City of Philadelphia

Commission on Universal Pre-Kindergarten
Financing Meeting
October 27, 2015 – 8-10am
Municipal Services Building Room 1450

*Co-chairs in attendance***:** Sharon Easterling, Loretta Jemmott.

Commissioners in attendance: Anna Wallace Adams (*representing Rob Dubow*), Catherine Blunt, Miriam Calderon, Diane Castelbuono, Donna Cooper, Pheng Lim, Lisa Nutter, Jessica Shapiro (*representing Vanessa Garret Harley)*

Observers: Anne Gemmell (*representing Jim Kenney*), Michelle Atherton (*representing Temple University's Center on Regional Politics*)

Speaker: Steven Barnett, PhD, Director, National Institute for Early Education Research
- **Email:** sbarnett@nieer.org

Staff in attendance: Christie Balka, Maia Jachimowicz, David Tusio, Eva Gladstein, Mary Horstmann, Marcel Basset, Kristian Ogungbemi, Kitt Disston, Jackie Dunn

I. Welcome – Sharon Easterling and Loretta Jemmott
- Introduction of Dr. Steven Barnett
- Introduction of NIEER as leading research organization
  - Visit NIEER annual State of Preschool Yearbook for more information

II. Presentation by Dr. Steven Barnett: What should policy makers know about pre-k?
  - *Powerpoint attached*

- Pre-K Topics Discussed:
  - Greatest impact on children
  - Quality of program/curriculum
  - Dosage – how often, how many years

1. Creating the Greatest Impact
- 123 studies have been conducted since 1960 regarding the impact of Pre-K. Conclusions include:

    - With higher quality pre-k programming comes greater gains
    - High quality programs can close nearly half of the achievement and social skills gaps, but the effects shrink over time so to maximize the investment, programs must be high quality and they should begin at the earliest possible age
- Dr. Barnett has worked with Seattle on a planning document to measure/track success
    - *Document attached*
- Recommendations from meta-analysis show that programs with the following features have the biggest positive effects:
    - Intentional teaching
    - Individualization and small groups
    - Less emphasis on comprehensive services (ie: health care, social services)
        - Not enough money to do everything well
        - Best practice is having a screening and a wide range of referral services and focusing on the priority of teaching children
    - Larger short-term gains yields larger longer gains
        - To close 50% of achievement gap long-term, must close 100% of the gap before kindergarten
    - Focus on cognitive impact as well as social/emotional development
    - Since the Head Start Impact Study, Congress has restructured the program to focus on language and literacy with considerable gains in this area for 3 and 4-year-olds
        - Study implies "fade out" effect, but:
            - Head Start has been improved drastically since the study
            - The fade out can be interpreted as the ability of schools to catch students who did not attend an early learning experience with those who did

2. Quality

- How do we increase impact?
    - Increase access
        - DC's enrollment is near 100% for 4-year-olds
        - Parts of New Jersey Abbott program near 100%
        - Vermont's has 90% - increased by over 50% in the last few years
    - Increase attendance – any given day, most programs are only 80% full
    - Increase dosage
        - Make sure teachers know how to plan for longer days
        - Full day programs are more effective
            - Ex: D.C., New Jersey, Boston
            - Ex: West Virginia has seamlessly integrated different forms of funding for a full working day (beyond school day) for child care

        - Ex: Head Start parents paying for aftercare with subsidies
    - Increase quality
        - Higher standards
        - Better implementation (including a single curriculum or curriculum standards)
        - Mixed socio-economic classrooms
            - Programs more strongly supported when classes have parents with more educational /political resources
            - Avoids gaming the system to qualify;
            - Avoids a "poverty" stigma;
            - Develops a broad public mandate
- Examples:
    - NJ Abbott Districts including Jersey City
        - High level of implementation; took about 5 years to scale
        - Allocates about $11-12,000/child using HighScope curriculum
            - Schools distribute funds through contracts with private providers
            - Forces quality, because both parents and schools have the choice of providers to support
        - Approximately 15 children per class
        - 3 and 4 year olds
        - Salary scales are the same as the School District
        - Mixed delivery - both public and private providers
            - District oversees all professional development; 1 coach for every 15 educators
            - Parents select provider/schools
        - All funding comes from tax dollars
    - Washington D.C.
        - Very nearly universal for 4-year-olds, increasing for 3-year-olds
    - New York City
        - High enrollment at a fast pace
        - Consider talking to NYC about advantages/disadvantages
    - Boston
        - Rapid improvement in quality, slower growth on enrollment
        - Approximately 60% are served, includes all socio-economic status (SES) backgrounds
            - Very large initial impacts have been seen
        - Uses different streams of funding
            - District also oversees all professional development
        - High costs because teachers are paid competitive wages
        - High level of implementation – public schools already high quality

        - Use a lottery system for enrollment
            - Slots reserved for low-income students
    - San Antonio
        - Multiple school systems
        - Slow-paced introduction, building capacity, but faster than Boston
        - Raised own revenue through a ballot initiative - 1/8th cent local sales tax
    - Seattle
        - Slow pace based on available funding – year one had 20 new classrooms
        - Raised own revenue through a ballot initiative -dedicated property tax
            - Additional property tax for 5 years
            - Will evaluate progress to ask for more funding
        - Runs through the City (rather than the School District); upgraded their early learning office to staff the initiative
    - Rhode Island
        - Uses a lottery system
        - Built on belief that a mixed SES population yields better results

3. Dosage

- Cost/Quality Model
    - Given dosage and quality, what will our system cost?
    - This greatly varies and is very locally dependent (ex: San Antonio system costs ½ of Boston's)
    - As a rough approximation, high quality programs often cost as much per pupil as K-12
    - Certain things (ie: special education, class size) drive up the cost
- All programs with significant long-term impacts pay their teachers on school district salary schedule
- New Jersey Example:
    - Universal High Quality in 31 high poverty districts
        - High Standards
        - Fully qualified teachers, paid on school district salary
            a. Hasn't had negative impact on child care availability
        - Max 15 per class
        - Six hour educational day, 180-days per year
        - Continuous improvement system w/coaching
        - All 3 and 4 year olds in 31 school systems
- 60% private providersA Continuous Improvement Cycle needed
    - "Plan, Do, Review"
    - First set expectations for learning and teaching
        1. Analyze and plan
        2. Implementation and professional development
        3. Measure and access progress
- New Jersey raised the quality in public and private system
    - It took a decade to reach a point where most ECERS-R scores were 5-7
    - Two years of Abbott Pre-K showed higher gain at grade 4 and 5 than one year

        - Originally most students were already in low quality classrooms
            - NJ kept same teachers, sent them to school and doubled pay

III. Group Discussion: Q&A

Facilitator: Mary Horstmann

To help encourage discussion around major decision points the Commission will need to take for their final report, a discussion was facilitated around the questions of access and dosage. This discussion does not represent any final decisions; rather it reflects the group's current thinking and identified needs for additional information.

1. **Who should be in the program?**
    - Ideally, all 3 + 4 yr olds
    - We should focus on delivering high quality rather than try to maximize the number of children served
        - Possibility of starting with 4-year-olds and phasing in 3-year-olds;Or start first year with just 3-year-olds and move them up to 4
        - Geographically – prioritizing high-need / low-access areas without putting an income requirement on participation
            - Targeted approach may decrease buy-in from whole community
            - Achieves mixed SES goals when rolling out citywide
    - Potential cost modeling scenarios to run:
        - All 3 and 4-year-olds citywide
        - Just 3 or 4-year-olds
        - Prioritizing geographically in areas with poor access to high-quality
2. **Dosage?**
    - No half day (3 hrs); Strong preference for school day (6 hrs) and school year (180 days)
    - Need to keep in mind parent need:
        - Choice needs to exist for extended hours (e.g. 8 hours/day or more)
    - Wrap around care connection
        - Summer programs tend to have low or inconsistent turn-out; with limited resources, the focus should be on doing the basics well first
    - Few examples exist to examine full year vs. school year full day school
    - Need extended hours/months options for working parents – for pay or for subsidy
        - Need to continue high quality practices
3. **Other Items to Consider**
    - Revisit vision statement
    - Rollout
        - Permanency

        - Reach priority groups first in a timely manner
    - Need a cost-model of workforce development
        - Highest cost will be from increasing pay (not sending to school)
    - Need demographic information about 29K gap in slots
    - How will we use subsidy money?

4. **General Consensus:**

    1) Serve both 3- and 4-year olds

    2) Go for school day, school year as minimum dosage (while considering need for wraparound services)

    3) Significantly increase compensation for workforce

    4) Begin in areas with low-access and high poverty, while covering all income groups