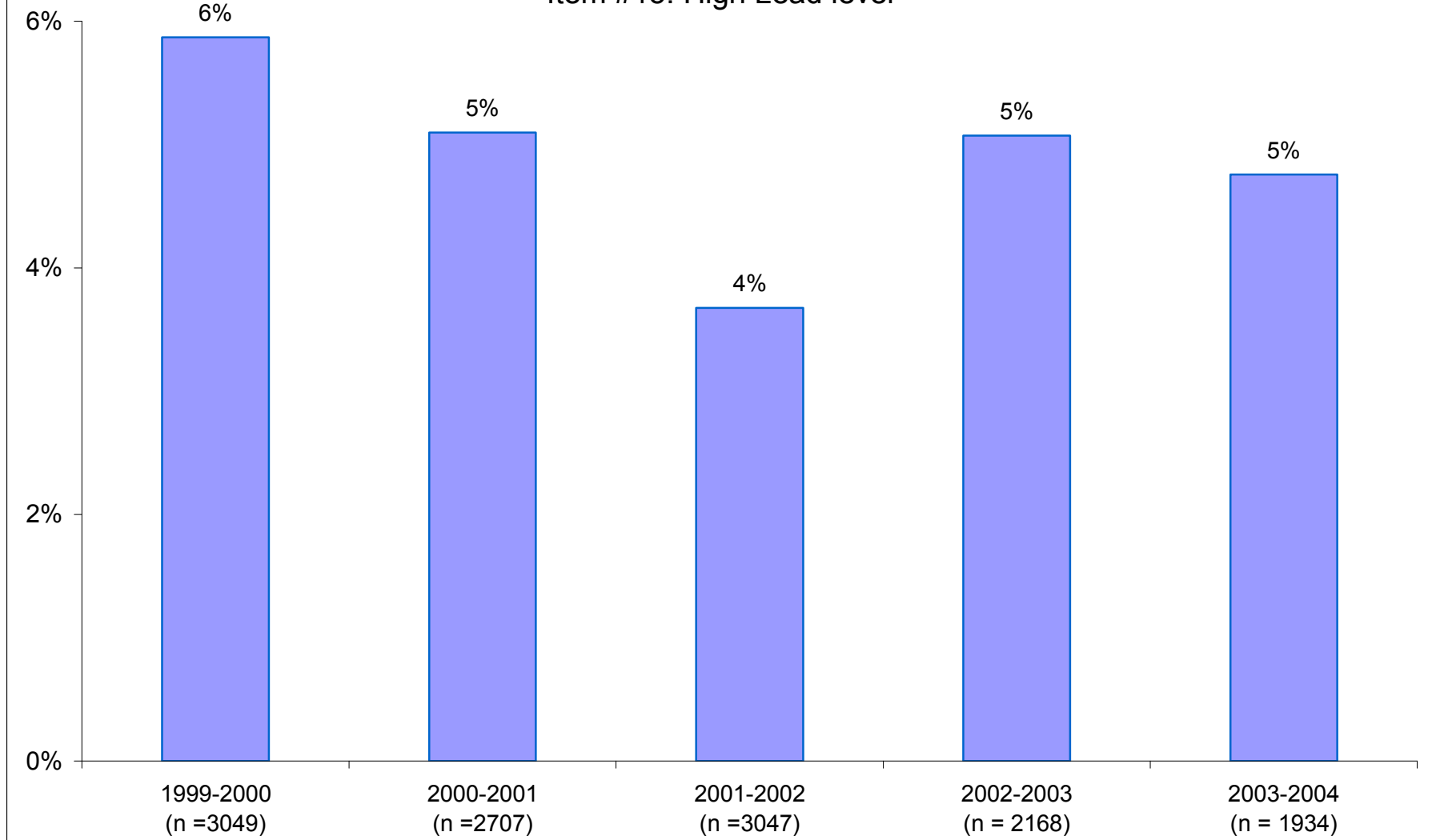
Item #13b: How many emergency medical visits due to asthma in the last 12 months?





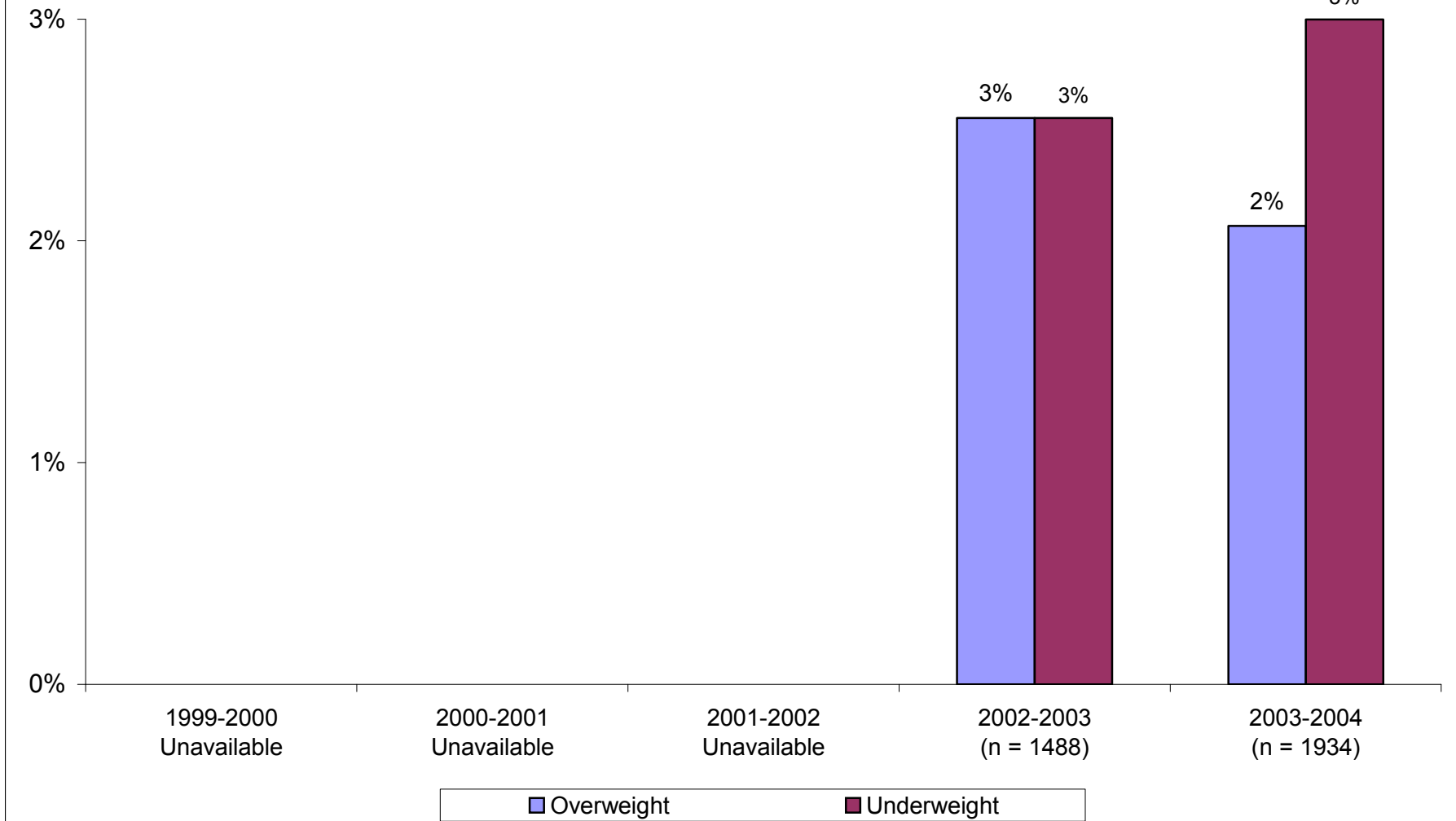
## General Health Information

### Item #15: High Lead level



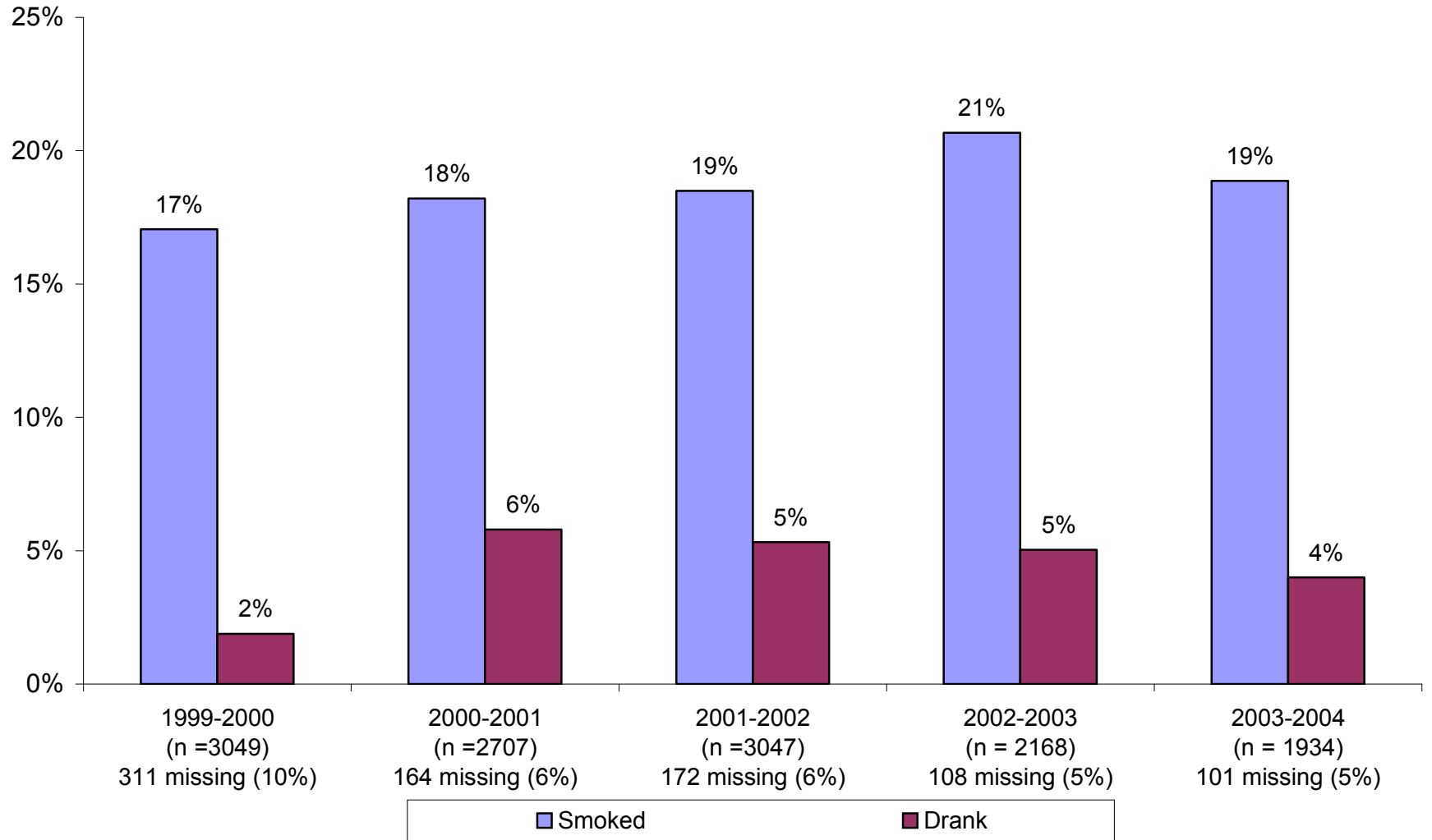
# General Health Information

## Item #15: Weight problems



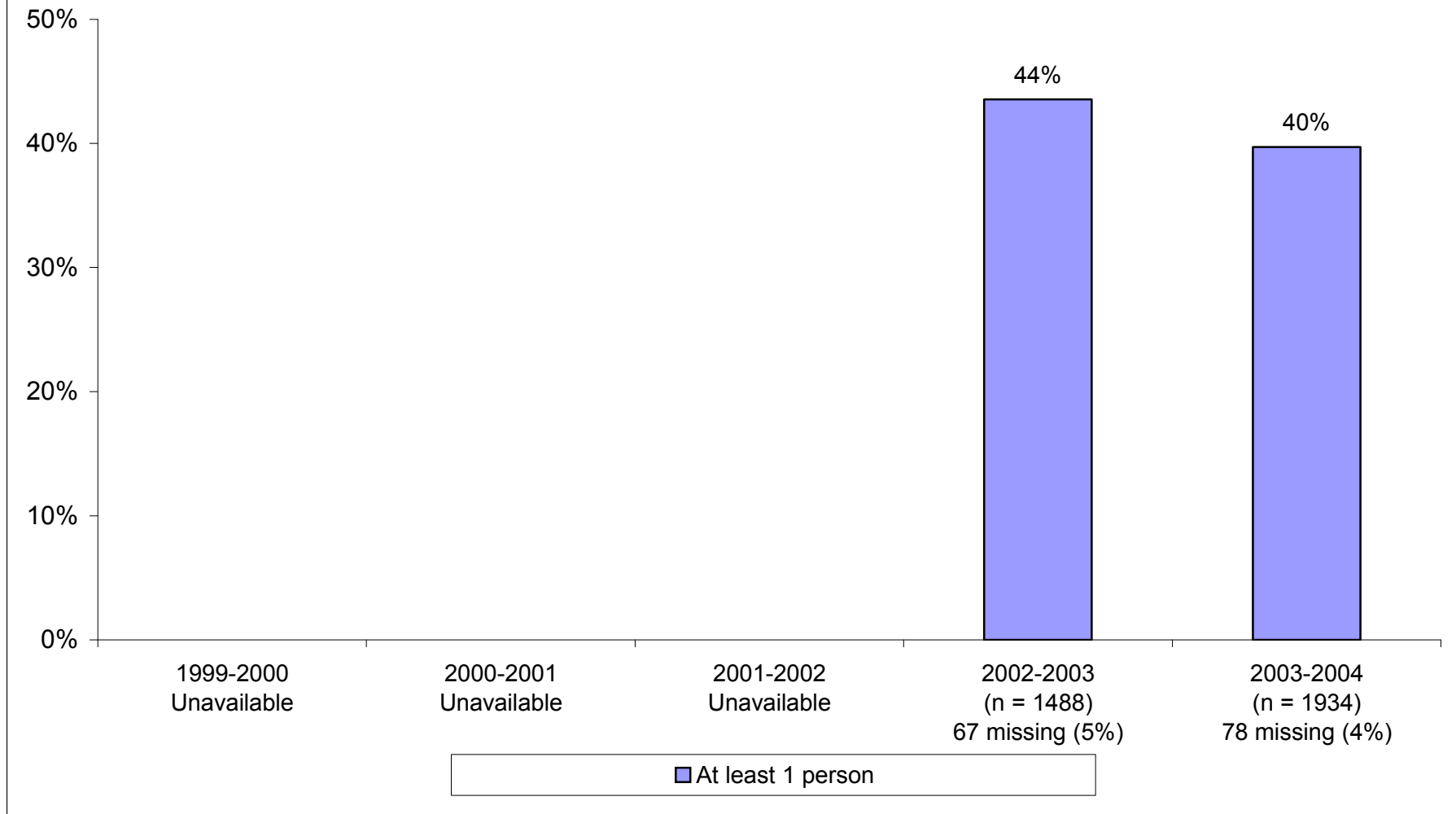
## General Health Information

### Item #16: Tobacco use or alcohol use during pregnancy



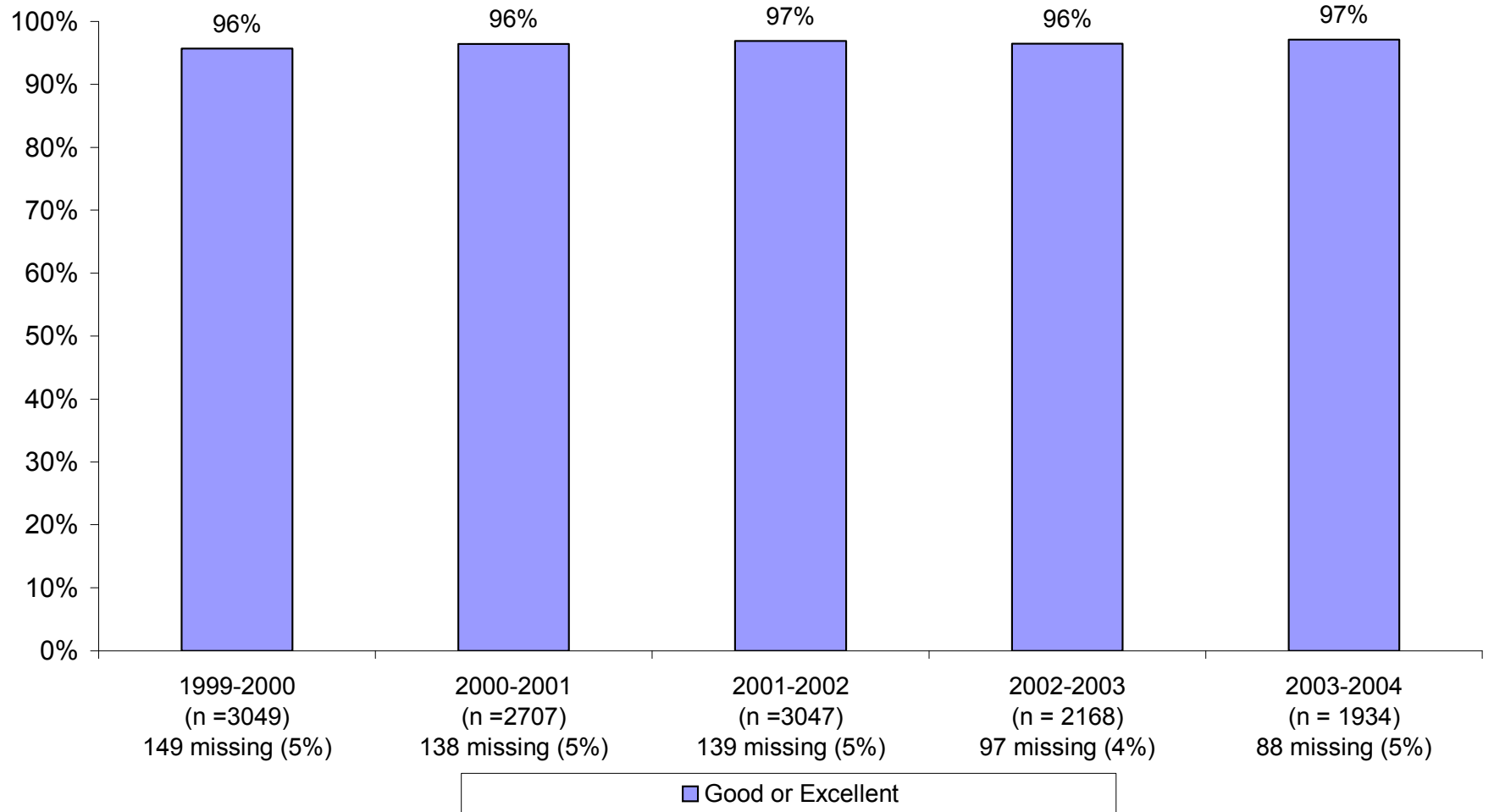
## General Health Information

Item #17: How many people in child's home smoke?



## General Health Information

### Item #18: Parent's overall rating of child's health



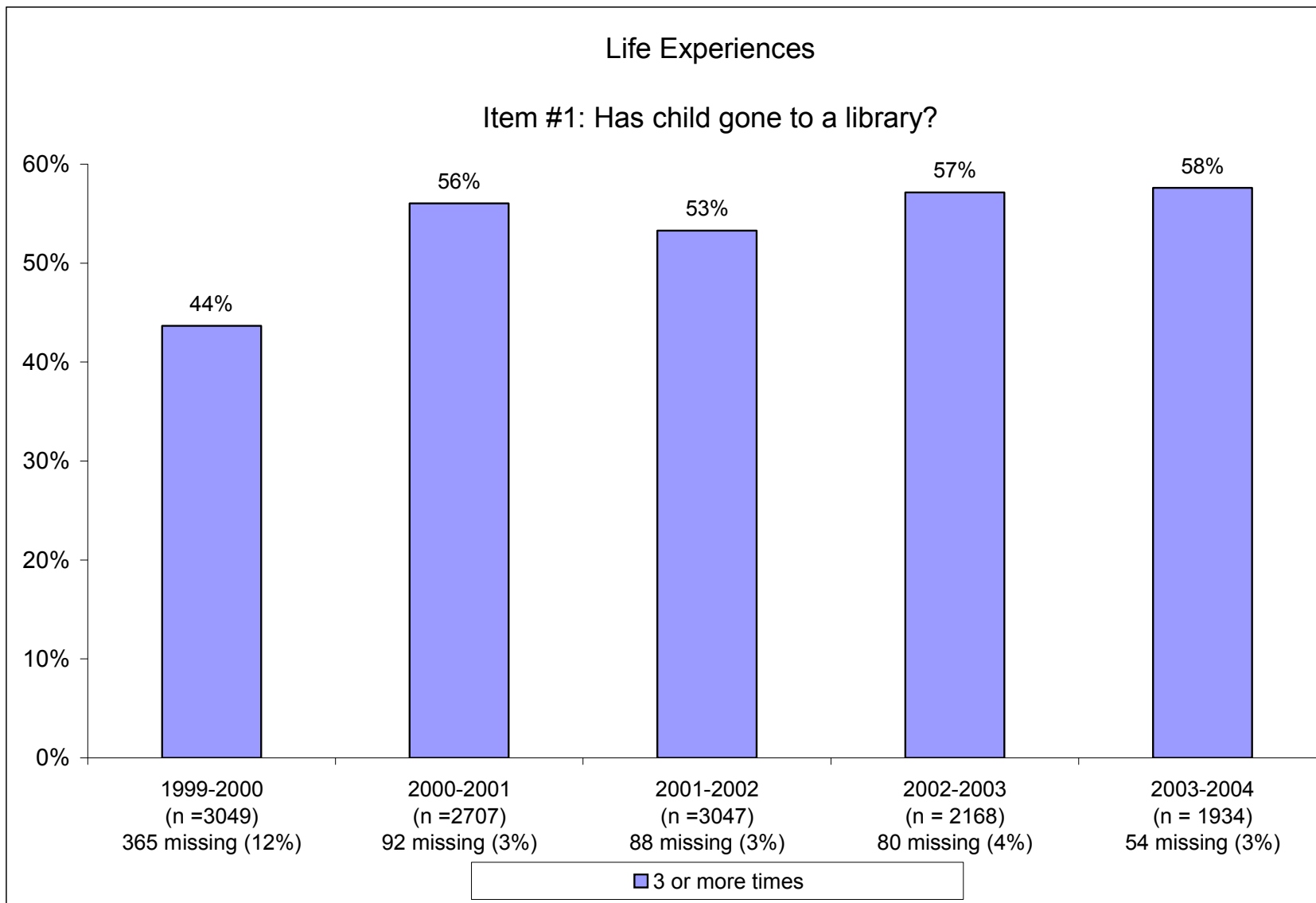


## **APPENDIX C**

### Life Experiences Charts

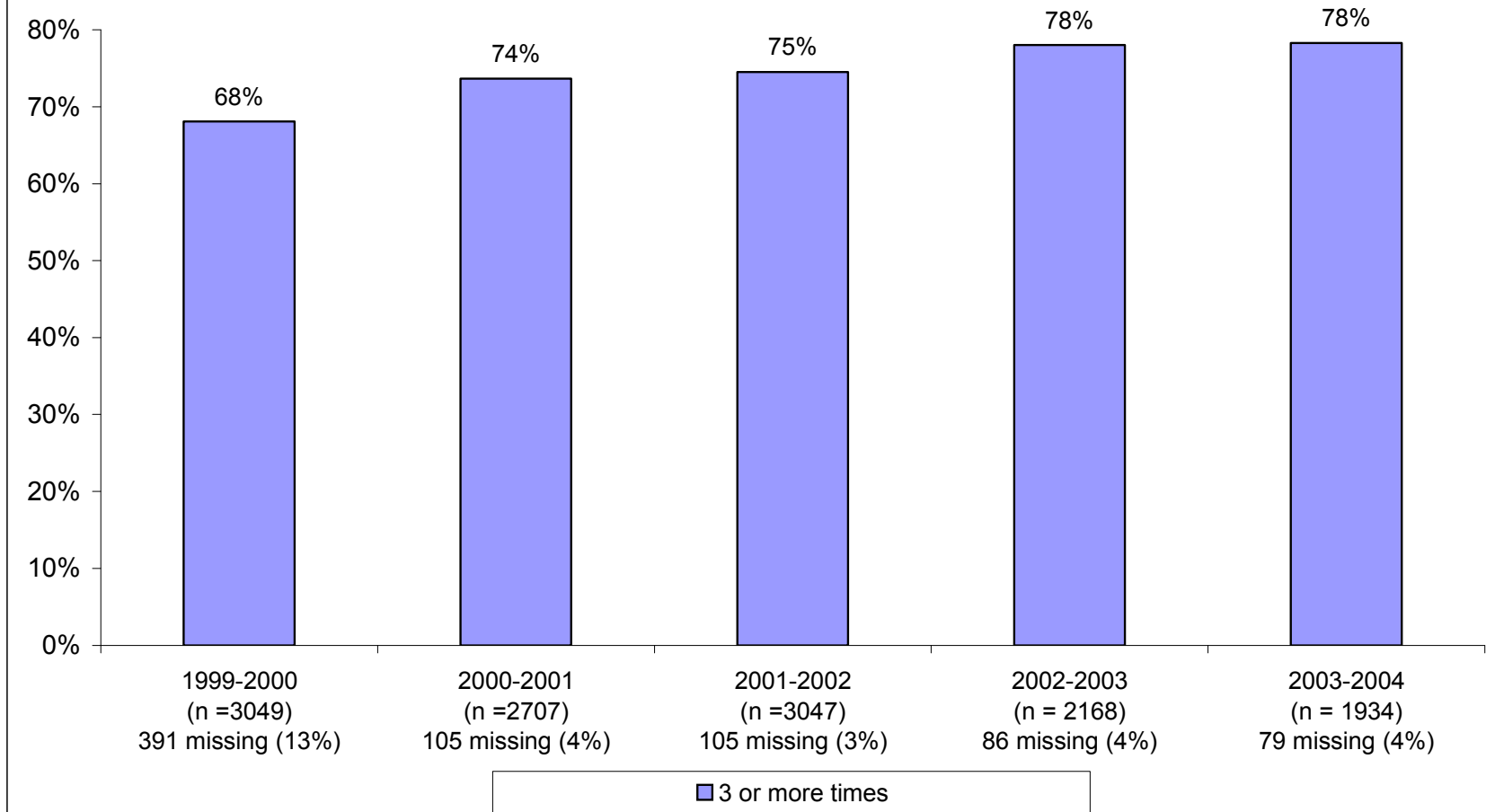






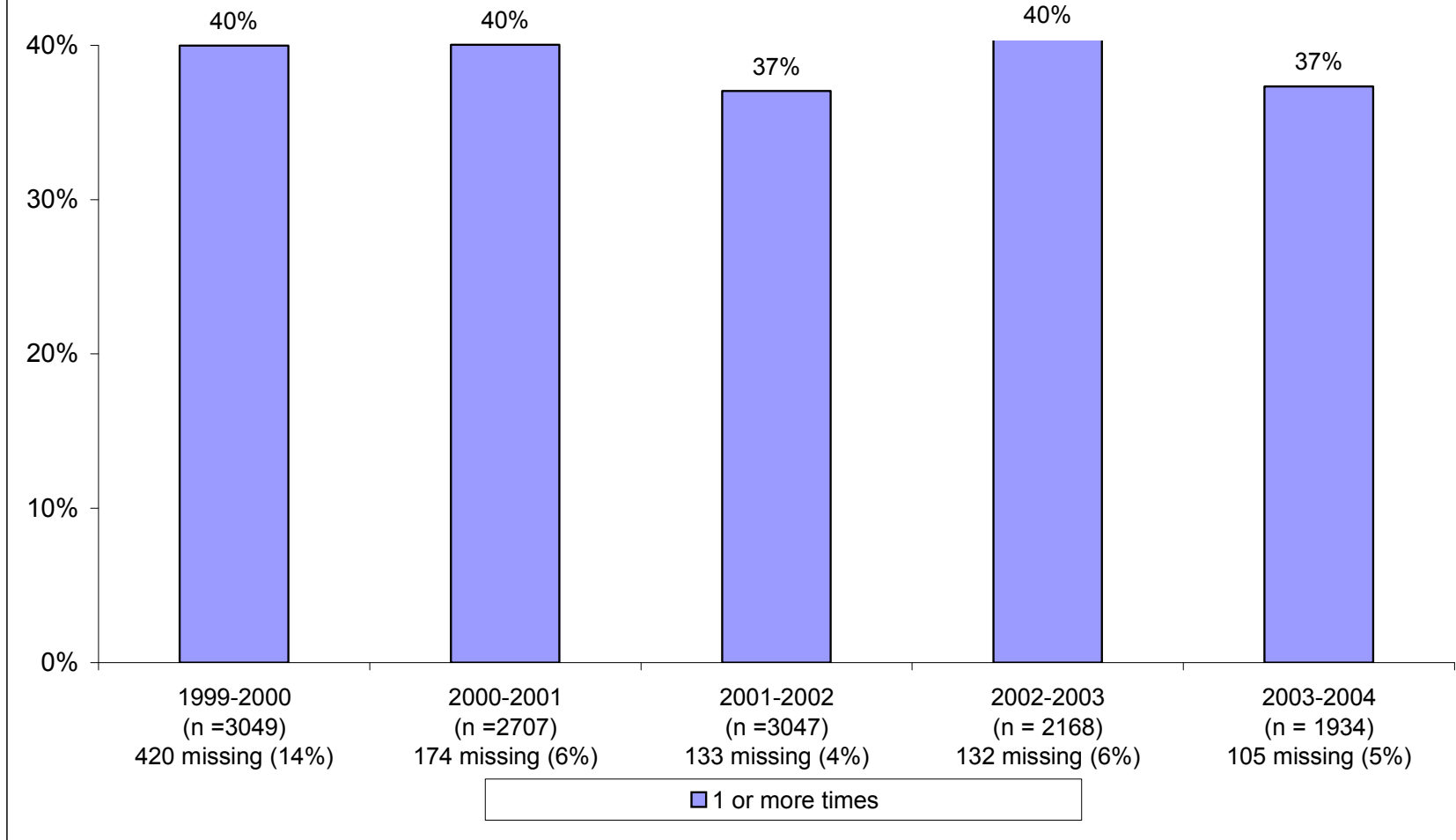
## Life Experiences

### Item #2: Has child gone on an outing?



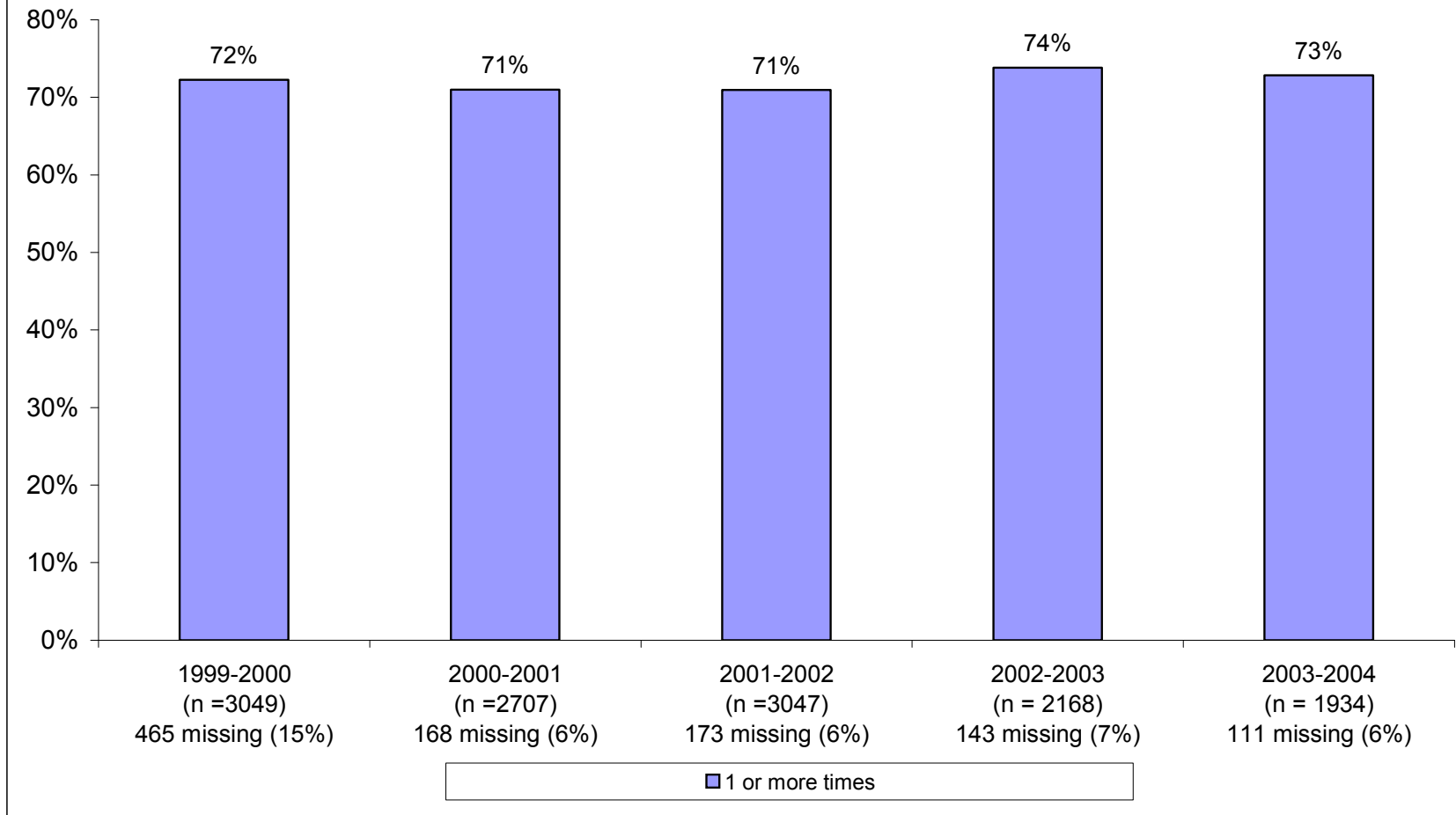
## Life Experiences

Item #3: Has child moved to another home in past 6 months?



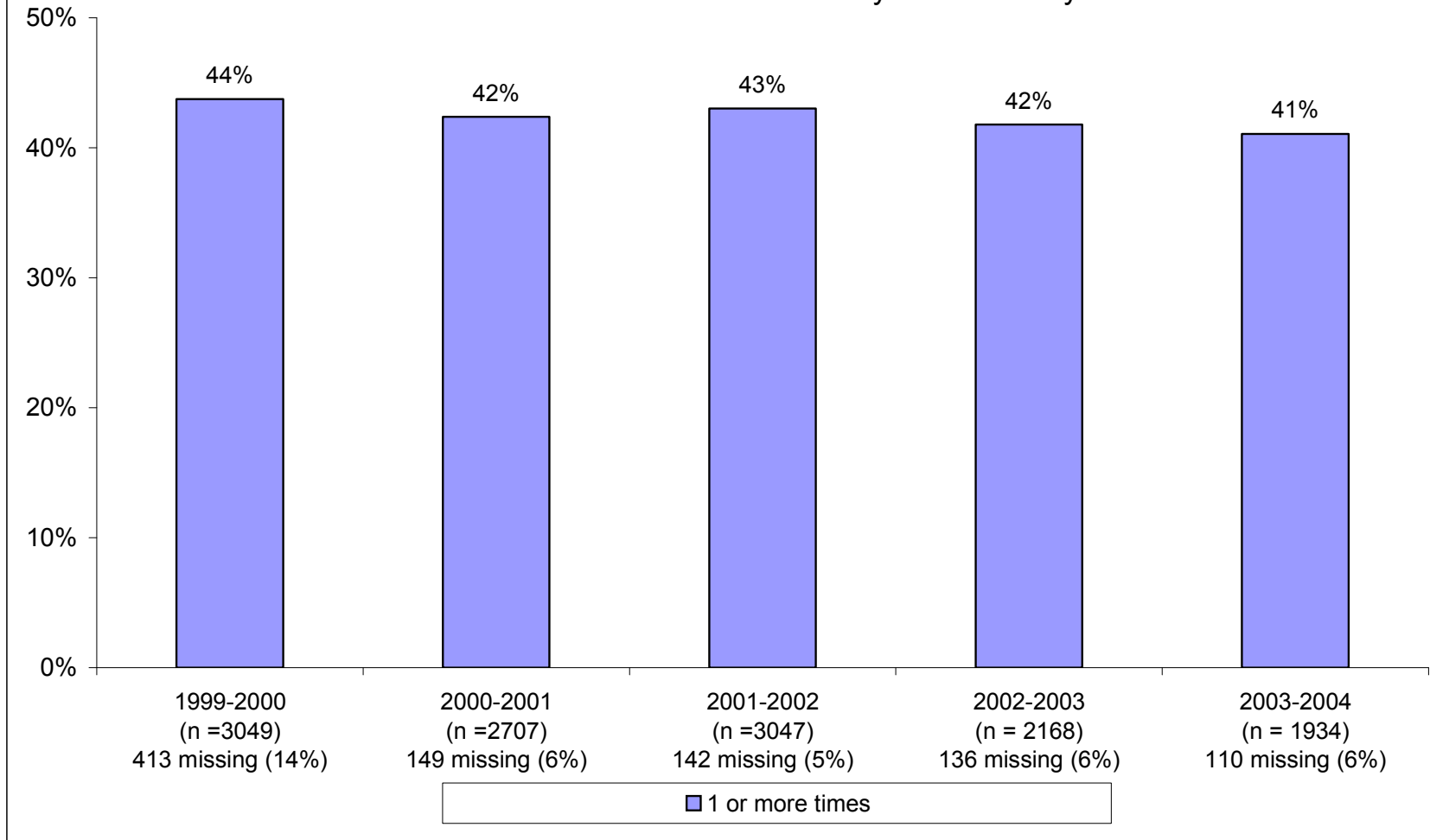
## Life Experiences

Item #4: Has child ever moved from one home to another home?



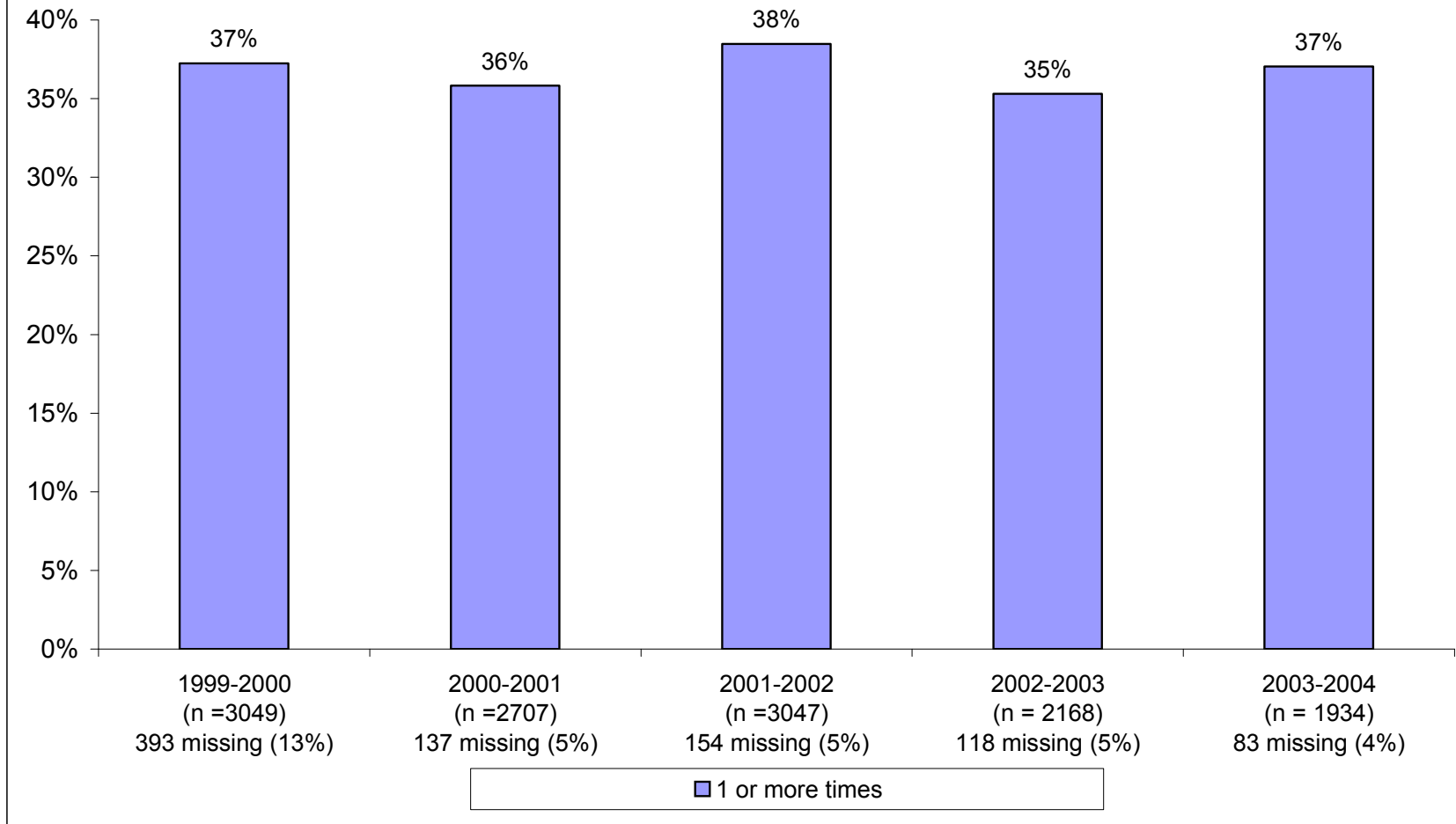
## Life Experiences

Item #5: Has child ever seen a close family member very sick?



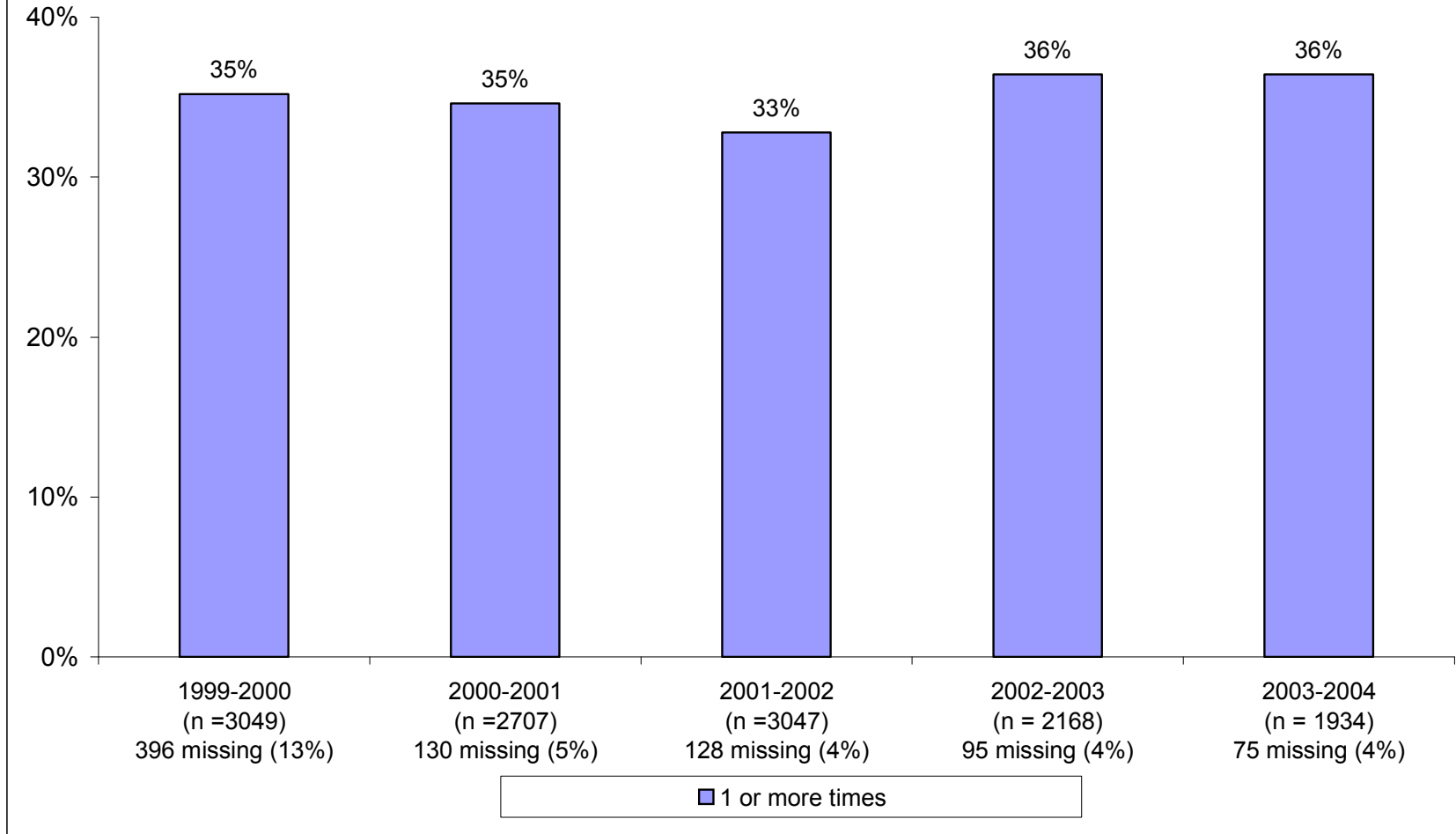
## Life Experiences

Item #6: Has child ever experienced the death of a close family member or friend?



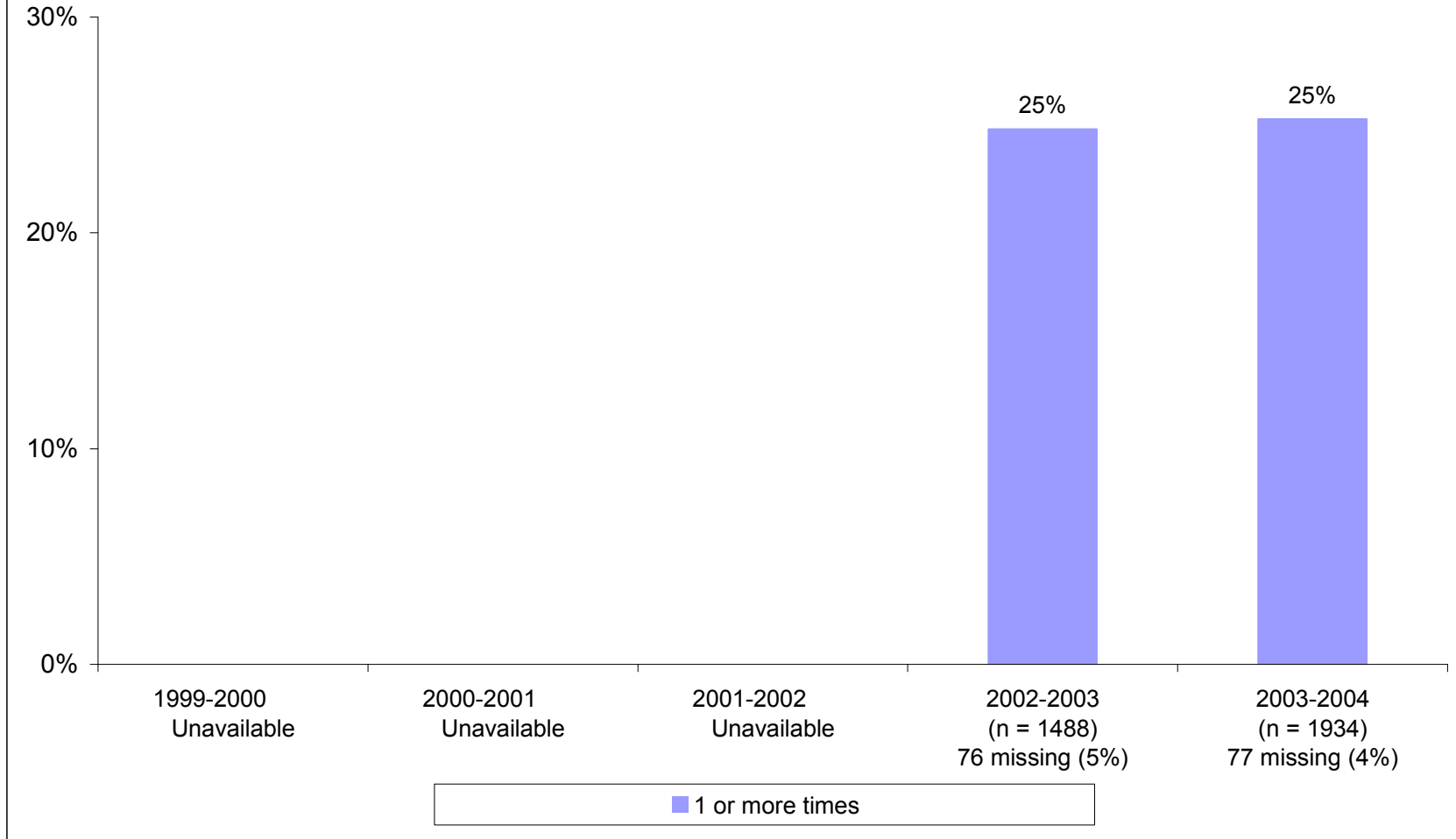
## Life Experiences

Item #7: Has child ever experienced parents' separation or divorce?



## Life Experiences

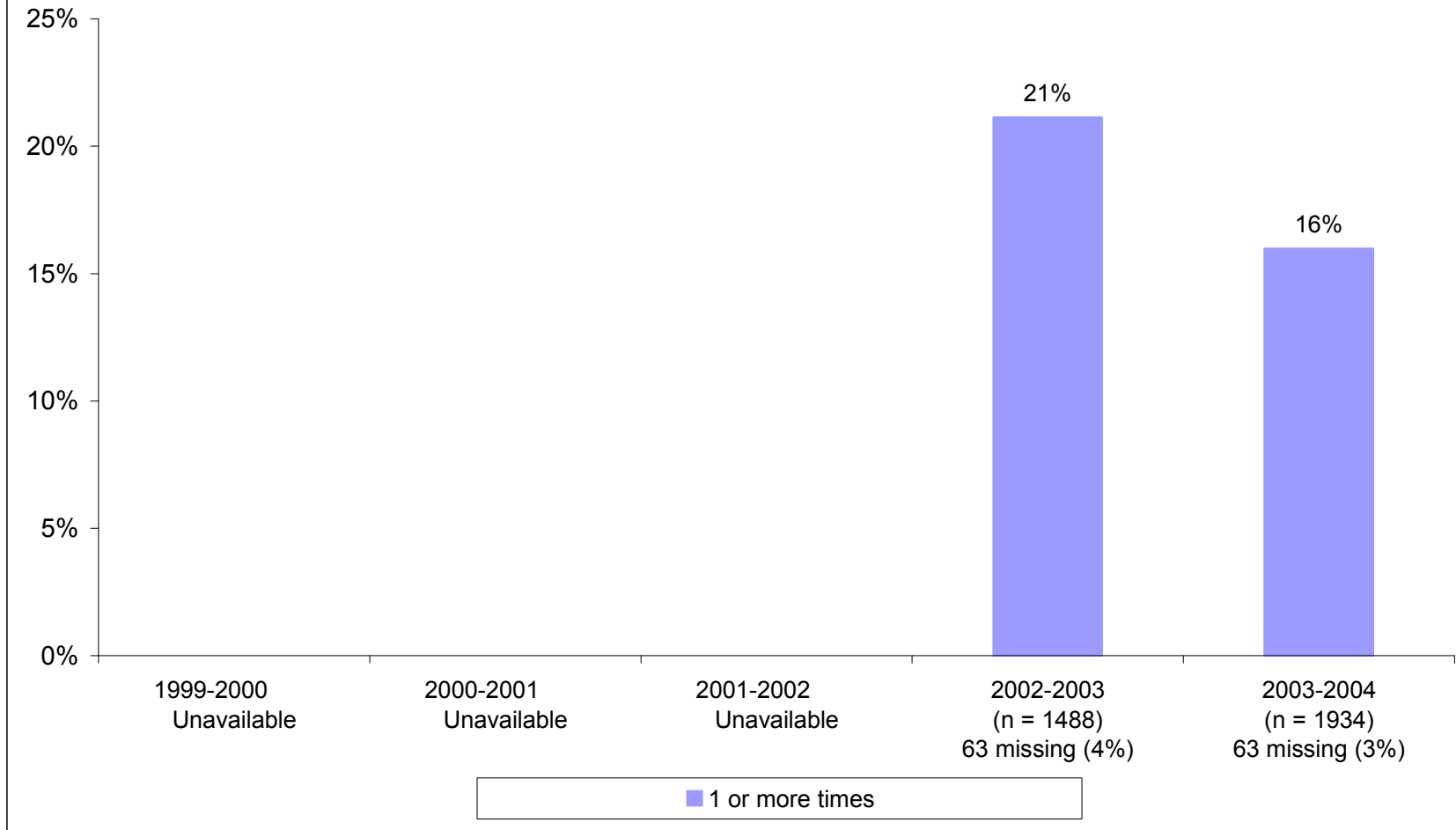
Item #8: Has child ever experienced a parent who is depressed?





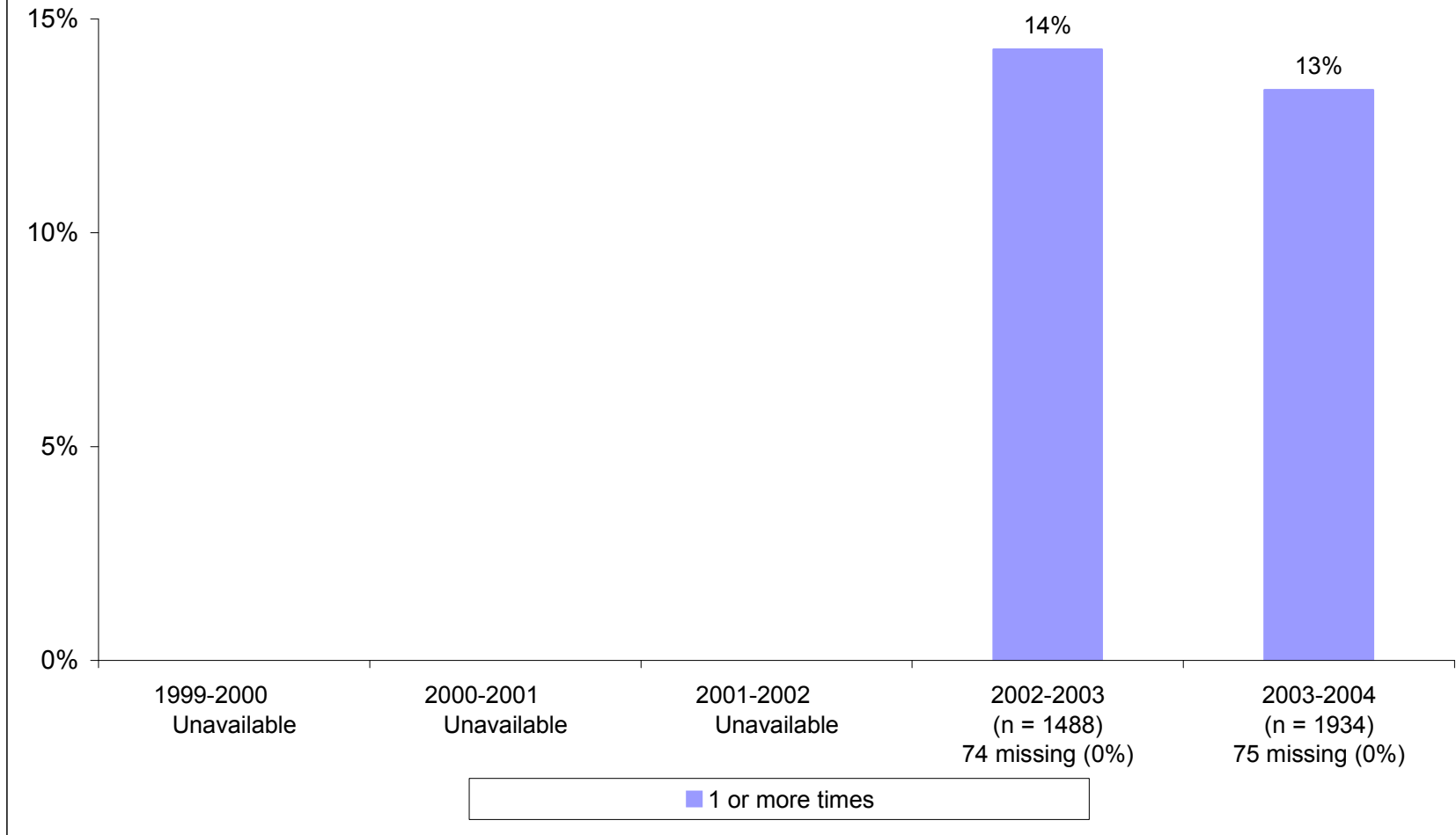
## Life Experiences

Item #9: Has child ever witnessed violence in the neighborhood?



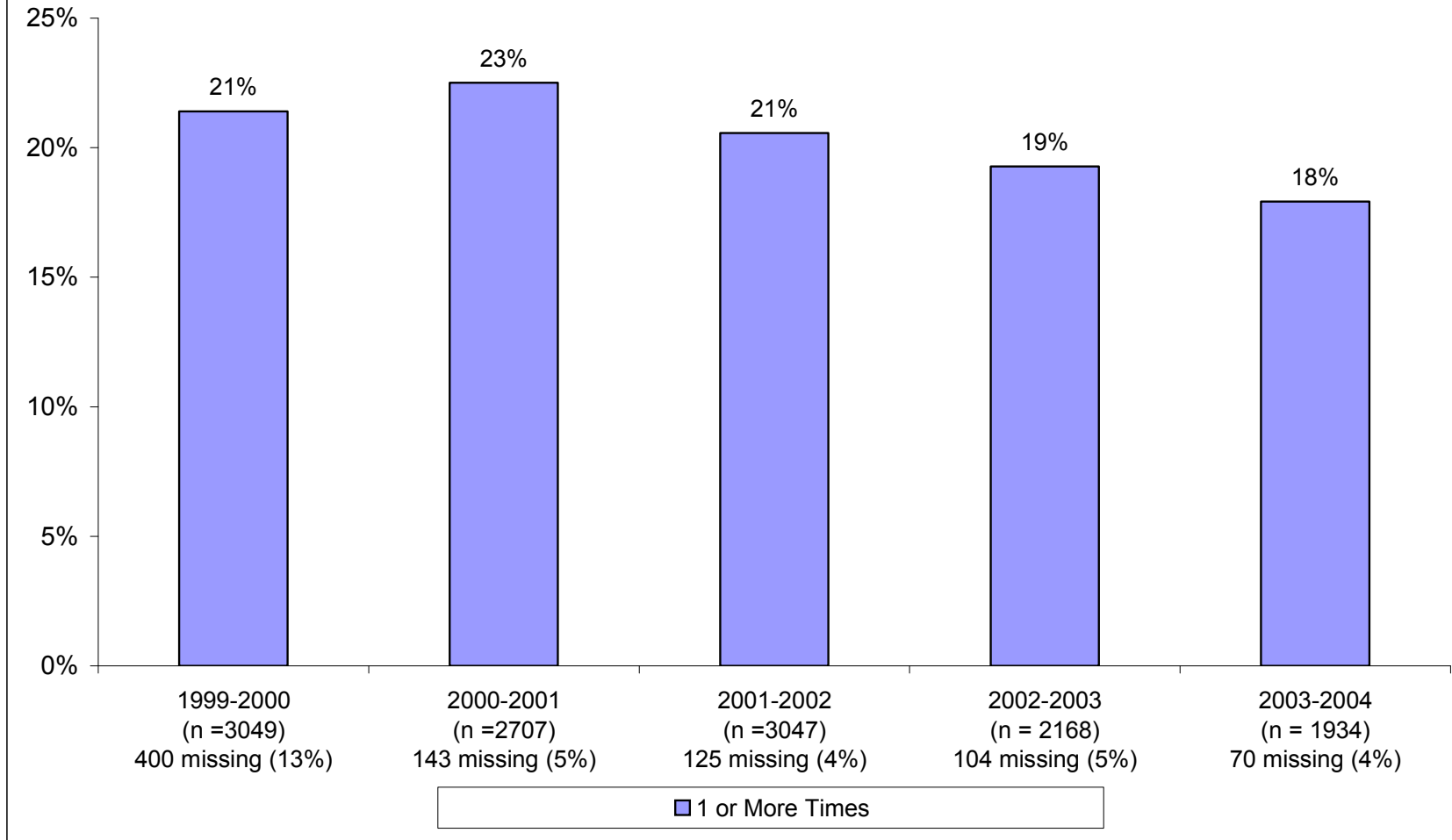
## Life Experiences

Item #10: Has child ever witnessed violence at home?



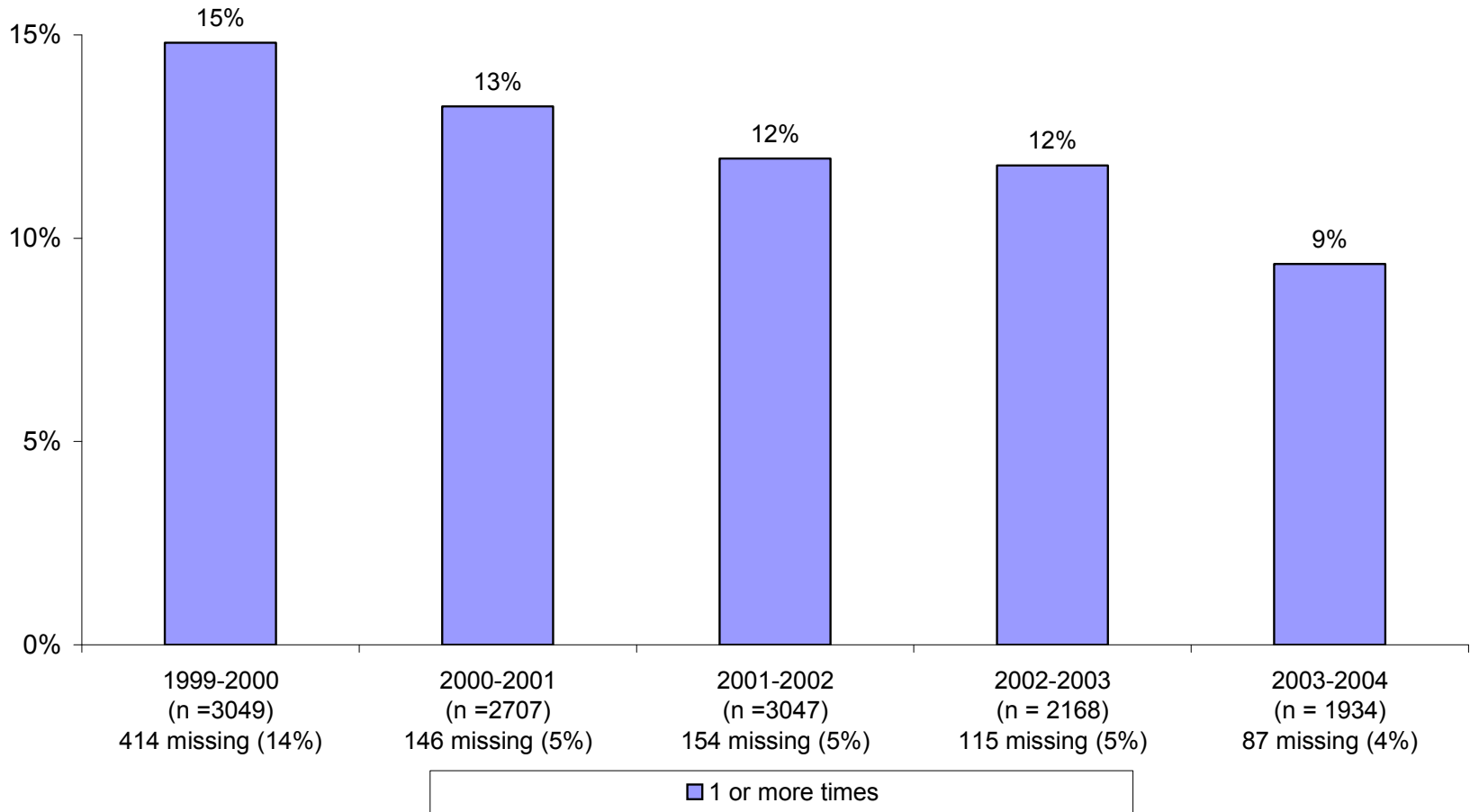
## Life Experiences

Item #11: Has child ever been away from parents for more than a month?



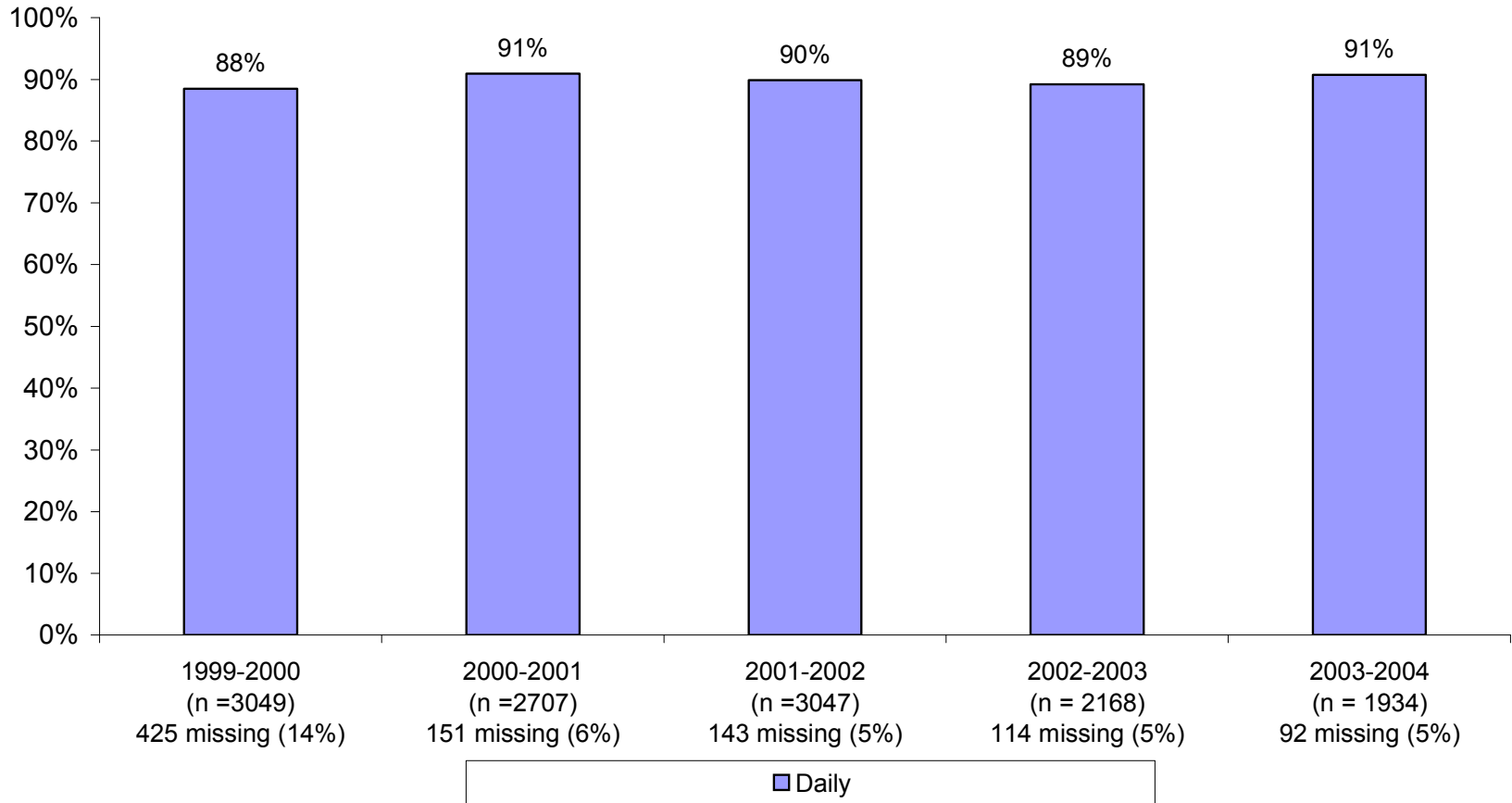
## Life Experiences

Item #12: Has child ever seen a family member with a drug or alcohol problem?



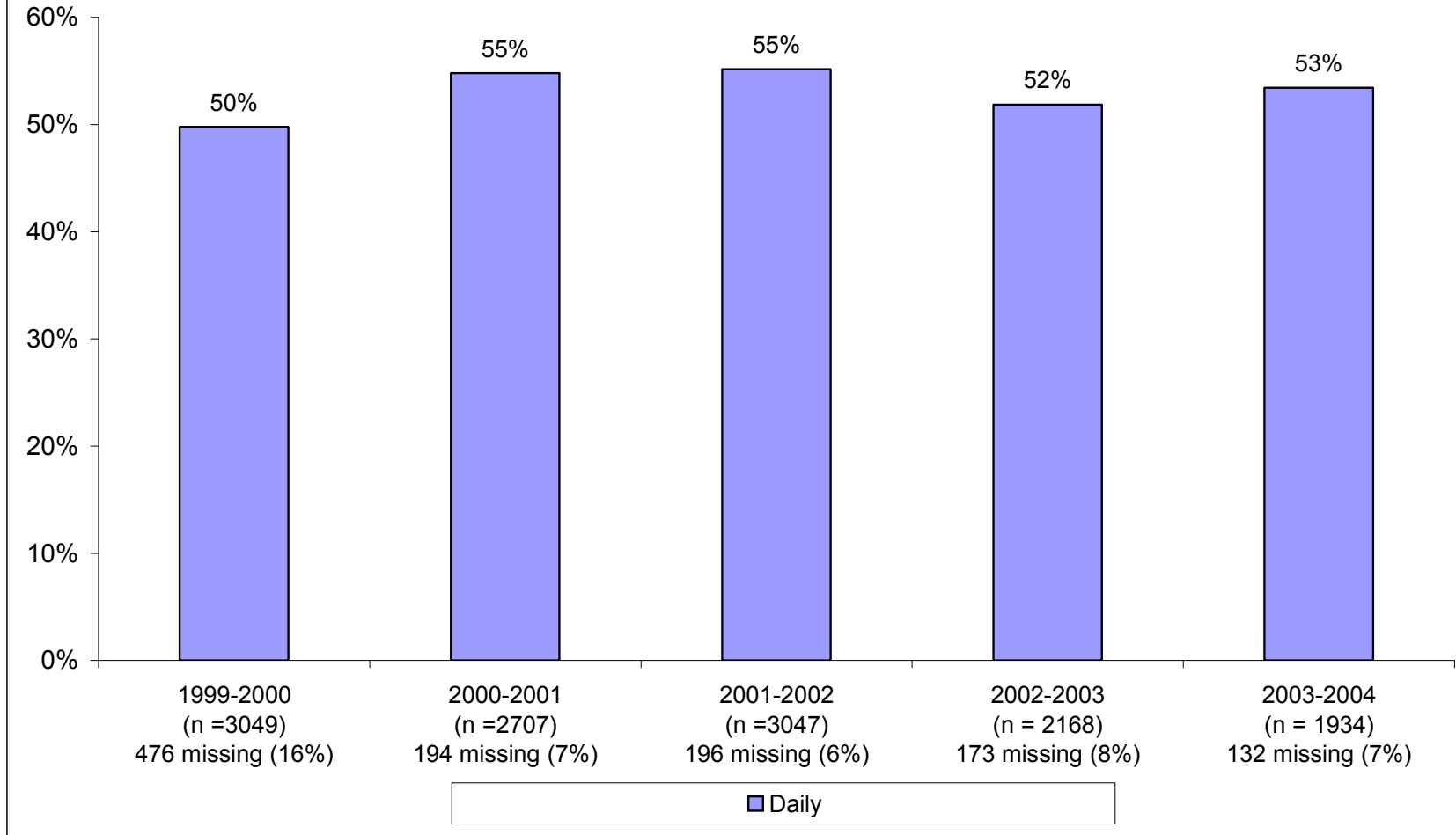
## Life Experiences

Item #13: Does child have a 'mother' who regularly spends time with him/her?



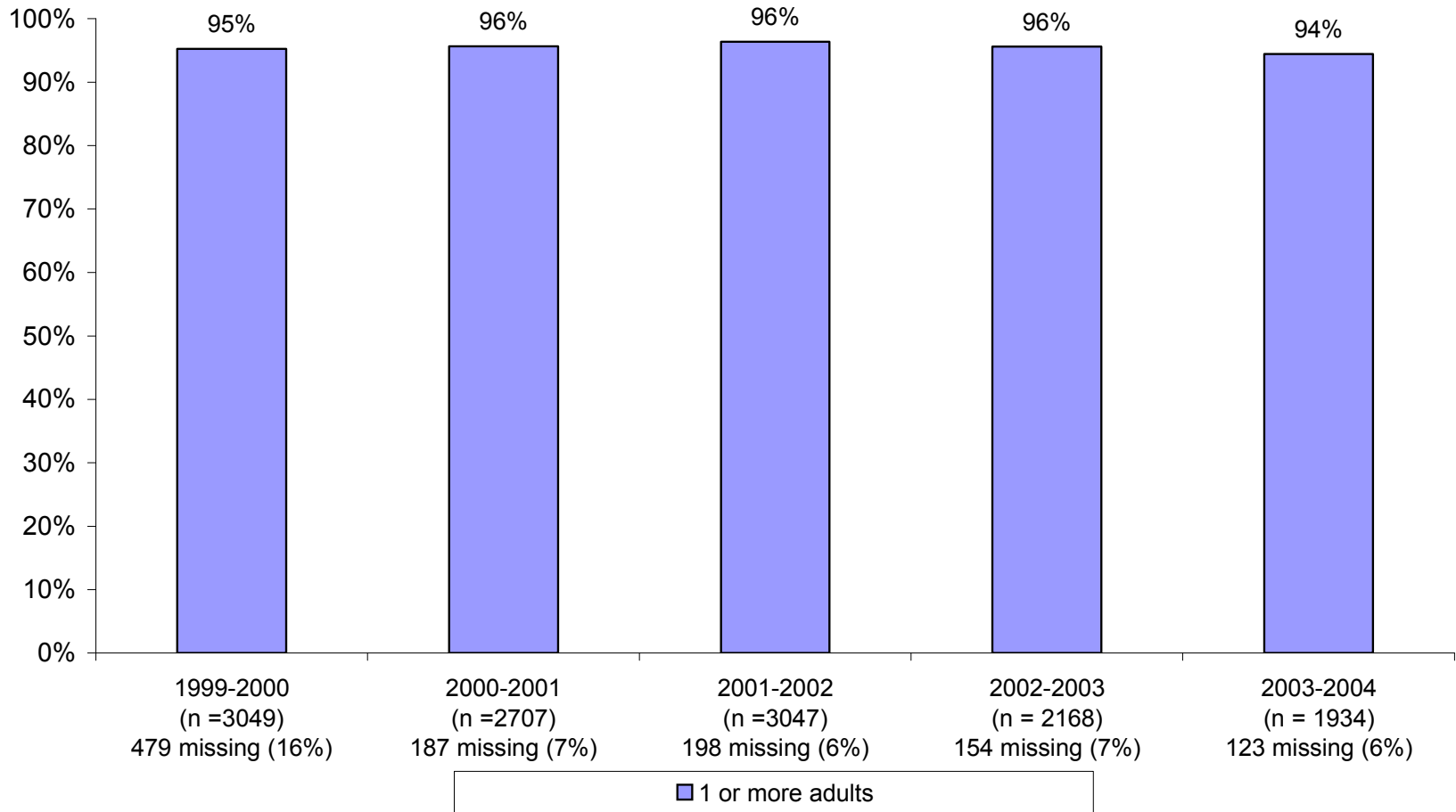
## Life Experiences

Item #14: Does child have a 'father' who regularly spends time with him/her?



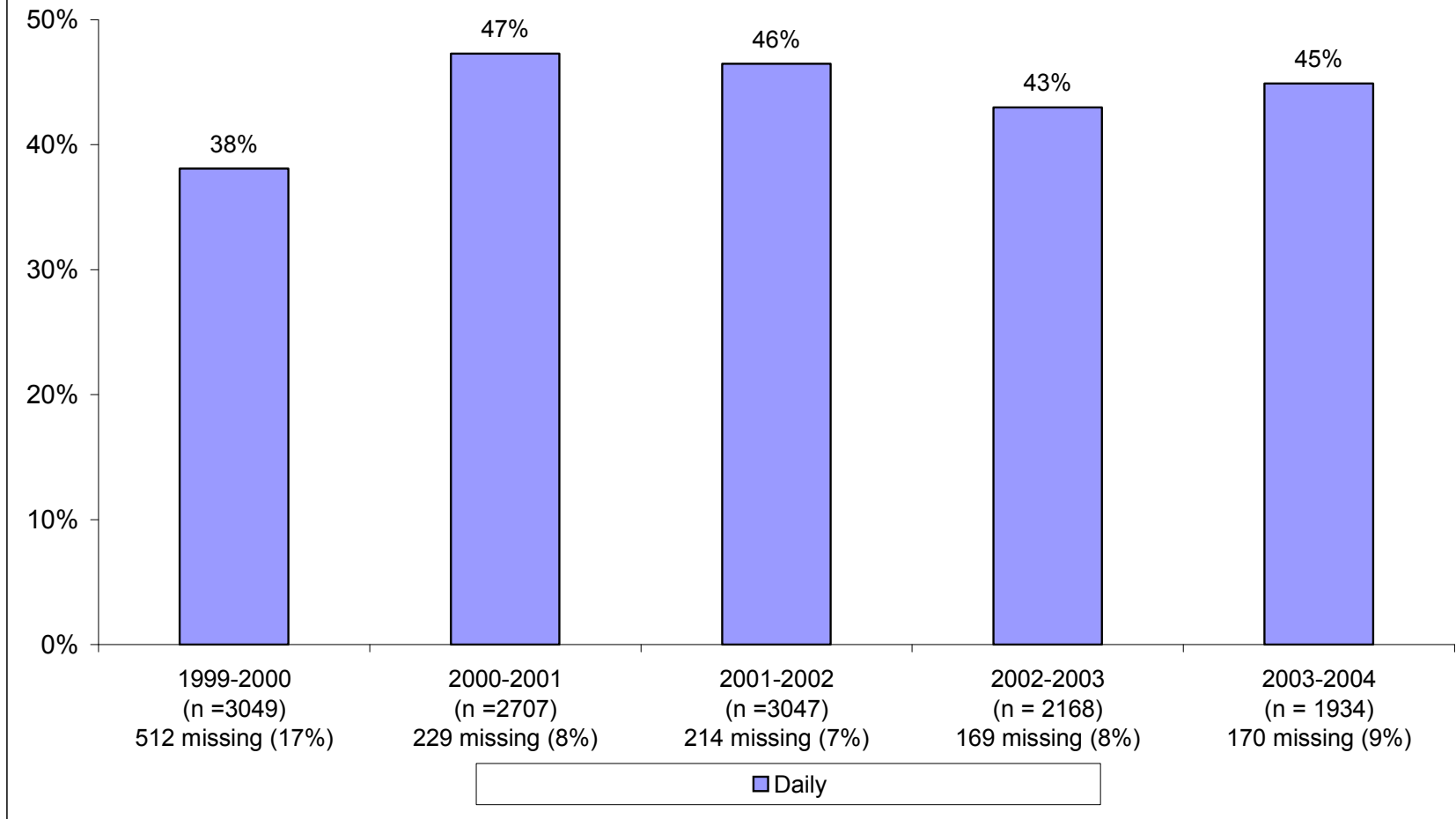
## Life Experiences

Item #15: Does child have a warm, close relationship with any adults?



## Life Experiences

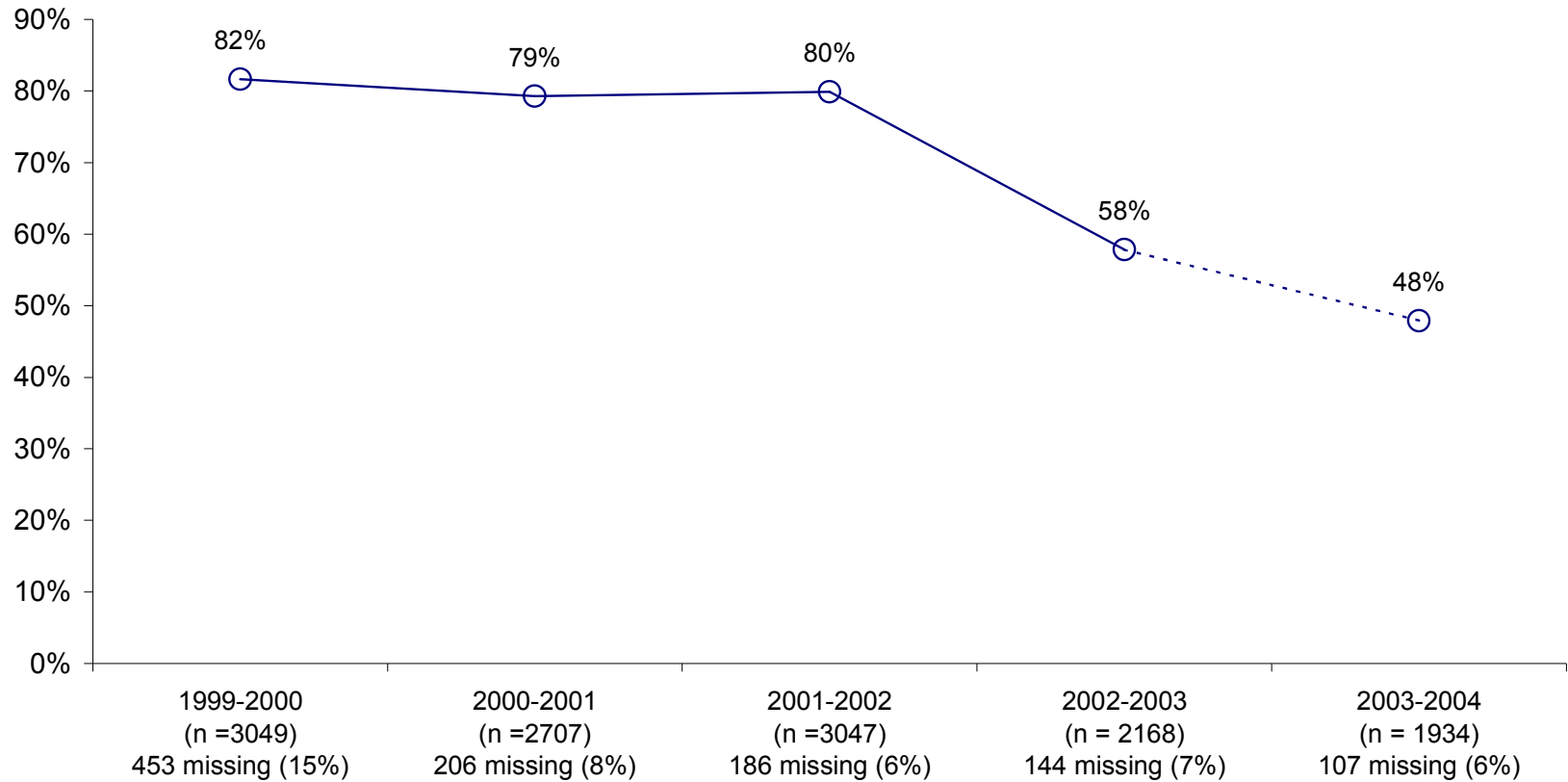
Item #16: How often does an adult read to this child?





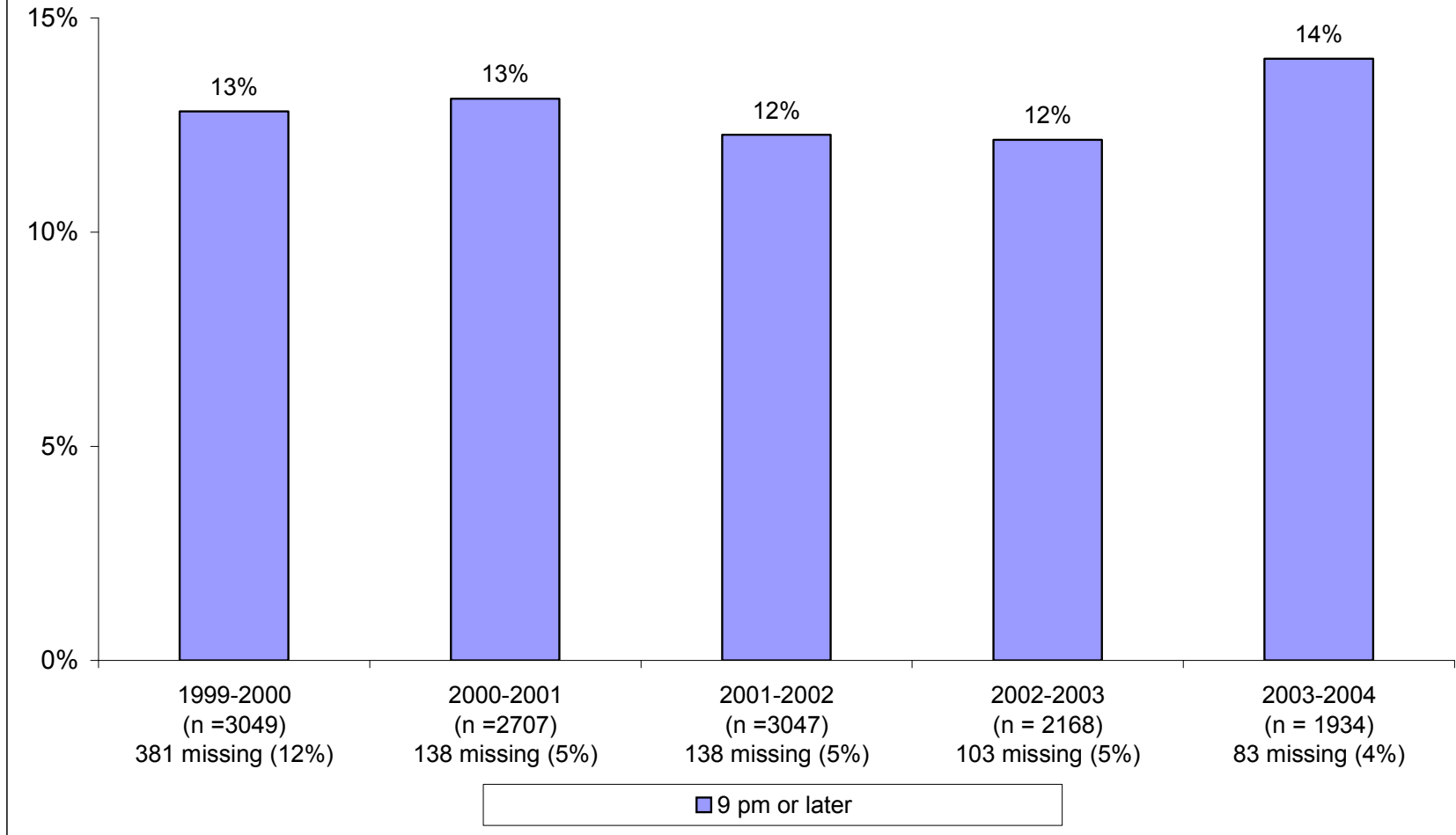
## Life Experiences

Item #17: How much television does child watch daily?  
(\*Note: Dotted line is the change from PACE 1.2: 2 or more hours to PACE 2.0: 3 or more hours)



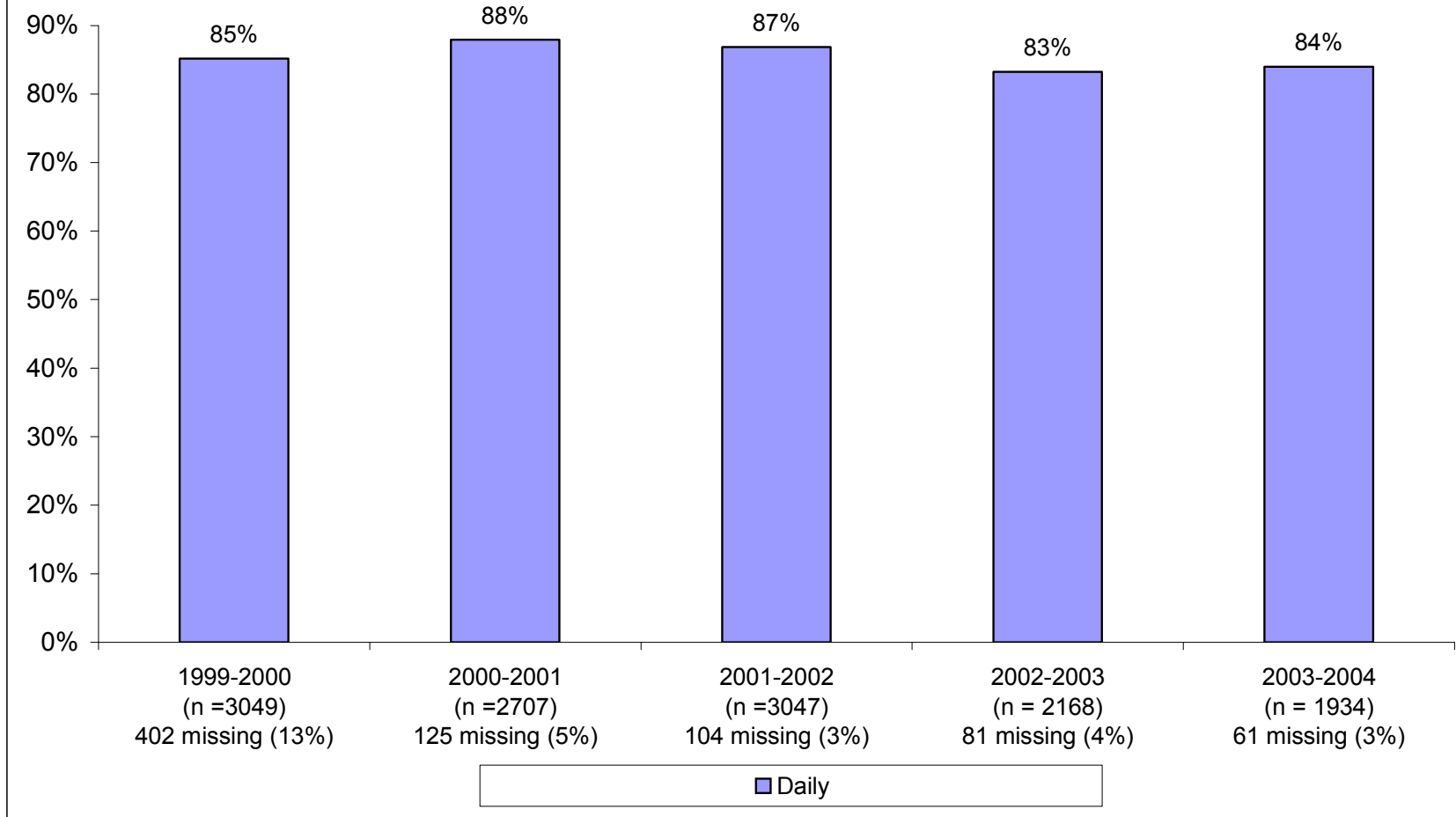
## Life Experiences

Item #18: What time does (will) child go to bed on school nights?



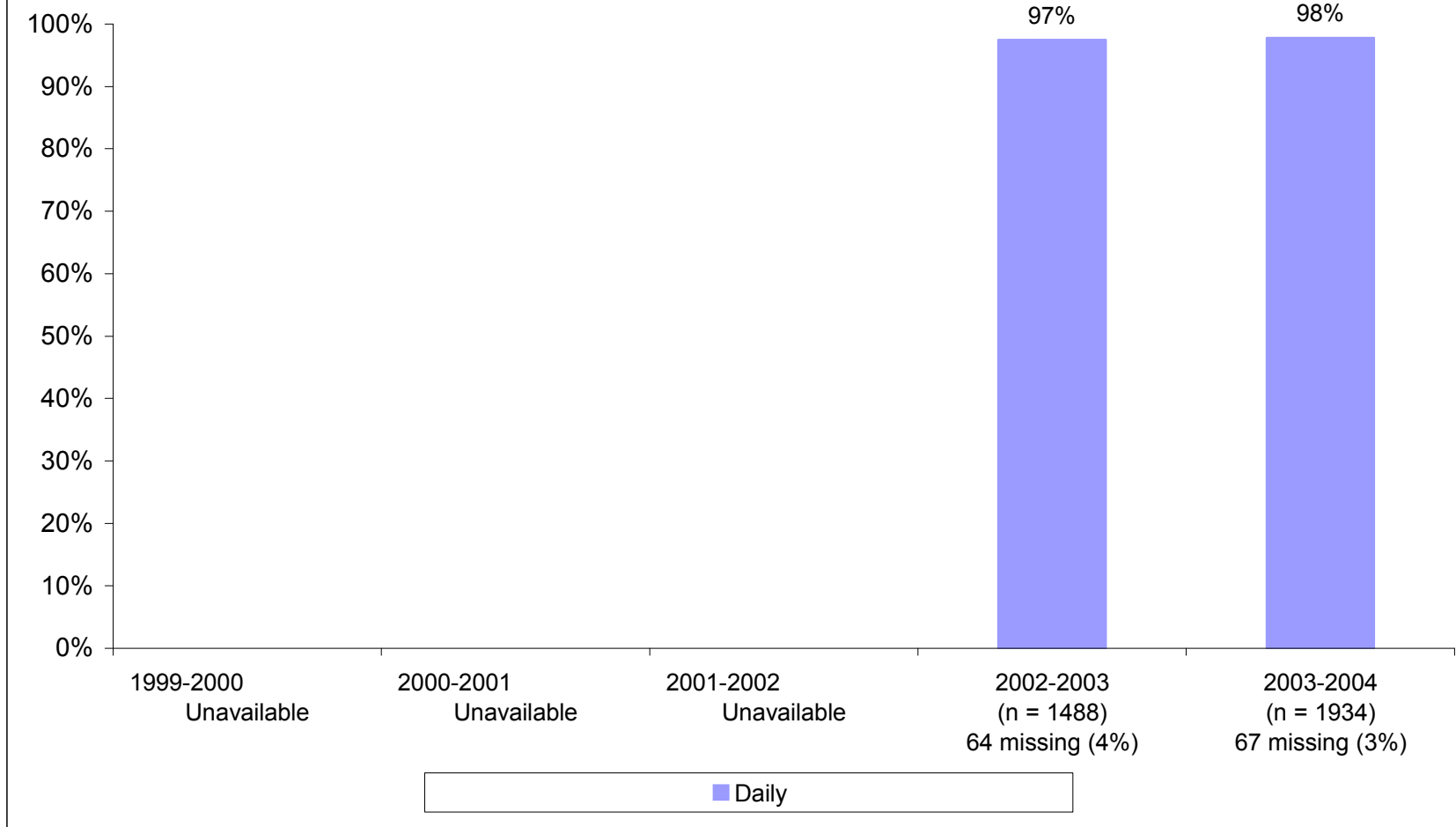
## Life Experiences

### Item #19: How often does child eat breakfast?



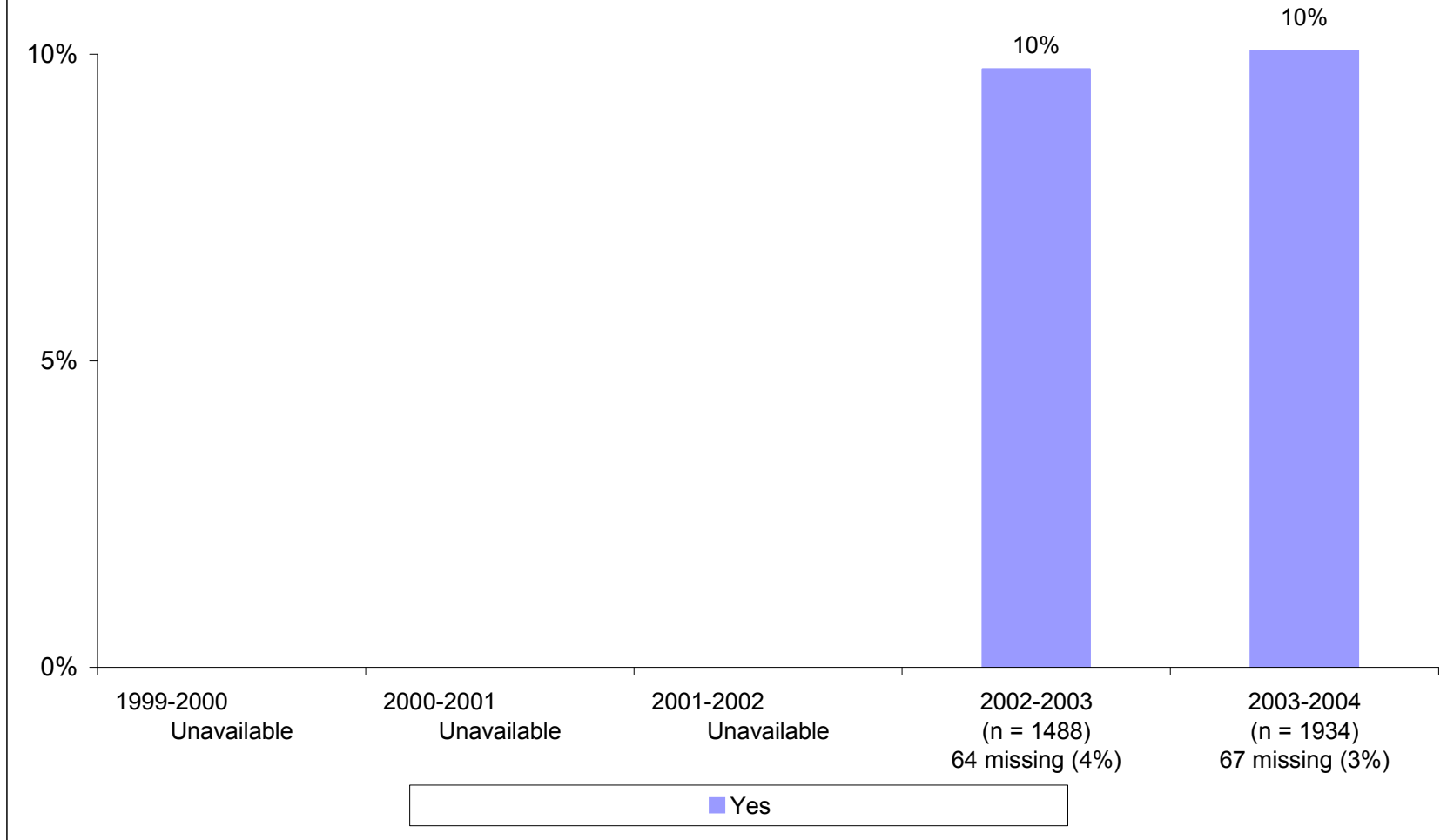
## Life Experiences

Item #20: Does child have enough food to eat?



## Life Experiences

Are other agencies or professionals involved with child?





## **APPENDIX D**

### Scales Tables and Charts





**PACE ( 2002-2004 )**  
**Fine Motor, Gross Motor and Sensory Functioning**  
**Statistics for Kindergartners**

**Item Level**

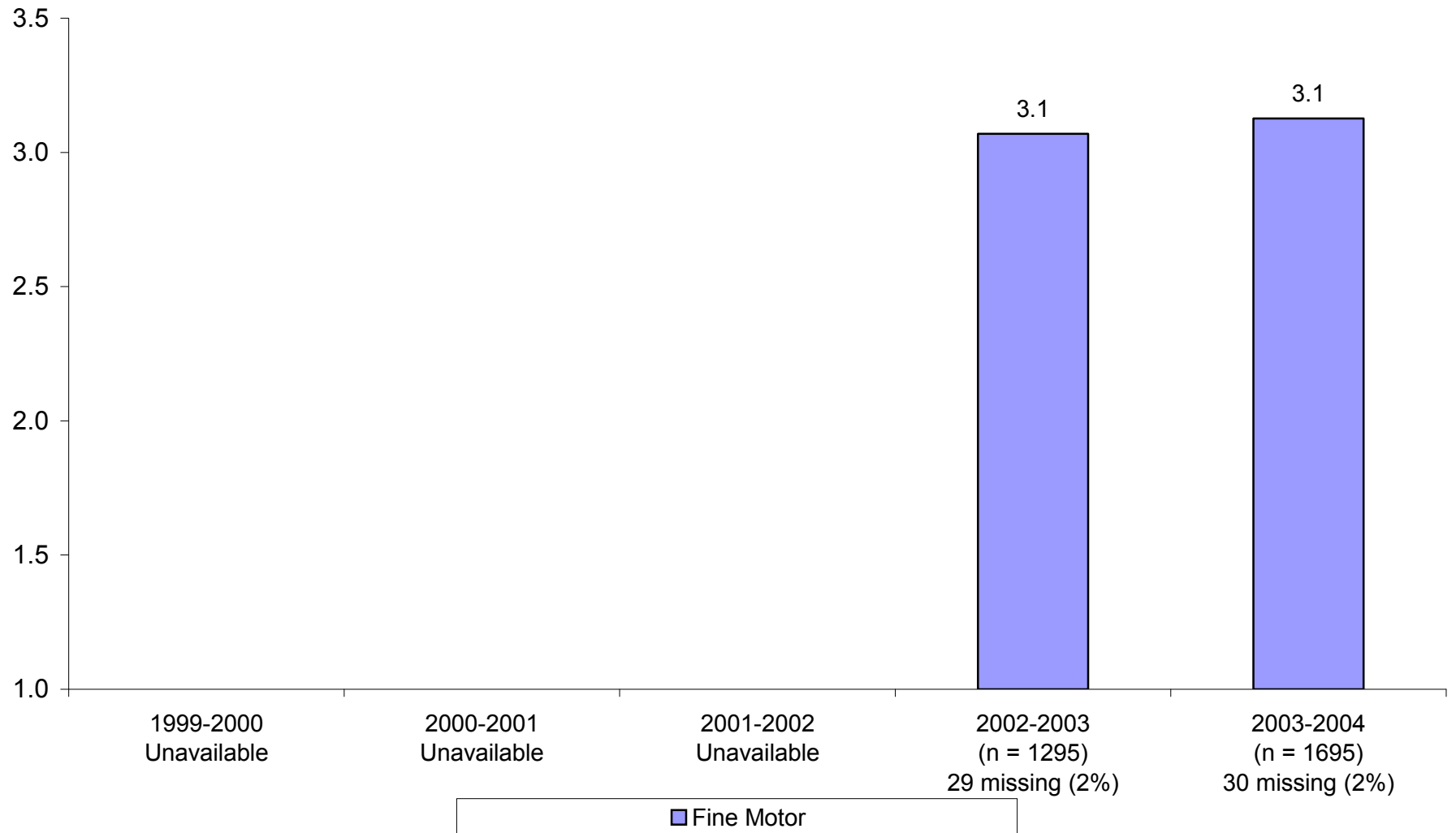
Item in Subscale	Item #	Description	2002-2003				2003-2004			
			n	Missing	Mean	Standard Deviation	n	Missing	Mean	Standard Deviation
fm	1	Hold a pencil with his/her fingers for writing?	1261	34	3.3	0.81	1656	39	3.3	0.82
fm	2	Draw or copy shapes like squares?	1238	57	2.9	0.97	1642	53	3.0	0.95
fm	3	Zip his or her coat by self?	1244	51	3.3	0.89	1635	60	3.4	0.85
fm	4	Cut out simple shapes, like a house, with scissors?	1233	62	2.7	1.02	1631	64	2.8	1.03
gm	5	Run?	1246	49	3.7	0.63	1645	50	3.7	0.61
gm	6	Balance on one foot without support?	1241	54	3.5	0.74	1638	57	3.5	0.74
gm	7	Go down steps one foot after the other without holding a railing?	1243	52	3.6	0.71	1655	40	3.6	0.72
gm	8	Catch a small ball, like a tennis ball?	1251	44	3.2	0.88	1654	41	3.2	0.86
	9	Trip and fall?	1805	58	1.7	0.65	1647	48	1.7	0.65
	10	Avoid touching slimy or gooey things like play-dough, mud, or glue?	1768	95	1.7	0.87	1612	83	1.7	0.89
	11	How often is your child super aware of different sounds?	1203	92	3.2	0.95	1598	97	3.2	0.94
	12	How often is your child a picky eater?	1168	127	2.2	0.95	1542	153	2.3	0.99
	13	Would you like to talk with someone about your child's coordination?	1237	58	1.2	0.54	1622	73	1.2	0.50

**Subscales**

		2002-2003				2003-2004			
		n	Mean	Standard Deviation	Cronbach's Alpha	n	Mean	Standard Deviation	Cronbach's Alpha
fm	Fine Motor	1266	3.1	0.75	0.83	1665	3.1	0.73	0.82
gm	Gross Motor	1264	3.5	0.61	0.83	1664	3.5	0.58	0.79

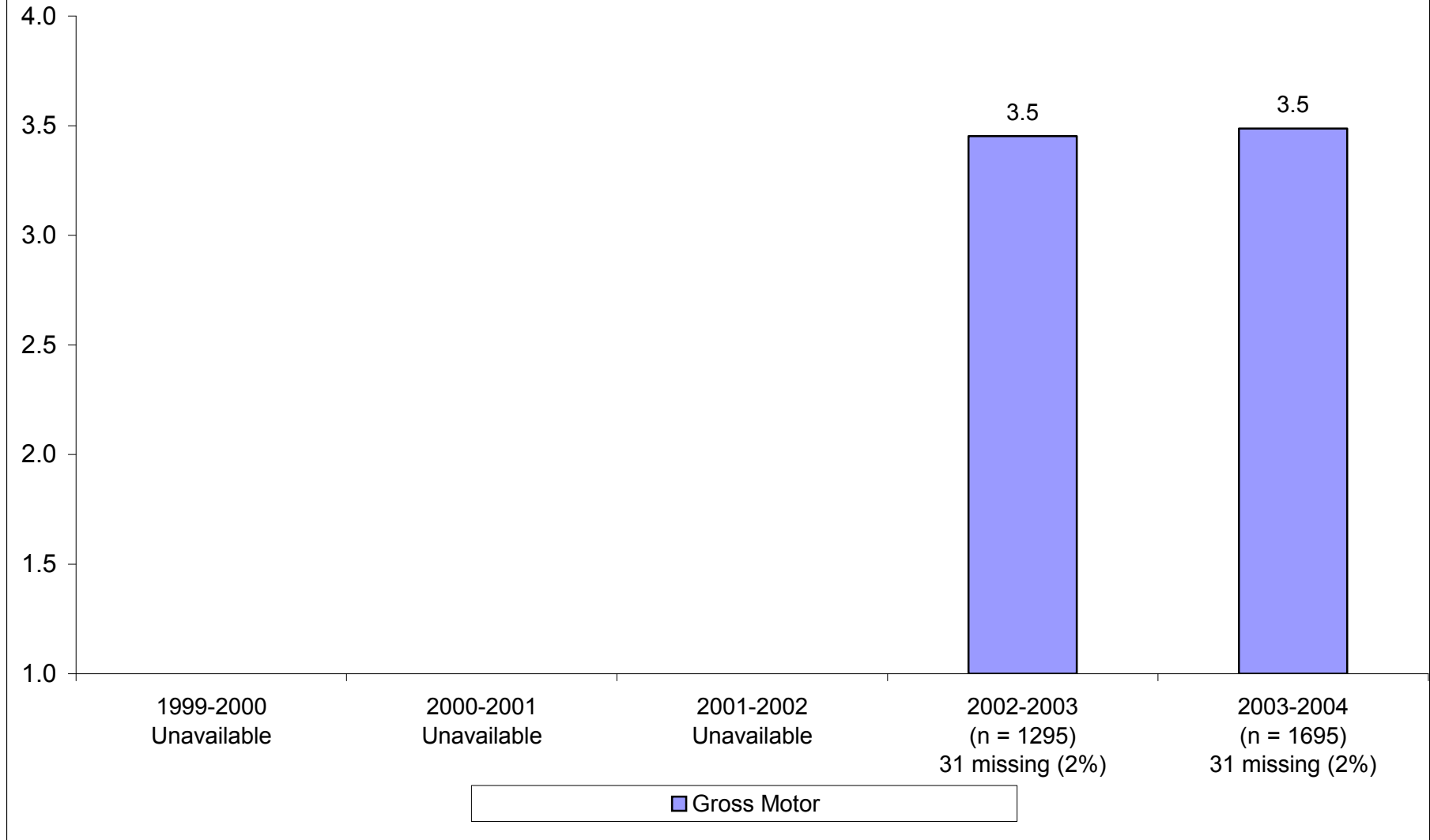
# Fine Motor, Gross Motor and Sensory Functioning Scales

(Average Score for Kindergartners)



# Fine Motor, Gross Motor and Sensory Functioning Scales

(Average Score for Kindergartners)



**PACE ( 2002-2004 )**  
**Speech and Language Development**  
**Statistics for Kindergartners**

**Item Level**

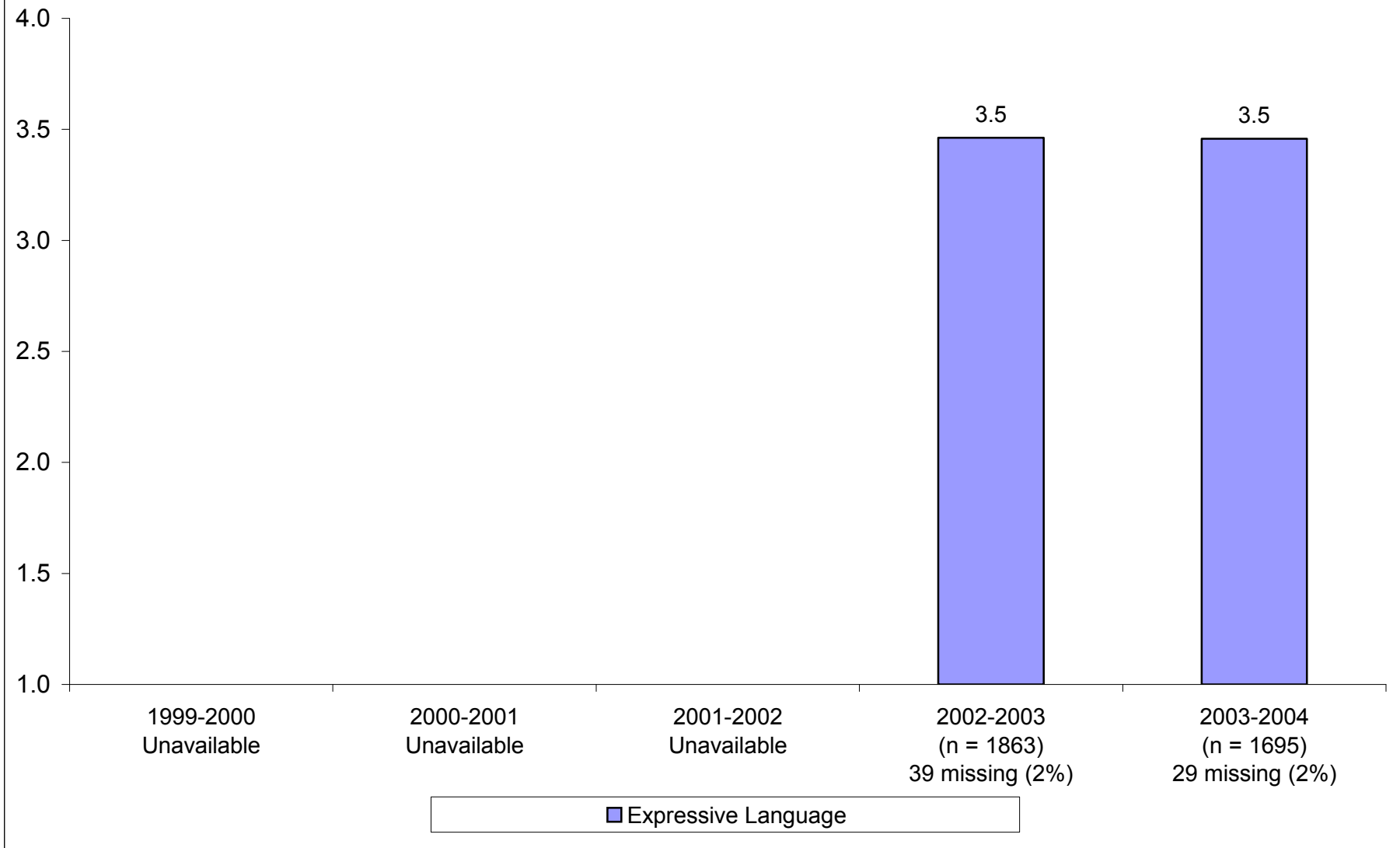
Item in Subscale	Item #	Description	2002-2003				2003-2004			
			n	Missing	Mean	Standard Deviation	n	Missing	Mean	Standard Deviation
el	1	Understand english?	1819	44	3.7	0.63	1663	32	3.7	0.65
el	2	Talk with other children?	1820	43	3.6	0.67	1656	39	3.6	0.68
el	3	Talk with adults?	1818	45	3.5	0.76	1655	40	3.5	0.73
el	4	Use words to describe things?	1804	59	3.4	0.80	1651	44	3.4	0.82
el	5	Tell a complete story with a beginning, middle and end?	1806	57	3.0	1.01	1654	41	3.0	1.02
el	6	Tell you how he/she feels when asked?	1814	49	3.5	0.78	1653	42	3.5	0.76
s	7	Do you have difficulty understanding your child?	1817	46	3.6	0.71	1654	41	3.7	0.68
s	8	Do others have difficulty understanding your child?	1797	66	3.5	0.75	1634	61	3.5	0.77
	9	Does your child understand what others say?	1782	81	3.5	0.95	1630	65	3.5	0.86
	10	Does your child speak clearly?	1176	119	3.3	0.97	1572	123	3.3	0.97
	11	Has your child received special help for speech or language?	1803	60	1.1	0.34	1645	50	1.2	0.36
	12	Does your child need extra help with speech or language?	1805	58	1.4	0.71	1651	44	1.4	0.72

**Subscales**

		2002-2003				2003-2004			
		n	Mean	Standard Deviation	Cronbach's Alpha	n	Mean	Standard Deviation	Cronbach's Alpha
el	Expressive Language	1824	3.5	0.61	0.87	1666	3.5	0.61	0.87
s	Speech	1821	3.6	0.69	0.85	1659	3.6	0.68	0.86

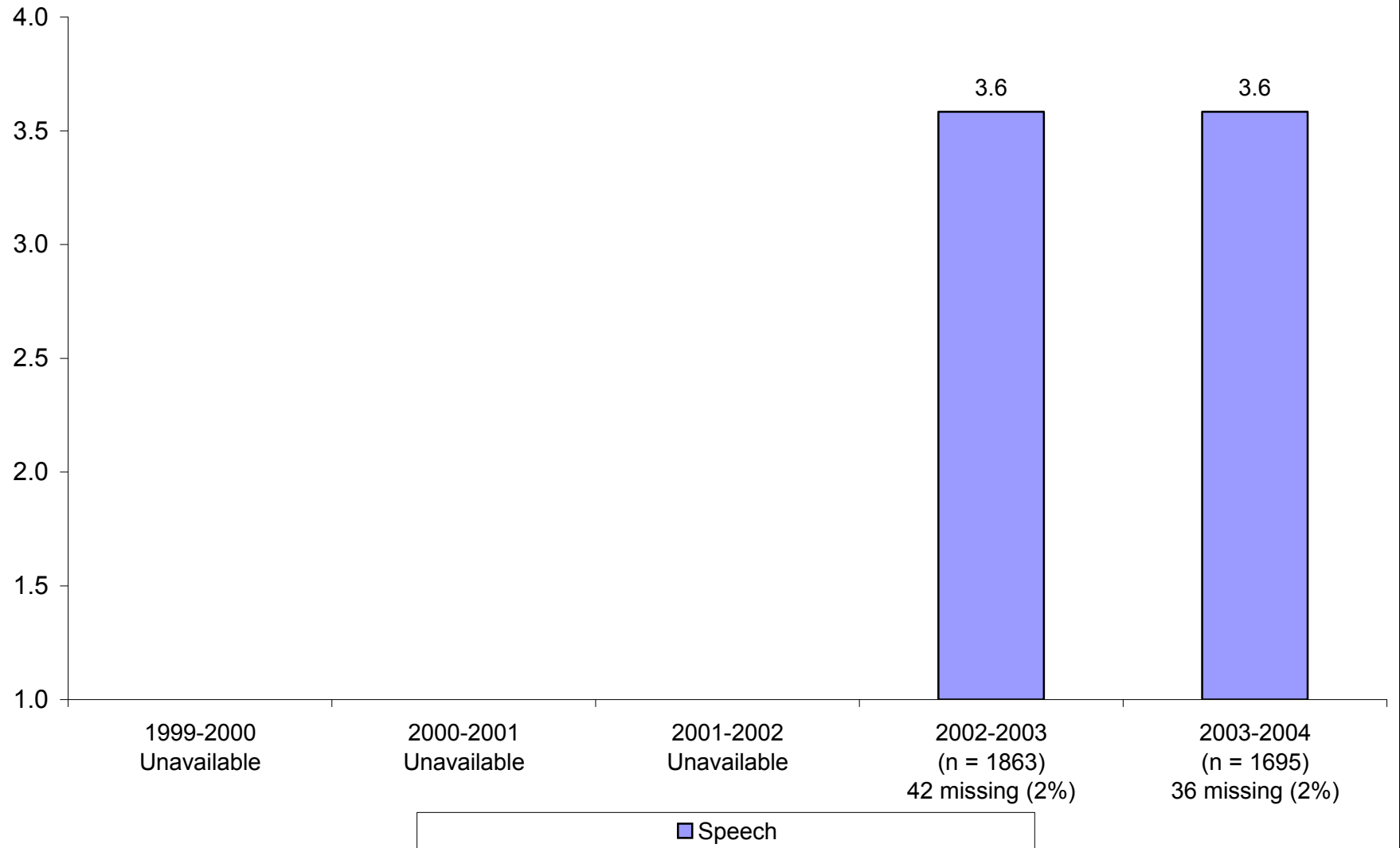
# Speech and Language Development Scales

(Average Score for Kindergartners)



# Speech and Language Development Scales

(Average Score for Kindergartners)



**PACE ( 2002-2004 )  
School Skills  
Statistics for Kindergartners**

**Item Level**

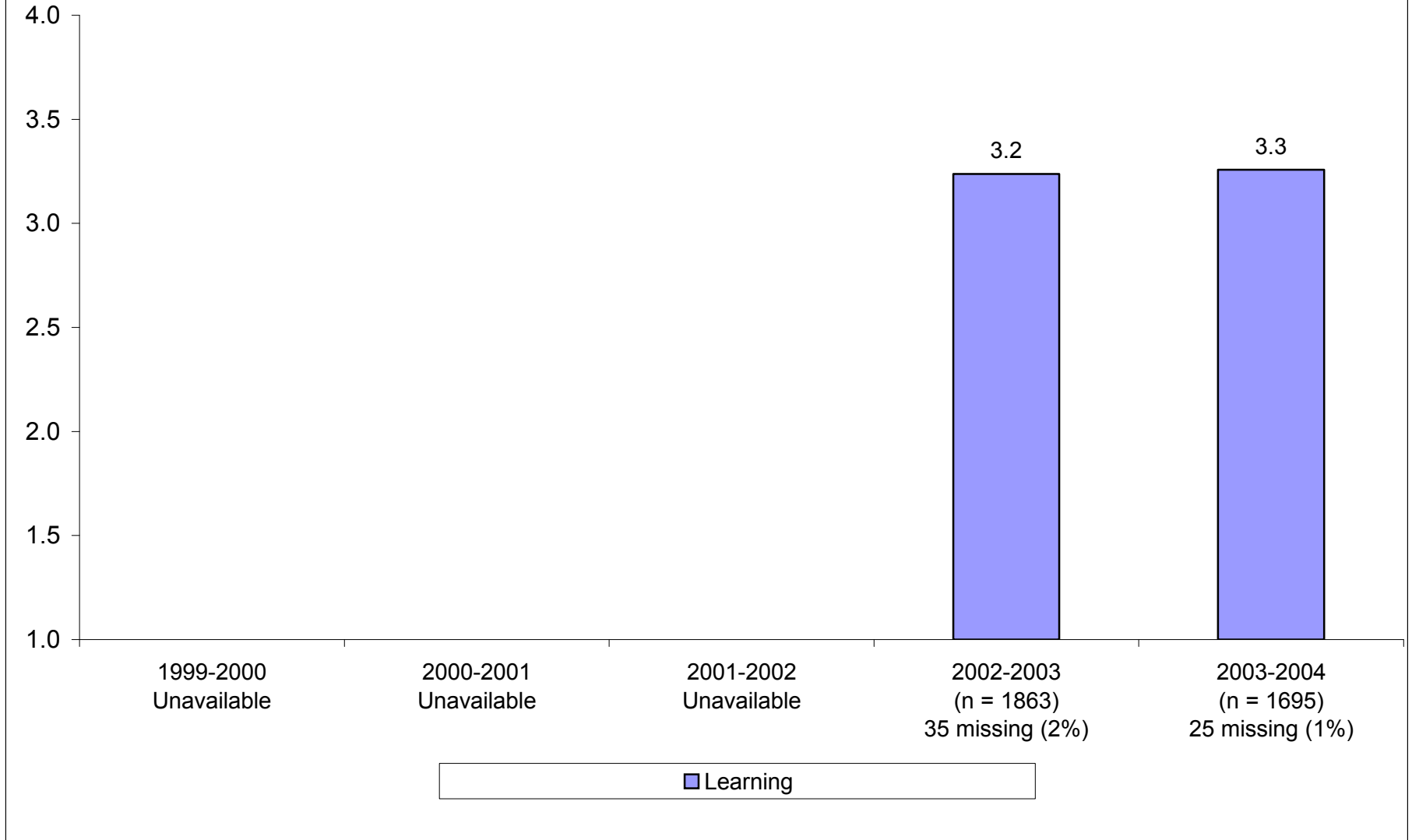
Item in Subscale	Item #	Description	2002-2003				2003-2004			
			n	Missing	Mean	Standard Deviation	n	Missing	Mean	Standard Deviation
I	1	Listen to books being read?	1258	37	3.3	0.87	1661	34	3.3	0.85
I	2	Listen to and follow directions?	1799	64	3.1	0.85	1657	38	3.1	0.85
pl	3	Read his/her own written name?	1231	64	2.6	1.18	1635	60	2.8	1.18
pl	4	Read numbers up to 12?	1240	55	2.6	1.15	1636	59	2.7	1.14
pl	5	Identify written alphabet letters by self?	1233	62	2.4	1.13	1628	67	2.4	1.13
pl	6	Read simple written words?	1768	95	1.6	0.96	1615	80	1.7	0.97
pl	7	Count 20 things?	1225	70	2.7	1.13	1632	63	2.6	1.14
pl	8	Write the numbers from 1 to 12?	1772	91	1.8	1.02	1615	80	1.9	1.08
pl	9	Write his or her first and last name by self?	1780	83	2.2	1.16	1618	77	2.1	1.16
I	10	Repeat sentences when asked to?	1234	61	2.9	1.00	1635	60	3.0	0.97
I	11	Retell a story that was just read aloud?	1225	70	2.6	1.05	1634	61	2.7	1.03
I	12	Know the words to at least one song or rhyme by heart?	1230	65	3.2	0.94	1643	52	3.3	0.92
I	13	Remember things?	1784	79	3.4	0.79	1651	44	3.4	0.77
I	14	Learn new things?	1695	168	3.4	0.78	1536	159	3.4	0.78
	15	Does your child need extra help to learn new things?	1743	120	1.7	0.74	1605	90	1.6	0.73

**Subscales**

		2002-2003				2003-2004			
		n	Mean	Standard Deviation	Cronbach's Alpha	n	Mean	Standard Deviation	Cronbach's Alpha
I	Learning	1828	3.2	0.69	0.89	1670	3.3	0.66	0.89
pl	Pre-Literacy	1827	2.2	0.87	0.89	1669	2.3	0.86	0.89

# School Skills Scales

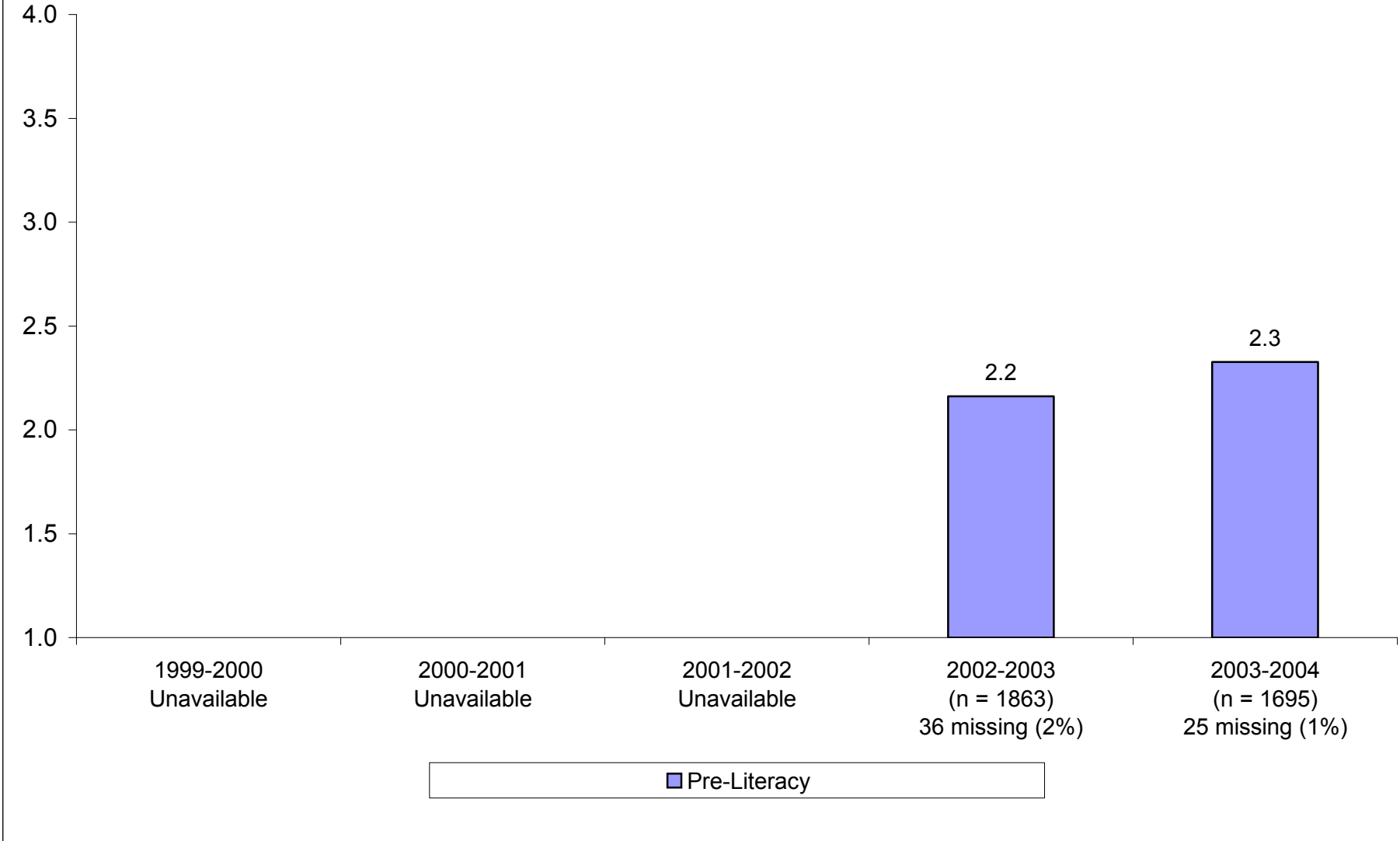
(Average Score for Kindergartners)





# School Skills Scales

(Average Score for Kindergartners)



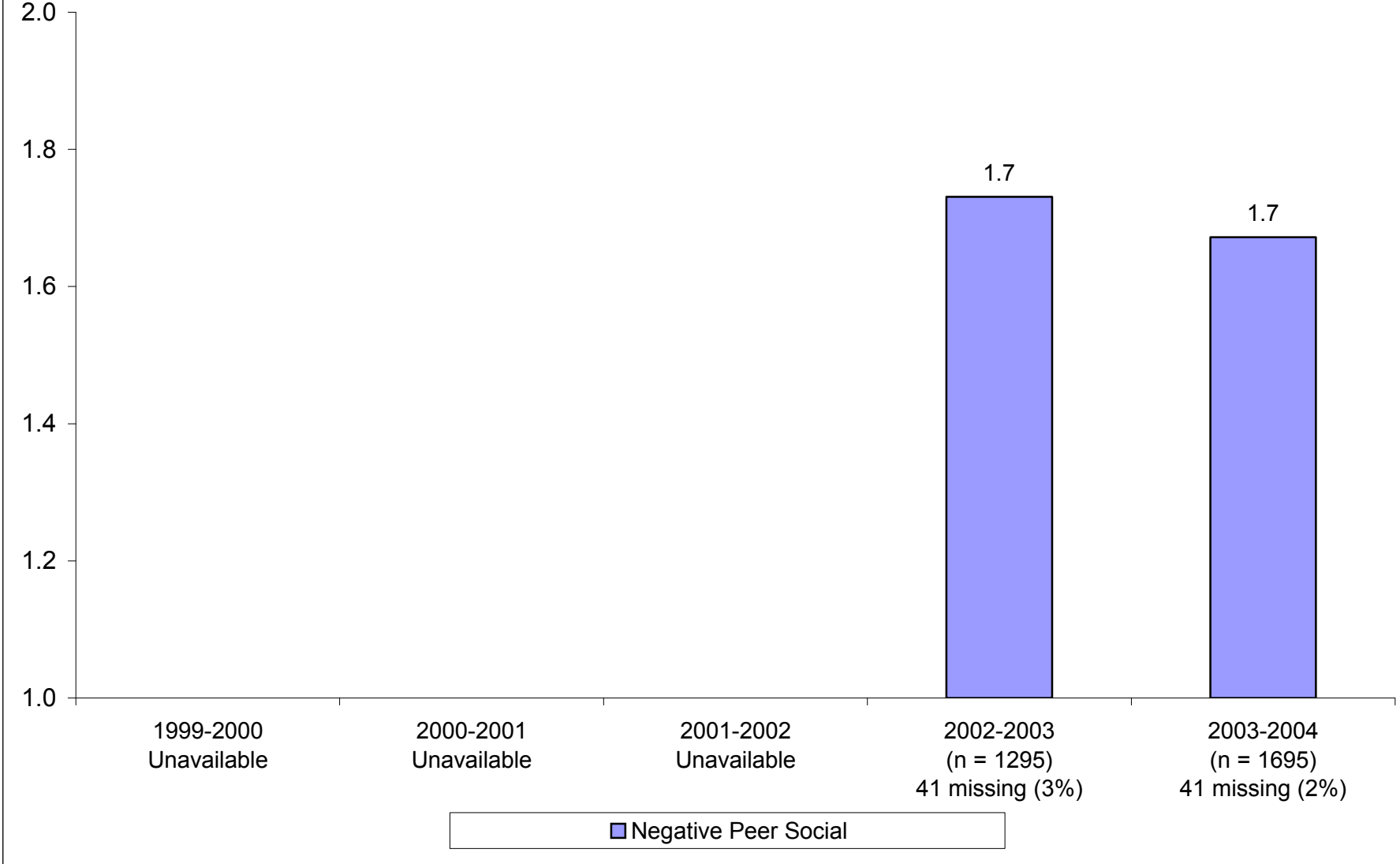
**PACE ( 2002-2004 )**  
**Social, Emotional, and Behavioral Functioning**  
**Statistics for Kindergartners**

			Item Level							
Item in Subscale	Item #	Description	2002-2003				2003-2004			
			n	Missing	Mean	Standard Deviation	n	Missing	Mean	Standard Deviation
pps	1	Makes friends easily	1244	51	3.4	0.60	1651	44	3.5	0.61
sa	2	Gets nervous easily	1231	64	2.3	0.84	1638	57	2.3	0.83
nps	3	Fights with other children	1220	75	1.9	0.80	1615	80	1.8	0.74
to	4	Completes things he/she starts	1224	71	3.0	0.66	1623	72	3.0	0.68
pps	5	Has many friends	1224	71	3.2	0.72	1630	65	3.2	0.71
sa	6	Is withdrawn	1191	104	1.7	0.78	1587	108	1.7	0.73
nps	7	Hurts others	1230	65	1.5	0.67	1624	71	1.5	0.62
to	8	Has a short attention span	1204	91	3.0	0.91	1595	100	3.0	0.90
pps	9	Talks easily with other children	1218	77	3.3	0.75	1613	82	3.3	0.69
sa	10	Worries alot	1219	76	1.8	0.76	1601	94	1.8	0.76
nps	11	Bothers other children	1213	82	1.7	0.75	1608	87	1.7	0.77
to	12	Concentrates well	1209	86	3.0	0.74	1598	97	3.0	0.75
	13	Is irritable, touchy or prickly	1193	102	1.9	0.82	1589	106	1.9	0.80
	14	Is an easy child	1204	91	3.1	0.73	1599	96	3.2	0.72
	15	Has a very high activity level	1170	125	3.1	0.83	1566	129	3.1	0.83
	16	Does your child need extra help with his/her behavior?	1771	92	1.4	0.64	1604	91	1.3	0.60

		Subscales							
		2002-2003				2003-2004			
		n	Mean	Standard Deviation	Cronbach's Alpha	n	Mean	Standard Deviation	Cronbach's Alpha
nps	Negative Peer Social	1254	1.7	0.60	0.73	1654	1.7	0.57	0.70
to	Task Oriented	1255	3.0	0.59	0.63	1653	3.0	0.60	0.63
pps	Positive Peer Social	1256	3.3	0.55	0.69	1661	3.3	0.55	0.74
sa	Shy Anxious	1254	2.0	0.62	0.61	1656	1.9	0.59	0.58

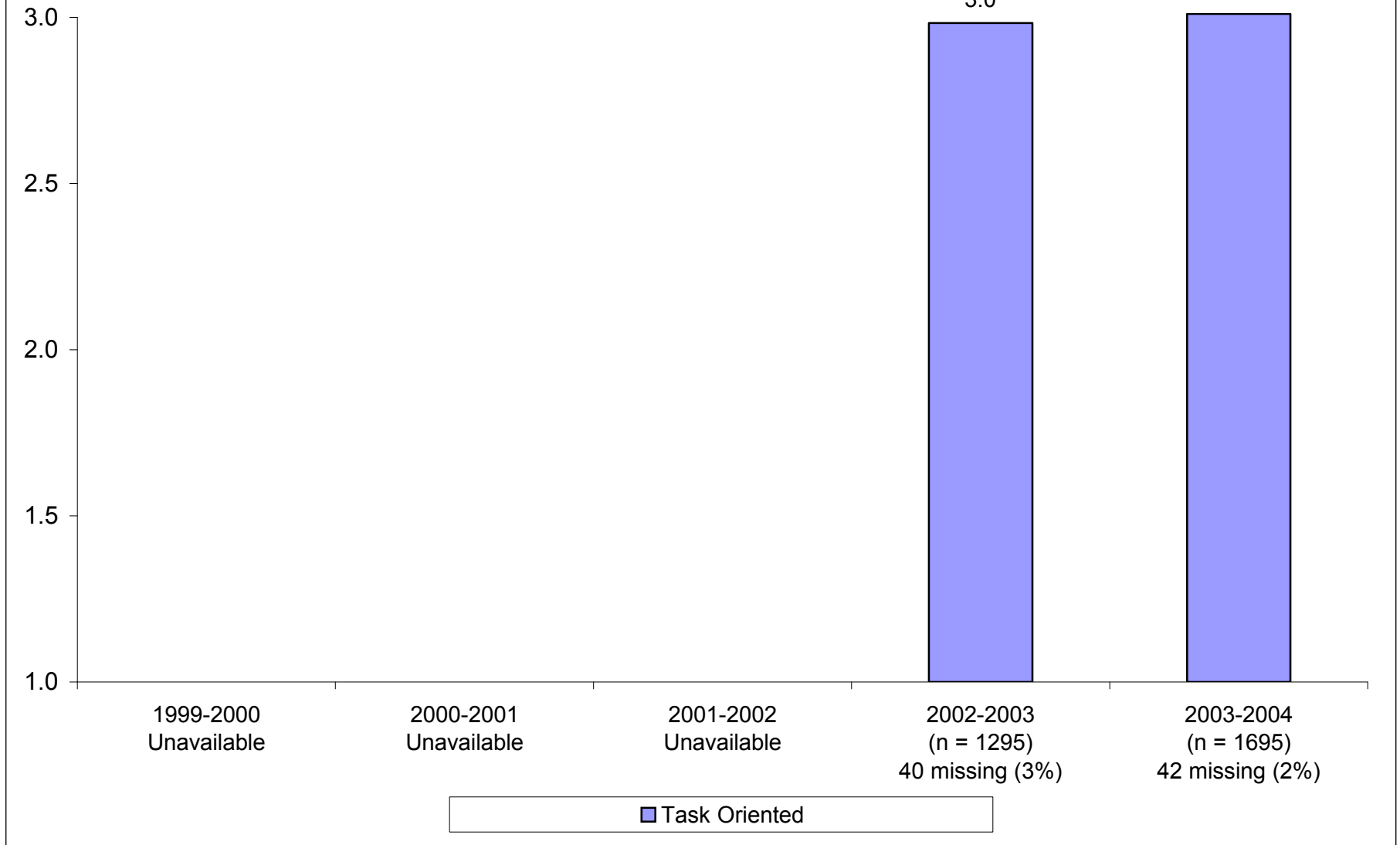
# Social Emotional Scales

(Average Score for Kindergartners)



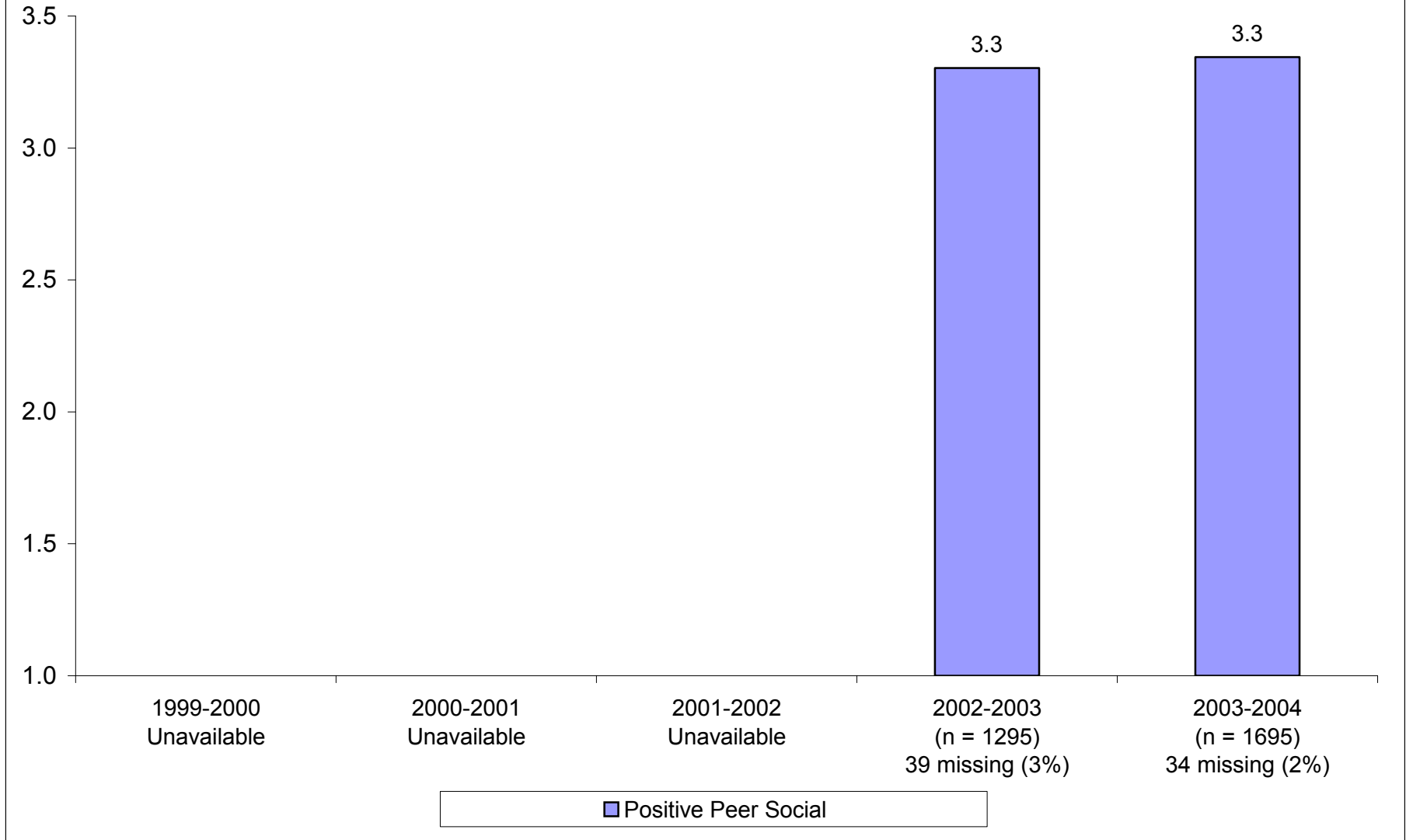
# Social Emotional Scales

(Average Score for Kindergartners)



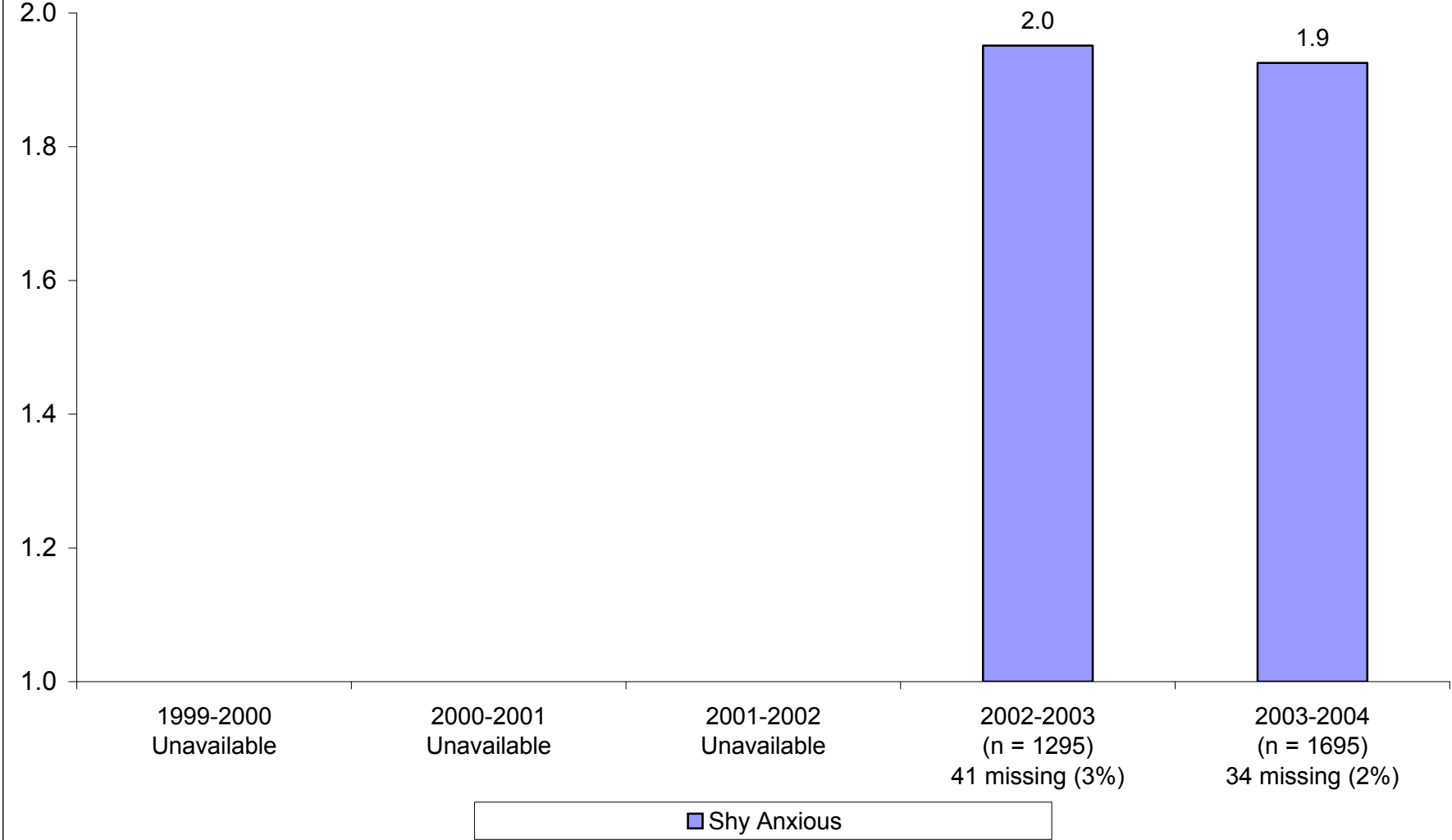
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**PACE ( 2002-2004 )**  
**Life Experiences**  
**Statistics for Kindergartners**

		Item Level							
Item #	Description	2002-2003				2003-2004			
		n	Missing	Mean	Standard Deviation	n	Missing	Mean	Standard Deviation
1	Gone to a library?	1799	64	3.1	1.13	1653	42	3.1	1.16
2	Gone on an outing (e.g., zoo, museum, etc.)?	1795	68	3.7	0.73	1629	66	3.6	0.78
3	Moved from one home to another in the last 6 months?	1754	109	1.6	0.86	1604	91	1.5	0.72
4	Moved from one home to another during his/her life?	1744	119	2.5	1.11	1602	93	2.4	1.11
5	Seen a close family member or friend very sick?	1756	107	1.7	0.94	1601	94	1.6	0.85
6	Experienced the death of a close family member or friend?	1774	89	1.5	0.83	1623	72	1.5	0.73
7	Experienced parents separation or divorce?	1790	73	1.5	0.75	1630	65	1.4	0.60
8	Experienced a parent who is depressed?	1232	63	1.4	0.72	1635	60	1.3	0.70
9	Witnessed violence in the neighborhood?	1245	50	1.3	0.75	1641	54	1.2	0.63
10	Witnessed violence at home?	1234	61	1.2	0.63	1631	64	1.2	0.63
11	Been away from parent(s) for more than a month?	1780	83	1.3	0.75	1637	58	1.3	0.70
12	Seen a family member with a drug or alcohol problem?	1776	87	1.2	0.65	1621	74	1.2	0.57
13	A mother who regularly spends time with him/her?	1770	93	3.8	0.76	1617	78	3.8	0.71
14	A father who regularly spends time with him/her?	1716	147	2.9	1.25	1586	109	3.0	1.25
15	A warm close relationship with any adult(s)?	1738	125	3.5	0.81	1585	110	3.5	0.84
16	How often does an adult read to this child?	1719	144	3.3	0.74	1545	150	3.3	0.74
17	How much TV does your child watch each day?	1743	120	2.5	0.83	1602	93	2.5	0.81
18	What time does (will) your child go to bed on school nights?	1781	82	2.0	0.54	1623	72	2.0	0.59
19	How often does your child eat breakfast?	1247	48	3.7	0.62	1643	52	3.8	0.62
20	Does your child have enough food to eat?	1240	55	4.0	0.27	1637	58	4.0	0.25

\*No Subscale for Life Experiences