



Office of Child Development and Early Learning
Pennsylvania Departments of Education and Public Welfare

Program Reach and Risk Assessment
State Fiscal Year 2010-2011
Updated July 2012

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Please note: This report and spreadsheets of county and school district data are available online at www.education.state.pa.us, www.pakeys.org, and www.ocdelresearch.org.



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February 21, 2012

We are pleased to provide the 2010-2011 Program Reach and Risk Assessment Report published by the Pennsylvania Office of Child Development and Early Learning. This report provides valuable information on the state of early learning throughout the Commonwealth. Pennsylvania's children – especially our at-risk children – need access to quality early learning opportunities in order to succeed in school and in life. This report helps identify our highest risk communities and determines how many children are being reached through Pennsylvania's quality early education programs.

There are several new additions to the OCDEL Risk and Reach Report this year, including new risk factors and a breakdown of data by school district rather than the 27 largest municipalities.

Key findings from this report include:

Children in 61% of Pennsylvania's counties are at moderate-high to high risk of school failure. Children in nine of Pennsylvania's 67 counties are at high risk of school failure, and children in 32 counties are at moderate-high risk of school failure. These counties are throughout the Commonwealth and represent urban and rural communities.

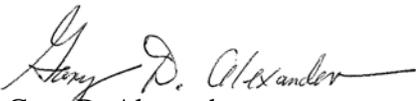
Preschoolers in high quality early education programs such as Pennsylvania Pre-K Counts, Keystone STARS 3 and 4, and Head Start Supplemental programs made progress in all skill areas during the 2010-2011 year, with 98%-99% finishing the program year with age-appropriate or emerging age-appropriate language, math and social skills.

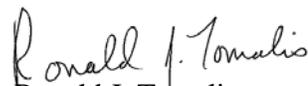
More than one-third (36%) of Pennsylvania's children from birth to age five participate in publicly-funded quality early childhood programs, such as Pennsylvania Pre-K Counts, Keystone STARS, Head Start, Early Intervention and Nurse-Family Partnership.

Keystone STARS has the greatest reach, reaching an estimated 107,465 children under age five and 60,765 school age children throughout every county in the Commonwealth.

Reports on positive child outcomes show that children who enter quality early education programs developmentally behind their peers can catch up during their early years and enter kindergarten with the skills they need to be successful in school. This report helps Pennsylvania direct the Commonwealth's resources to children, families and communities that can benefit the most.

Sincerely,


Gary D. Alexander
Secretary of Public Welfare


Ronald J. Tomalis
Secretary of Education

Enclosure

Executive Summary

One of the most important ways to help children reach their potential and succeed is through quality early care and education. Such opportunities are especially important for children affected by conditions that make them at risk to fail in school. When children affected by risk factors such as poverty or low maternal education have access to quality early education before age five, these children can often make up for setbacks in their lives, enabling them to enter kindergarten on par with their peers.

Children who are encouraged and supported through quality early care and education demonstrate significant progress in acquiring early learning skills, which can save schools money for special education and remediation costs. These children are more likely to graduate from high school, to attend college or quality job training programs, and be valuable members of the workforce. The benefits of quality early education to children and families translate into a more competitive workforce and greater tax base, while reducing public expenses in special education costs, public assistance, crime control and lost taxes.

In order to support governmental transparency and sound programmatic decisions regarding the administration of early childhood services, the Pennsylvania Office of Child Development and Early Learning (OCDEL) annually compiles the Program Reach and Risk Assessment Report. This report provides information on the level of risk for school failure for children (based on 15 risk factors) and the availability, or reach, of most OCDEL programs to children in each county and school district in Pennsylvania. The Reach and Risk report includes data for all children under age five and a breakdown of program reach by infant/toddlers (birth – two years) and preschool (ages three and four). This is the fifth year of the report.

Enhancements to this year's report include updates to the risk categories and data by school district, replacing data from 27 largest municipalities. In this report, six new risk categories were added: percent of children receiving free/reduced lunch; percent of births to mothers, age 15-17; percent of births considered preterm; percent of deaths of children under the age of one; percent of school districts not meeting Adequate Yearly Progress (AYP); and percent of children under age 18 with documented cases of maltreatment.

This year's report shows:

Risk

- **Children are at risk of school failure throughout the Commonwealth.** Of the 67 counties, children in 41 (61%) counties are at moderate-high or high risk of school failure. Every county has children affected by risk factors for school failure. For example, more than half of children in Pennsylvania (58%) are living in economically at-risk families (up to 300% of the federal poverty level - FPL). At 30.6%, Chester County had the lowest percentage of children under five living at 300% FPL.

Reach

- **More than one-third (36%) of children under age five participate in state and/or federally funded quality early childhood education programs.** Examples of quality programs are: Nurse-Family Partnership; Parent-Child Home Program; Head Start State and Federal (which includes HSSAP, Early Head Start, and Preschool Head Start); Pennsylvania Pre-K Counts; School Based Pre-K; Early Intervention; and Keystone STARS.
- **Across the Commonwealth, the three programs which impacted the most children were Keystone STARS (15%), Early Intervention (11%) and Head Start (5%).** These programs were the only direct impact programs for children under age five to reach children in all 67 counties.
- **Reach is greatest across the Commonwealth for Keystone STARS.** Of all the state investments, most children were reached through the Keystone STARS program, which provides service to an estimated 15% of children from birth to age five. Four percent of children under age five in Pennsylvania were served in STAR 3 and 4 programs. As of June 2011, there were 4,252 child care providers within the Keystone STARS system, covering all counties and reaching an estimated 107,465 children under age five and 60,765 school-age children.
- **Approximately one-fifth (20%) of Pennsylvania's infants and toddlers (birth to age two) participate in publicly-funded quality early education programs.** Among children under age three statewide, approximately 11% are served by Keystone STARS, 8% are served by Early Intervention, and 1% is served by Early Head Start.
- **More than half (52%) of Pennsylvania's preschoolers (three and four year olds) are served in state and/or federally funded quality early education programs.** Twenty-one percent of three and four year olds are estimated to be served by Keystone STARS, 11% are served by state and federal Head Start, and 11% are served by Early Intervention.

The quality of a child's early education affects their learning for life. By understanding the needs of our young children across the Commonwealth and the reach of our early childhood programs, Pennsylvania can make smarter decisions for a brighter future.

I. Introduction

The Office of Child Development and Early Learning (OCDEL) is committed to providing early childhood services to Pennsylvania's young children, with special attention to those at risk of school failure. Research consistently shows that children at risk of school failure benefit from quality early learning opportunities, with economic and educational benefits that extend to our families, communities, and the Commonwealth. This report provides information about how the Commonwealth is reaching its young children with quality early learning services, with special attention to at-risk children for Fiscal Year (FY) 2010-2011.

This data can be used for several purposes: 1) track progress in reaching all children who can benefit most from early education; 2) help communities better understand their early childhood programming needs, particularly in counties where there are high risks; and 3) inform future decisions regarding early childhood education policies and practices.

There are several enhancements to the OCDEL Risk and Reach Report this year, including new risk factors and the use of school district data in place of municipality data.

II. Methodology

The data was compiled in four stages: 1) Gathering relevant information about state and federally-funded early childhood program usage by county and school district¹; 2) Gathering economic, maternal, birth outcome, academic, and toxic stress risk factors and compiling information on the number and percentage of children in various risk categories by county; 3) Developing an Average Risk Level (ARL) to classify relative risk level for counties; and 4) Combining the ARL information with the publicly-funded early childhood program usage information to identify county use by relative risk. Descriptions of the four stages of data collection are provided below, along with information about where to find the data in the supporting data files.

All data is provided in the Excel workbooks titled "ECE_Analysis_Counties_July_2012" and "ECE_Analysis_School_Districts_July_2012" which are available on the Pennsylvania Department of Education website at www.education.state.pa.us, and the Office of Child Development and Early Learning research website at www.ocdelresearch.org.

Gathering Relevant Information

Program enrollment and funding data for FY 2010-2011 was collected and compiled for state-administered education programs (and federal Head Start) serving children less than five years of age. For some programs a one-month snapshot is presented using end of fiscal year data².

Programs are listed below and arranged by the age cohort served, starting with those focusing on infants and toddlers, those serving children through preschool, and finally those programs serving mixed age-groups. The programs are also separated into two categories of service: direct and indirect impact. *Direct impact* programs are those for which dollars directly support quality early

¹ It is important to note that this report presents the number of children enrolled in each OCDEL program; the total number of children served may contain duplicated counts if children participate in more than one program.

² See ECE Analysis_Counties_July_2012 and ECE Analysis_School Districts_July_2012 for data sources.

childhood education. *Indirect impact* programs are those which operate through community and school level systems that support quality and access to quality early childhood education and care.

- a. Direct Impact Programs
 - i. Nurse-Family Partnership (NFP) (County Tab 6)
 - ii. Parent-Child Home Program (PCHP) (County Tab 7)
 - iii. Head Start State and Federal (County Tab 8; School District Tab 5)
 - iv. Pennsylvania Pre-K Counts (County Tab 9; School District Tab 6)
 - v. School Based Pre-K (County Tab 10; School District Tab 7)
 - vi. Early Intervention (County Tab 11; School District Tab 8)
 - vii. Keystone STARS (County Tab 12; School District Tab 9)
- b. Indirect Impact Programs
 - i. Child Care Works/Subsidy (County Tab 13)
 - ii. Pennsylvania PACT Pre-K (ABG) (County Tab 14; School District Tab 10)
 - iii. Title I Funding for Pre-K through 2nd Grade (County Tab 15)

County Ranking with Risk Indicators

Each of the risk indicators are reported in the supplemental data files as a percentage (Tab 16), allowing for comparison across counties of varying population sizes. The percentages were placed into four equal sized groups called quartiles, each containing 25% of the counties. A rating of one (low risk) to four (high risk) was then given to each quartile for each risk factor; the top 25% were considered to be high risk and the bottom 25% were low risk. The sums of the risk indicators for each county were averaged to determine an overall Average Risk Level (ARL). This is the average quartile ranking for a county across the risk indicators. The ARLs were then classified into risk categories ranging from high-risk to low risk (Tab 17 and Tab 18).

School District Risk Indicators

Each of the risk indicators are reported in the supplemental data files as a percentage (Tab 11), allowing for comparison across school districts of varying population sizes. Only Economic and Academic Risk Indicators are available at the school district level.

Economic, Maternal, Birth Outcome, Academic, and Toxic Stress Risk Indicators

Economic, maternal, birth outcome, academic and toxic stress risk indicators were identified based on research literature related to early childhood risk. The 15 risk indicators are organized into five categories that represent distinct domains of risk. Data was collected on each indicator at the county level. The fifteen risk indicators chosen for inclusion in the risk analysis model include (Tab 16 and Tab 17):

Economic Risk

Research shows that children who are living in economically stressed families are more likely to have poor nutrition, chronic health problems, and have less preparation for and more difficulty in school.

- **Percent of children under age five living in economically high-risk families, 100% FPL** (2005-2009 American Community Survey 5 Year Estimate)
Research shows potential efforts to support early childhood education and school readiness may include outreach to families in poverty. Thus, a family measure of poverty was included

to identify counties that had high numbers of families living in poverty. The U.S. Department of Health and Human Services 2011 Poverty Guidelines for a family of four at 100% FPL is \$22,350.

- **Percent of children under age five living in economically at-risk families, 300% FPL (2005-2009 American Community Survey 5 Year Estimate)**
Research shows that children in families earning up to 300% FPL are at risk of school failure and do not have the resources to purchase quality early childhood services.³ The U.S. Department of Health and Human Services 2011 Poverty Guidelines for a family of four at 300% FPL is \$67,050.
- **Percent of children receiving free/reduced lunch (Pennsylvania Department of Education, 2010-2011)**
Students are eligible for free lunches if their families' incomes are below 130% FPL. The U.S. Department of Health and Human Services 2011 Poverty Guidelines for a family of four at 130% FPL is \$29,055. Children who are members of households receiving food stamp benefits or cash assistance through the Temporary Assistance for Needy Families (TANF) block grant, as well as homeless, runaway, and migrant children, also qualify for free meals. Students with family incomes below 185% FPL (\$41,348 for a family of four) are eligible for a reduced price lunch.

Maternal Risk

Women who are single parents, as well as those who cohabitate with their child's other parent, tend to have lower educational attainment, lower income, and higher rates of child abuse and domestic violence than married women.⁴

- **Percent of related children born to young and single mothers (Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2010)**
Research shows that children living with both biological parents are less likely to exhibit behavior problems, and children living with married parents are less likely to experience economic hardship.⁵
- **Percent of births to mothers age 15-17 (Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2010)**
Research shows that children born to teen mothers are more likely to drop out of high school, become teen parents themselves, use Medicaid and CHIP, experience abuse/neglect, enter the foster care system, or be raised in single parent families.⁶
- **Percent of births to mothers with less than a high school degree (Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2010)**
Children who live with a mother who has not completed high school are less likely to receive

³ According to the National Institute for Early Education Research's (NIEER) analysis of data from the Early Childhood Longitudinal Study (ECLS-K), children living in families earning up to 300% of the federal poverty level are significantly underperforming compared to their peers with family incomes above 300% of the federal poverty line.

⁴ Whitehead, B. D. & Popenoe, D. (2004). *The State of our unions: 2004*. New Brunswick, NJ: National Marriage Project.

⁵ Golden, O. A. (2005). *Assessing the new federalism: Eight years later*. Washington, DC: The Urban Institute.

⁶ Hoffman, S. D. (2006) *By the Numbers: The Public Costs of Adolescent Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

cognitive stimulation and high quality child care during crucial development periods, and are more likely to have diminished reading skills.⁷

Birth Outcome Risk

As a group, low birth weight children and children born preterm experience more health, cognitive development, and social problems than do children born at a normal birth weight and born at full term. Birth outcome risk is recognized as a public health issue, as it has been associated with large health care costs and linked to infant mortality. Evidence-based home visiting programs such as Nurse Family Partnership have been shown to reduce low birth weight on subsequent births. Additionally, Keystone STARS quality standards related to infant care address environmental health and safety of home and center-based care.

- **Percent of births considered very preterm** (National Center for Health Statistics, 2005-2008 average)
Very preterm infants, babies born before 32 weeks, are at increased risk for newborn health complications, such as breathing problems, and even death. Preterm babies also face an increased risk of lasting disabilities, such as mental retardation, learning and behavioral problems, cerebral palsy, lung problems and vision and hearing loss.⁸
- **Percent of babies born at low birth weight** (Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2010)
Low birth weight infants, babies weighing less than 2,500 grams (approximately 5.5 pounds) at birth, have a greater probability of experiencing developmental problems, and are at greater risk of experiencing disabilities and/or dying within the first year of life. Visual and auditory impairments, learning disorders, behavioral problems, grade retention, and school failure have also been linked to low birth weight.⁹ Taking into account the socio-demographic risk factors, low birth weight children still score significantly lower on intelligence tests than do children born at a normal weight. They are also more likely to be affected with attention-related disorders.¹⁰
- **Percent of deaths of children under the age of one** (Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2010)
The leading causes of infant mortality are congenital and chromosomal abnormalities, problems related to preterm birth and low birth weight, and sudden infant death syndrome (SIDS).¹¹

Academic Risk

Academic indicators predict risk for poor long-term education outcomes. Over time, early childhood investments should demonstrate improved academic outcomes.

⁷ Brown, B., Fiks, A., Forrest, C., Hashim, K., & Pati, S. (2009). *Early childhood predictors of early school success: A selective review of the literature*. Washington, DC: Child Trends.

⁸ March of Dimes. (2010). Premature birth. Retrieved from http://www.marchofdimes.com/baby/premature_indepth.html

⁹ Centers for Disease Control and Prevention. (2010). Low birthweight and the environment. Retrieved from <http://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action>

¹⁰ Hack, M., Klein, N., & Taylor, H.G. (1995). Long-term developmental outcomes of low birth weight infants. *The Future of Children*, 5(1), 176-196.

¹¹ Centers for Disease Control and Prevention (CDC). (2011). Infant health. Retrieved from http://www.cdc.gov/nchs/fastats/infant_health.htm

- **PSSA: Percent below proficient in 3rd grade math** (Pennsylvania Department of Education, 2010-2011)
 The Pennsylvania System of School Assessment (PSSA) is a measure of individual student achievement conducted by the Pennsylvania Department of Education (PDE). The PSSA mathematics assessment has five major reporting categories: (1) numbers and operations, (2) algebraic concepts, (3) geometry, (4) measurement and (5) data analysis and probability.
- **PSSA: Percent below proficient in 3rd grade reading** (Pennsylvania Department of Education, 2010-2011)
 The Pennsylvania System of School Assessment (PSSA) is a measure of individual student achievement conducted by the Pennsylvania Department of Education (PDE). The PSSA reading assessment has two major reporting categories: (1) comprehension and reading skills and (2) interpretation and analysis of fictional and nonfictional text.
- **Percent of school districts not meeting Adequate Yearly Progress (AYP)** (Pennsylvania Department of Education, 2010-2011)
 AYP measures student results for three indicators: attendance (for schools without a High School graduating class) or graduation rate (for schools with a High School graduating class); academic performance; and test participation.

Toxic Stress

Toxic stress can be caused by exposure to violence, physical or emotional abuse, chronic neglect, and caregiver substance abuse or mental illness. Research has linked toxic stress to adverse impact on brain development including cognitive impairment, developmental delays, and later health problems such as heart disease and diabetes.

- **Percent of substantiated cases of abuse and neglect for children under age 5** (Pennsylvania Department of Public Welfare, Office of Children, Youth and Families, 2010)
 Exposure to adverse child experiences, such as abuse or neglect, has been found to lead to early initiation of drug use and increased likelihood of use. Physical consequences, such as damage to a child's growing brain, can have psychological implications such as cognitive delays or emotional difficulties.¹²
- **Percent of children born to mothers who used tobacco during pregnancy** (Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2010)
 Behavioral data associate maternal smoking with lower verbal scores and poorer performance on specific language/auditory test. Even exposure to secondhand smoke can lead to low birth weight and thus a higher likelihood of disabilities.¹³
- **Percent of children under age 18 with documented cases of maltreatment** (Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2010)
 Maltreatment during infancy or early childhood can cause long-term consequences on cognitive, language, and socio-emotional development, in addition to mental health.

¹² Dube, S. R., Felitti, V. J., Dong, M. Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*, 111, 564-574.

¹³ March of Dimes. (2010). Smoking during pregnancy. Retrieved from http://www.marchofdimes.com/pnhec/159_155.asp

Children who experience maltreatment are also at increased risk for adverse health effects and certain chronic diseases as adults.¹⁴

Analyzing Results

After all program reach data was compiled, the results were analyzed in conjunction with relative risk level to determine the extent to which early childhood programming and funding has been targeted to those counties with the greatest need, or highest Average Risk Level (ARL) (Tab 1 and Tab 2). Using these comparisons, future recommendations for additional services can be determined.

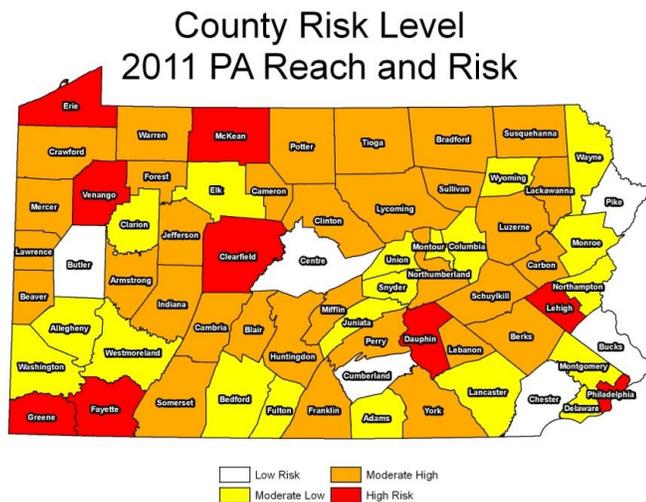
III. Findings

The findings are divided into three analyses. The first analysis presents the findings on overall risk, reach and investment related to the counties. This includes separate data for infants and toddlers, as well as preschoolers. The second analysis presents the reach findings related to the school districts. The third presents a program by program analysis, which covers both the county and school district data.

County Analysis

County Level Findings on Risk Level

Mapped below are the Commonwealth’s 67 counties and Average Risk Level (ARL) for each, based on the FY 2010-2011 analysis. The risk data shows that the ARL has changed for several counties between 2006-2007 and 2010-2011. According to the data, four counties have increased in risk level, and 16 decreased in risk level.¹⁵



Source: 2011 Program Reach and Risk Report

¹⁴ Centers for Disease Control and Prevention. (2011). Child maltreatment: Consequences. Retrieved from <http://www.cdc.gov/ViolencePrevention/childmaltreatment/consequences.html>

¹⁵ This is based on 15 risk factors as compared to 10 from FY 2009-2010.

County Level Findings on Reach and Investment:

Early Childhood Program Usage for Children under Age Five (FY 2010-2011)

State and federally funded quality early childhood programs (Nurse-Family Partnership, Parent-Child Home Program, Head Start State and Federal (which includes HSSAP, Early Head Start, and Preschool Head Start), Pennsylvania Pre-K Counts, School Based Pre-K, Early Intervention, and Keystone STARS) are reaching 36% of children under age five statewide.

Program reach is greatest in the high risk counties (44%), and slightly lower for moderate-high (37%), moderate-low (34%) and low risk (31%) counties.

Children are being served in both rural and urban communities. Approximately 34% of young children in rural communities are served in publicly-funded quality early education programs, and 37% of young children in urban communities are served in publicly-funded quality early education programs.

Of all the state investments, the highest percent of children are being reached through the Keystone STARS program, which provides service to an estimated 15% of children from birth to five years. Eight percent of children under five in Pennsylvania are served in the STAR 2 facilities and four percent are served in high level STAR facilities. (Tab 12).

Early Childhood Program Usage by Children from Birth through Age Two

When considering the subset of infants and toddlers, 20% of children from birth to age two statewide are served in publicly-funded quality early childhood education settings that include Nurse-Family Partnership, Parent-Child Home Program, Early Head Start, Early Intervention Infant-Toddler, and Keystone STARS (Tab 3). The range is from 5% to 31% by county.

Of all the state investments, the highest percentage of infants and toddlers are being reached through the Keystone STARS program. This program provides service to an estimated 11% of children from birth to age two.

Early Childhood Program Usage by Children Ages Three and Four

When considering the subset of preschool age children, 53% of three and four year olds statewide are served in publicly-funded quality early childhood education settings that include Parent-Child Home Program, Head Start State and Federal, Pennsylvania Pre-K Counts, School Based Pre-K, Early Intervention Preschool, and Keystone STARS (Tab 4).

Of all the state investments, the highest percentage of preschoolers are being reached through the Keystone STARS program. This program provides service to an estimated 21% of children ages three and four.

Program by Program Analysis

Direct Impact Programs for Children under Age Five in Pennsylvania

Nurse-Family Partnership (FY 2010-2011)

Nurse-Family Partnership (NFP), a program which provides registered nurses who work with expectant mothers, has been used to ensure healthy pregnancy, promote early literacy, and to encourage school readiness by helping mothers learn how to promote healthy child development (Tab 6). Pregnant women who are low-income, first-time mothers, and who enroll by the 28th week of pregnancy are eligible. NFP only serves children from birth to age two. NFP has reached 40 of the 67 counties in Pennsylvania. This program serves 5,126 children, which is one percent of the infants and toddlers in PA. Sixty-seven percent of the high risk counties are served by NFP.

Parent-Child Home Program (FY 2010-2011)

Parent-Child Home Program (PCHP) provides a home visitor to help parents learn how to read and play with their children in a way that promotes early learning and builds a positive parent-child bond (Tab 7). Families of at-risk children who enroll their children between 18 months and two years of age and agree to participate for two years are eligible. PCHP has been used to promote early literacy and school readiness in 26 counties throughout the state. PCHP reached 1,297 children, which is 0.2% of children under age 5. Three of the counties that participated with PCHP are high risk counties.

Head Start State and Federal (FY 2010-2011)

Head Start provides free, comprehensive early learning services to children & families most at risk of academic failure (Tab 8). Families earning 100% of the federal poverty level (FPL) are eligible to apply. There is some consideration for over income families, but not to exceed 10% of the enrollment slots per program. The Head Start State and Federal program reached 37,325 children across all 67 counties in Pennsylvania in 2010-2011. This is 5% of all children under age five.

In FY 2010-2011, there were a total of 47 agencies in 55 counties (140 school districts) in the state administering Head Start services through the Head Start Supplemental Assistance Program (HSSAP). The programs reached 5,465 children. Federally funded Early Head Start programs reached 4,246 children.

In FY 2010-2011, there were 63 agencies in 67 counties (over 400 school districts) administering federal Head Start services, reaching 32,883 children.

Pennsylvania Pre-K Counts (FY 2010-2011)

Pennsylvania Pre-K Counts provides high quality pre-kindergarten opportunities to at-risk three and four year olds at no cost to families (Tab 9). Children from age three until the minimum entry age for kindergarten who live in families earning up to 300% of the federal poverty level are eligible to apply. Eligible children may also be affected by other risk factors such as having disabilities or developmental delays or learning English as a second language.

In FY 2010-2011, there were 151 agencies in 62 counties (228 school districts) administering Pennsylvania Pre-K Counts services in the state, reaching 11,359 students; or 4% of preschool age children. Providers in five counties did not receive Pennsylvania Pre-K Counts grants (Elk, Forest, Juniata, Snyder, and Sullivan). Pennsylvania Pre-K Counts was provided in all high risk counties.

School Based Pre-K Program (FY 2010-2011)

School Based Pre-K Programs offer programs for three and four year old children from two-and-a-half to five hours a day, for a minimum of 180 days (Tab 10). School Based Pre-K programs deliver quality Pre-K programming in 44 counties throughout the state. Funding can be local, or through state or federal grants (see Tabs 14 and 15). Generally, School Based Pre-K programs were serving a greater percentage of children in high risk counties and moderate-high risk counties. Nine of the 44 counties that use School Based Pre-K are high risk counties.

Six percent (19,140) of preschool age children in Pennsylvania were reached by School Based Pre-K Programs in FY 2010-2011.

Early Intervention (FY 2010-2011)

Early Intervention provides services to children from birth to age five who have disabilities/developmental delays to help promote development so they are successful in any early education setting (Tab 11). Services may include parent education, development therapies, and other support services.

Early Intervention is offered in every county in the state, reaching 9% of children under age five. Among the top nine counties in terms of reach, or those serving more than 12% of the population under age five, one (Elk) is moderate-low risk, five (Blair, Cameron, Forest, Potter, and Warren) are moderate-high risk, and three (Clearfield, Erie, and McKean) are high risk. Eight are rural counties and one (Erie) is urban.

Keystone STARS (June 2011)

Keystone STARS promotes quality in child care programs (Tab 12). Programs that participate in Keystone STARS may begin at Start with STARS and can earn a STAR 1 to STAR 4 level based on quality standards. As of June 2011, there were 4,252 child care providers within the Keystone STARS system, covering all counties and reaching an estimated 107,465 (15%) children under age five in the Commonwealth. Overall, 50% of regulated child care facilities participated in Keystone STARS, with 67% of centers participating.

Keystone STARS was the state-funded early childhood initiative that reached the greatest number of young children. STAR 3 and STAR 4 sites are considered higher quality settings that meets specific standards that research has related to positive child outcomes. Approximately 4% of children under age five are served in these high quality programs.

In addition to serving children from birth to age five, Keystone STARS programs also serve children from age five to age 12 (considered “school-age” children), often in wrap-around care before or after school. In 2010-2011, Keystone STARS programs served approximately 168,230 children from birth to age 12.

Indirect Impact Programs for Children under Age Five in Pennsylvania

Child Care Works¹⁶ (June 2011)

Child Care Works is the subsidized child care program that provides financial help to pay for child care for families who meet work and income requirements (Tab 13). To be eligible, families must earn up to 200% of the federal poverty level or less and must meet certain work requirements.

In the month of June 2011, subsidized child care was provided to 83,016 children under age five. Children ages five to 12 also receive Child Care Works subsidy. Child Care Works served a monthly average of 135,907 children, including school-age children. Approximately 11% of all children under five receive Child Care Works subsidy.

Pennsylvania's PACT for Pre-K (FY 2010-2011)

Pennsylvania's PACT for Pre-K provides additional funding to school districts that can be used for early childhood programs (Tab 14). Accountability Block Grants (ABG) have been used to provide funding for quality Pre-K programming in 26 counties throughout the state.

Four of the counties that use PA PACT for Pre-K funds are high risk counties. Overall, counties using PA PACT for Pre-K funds reached 3,562 children under age five (1% of preschool age children) through ABG programs.

Title I Funding for Pre-K through 2nd Grade (FY 2010-2011)

Title I Funding for Pre-K through 2nd grade is a source of funding for the School Based Pre-K Program based on the percentage of low income children within the school district (Tab 15). Title I is not considered a direct impact program because the school districts can use the funds for children in Pre-K through second grade. Only fourteen counties within the Commonwealth did not receive Title I Funding. Thirteen of these counties were rural, while one was urban.

Preschool Child Outcomes

Preschool child outcomes (Tab 19) were collected for several high quality programs using either the Work Sampling System authentic assessment (WSS) or Teaching Strategies GOLD (GOLD). At three points throughout the year (Fall, Winter, and Spring), an assessment of children's skills, knowledge, behavior, and accomplishments is reported on a variety of domains. There are seven domains in WSS: personal and social development, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development and health. There are nine domains in GOLD: social-emotional, physical, language, cognitive, literacy, mathematics, science and technology, social studies, and the arts. Training was provided by the Commonwealth including guidelines for each specific skill, behavior, or academic accomplishment. The outcome categories for each domain include, *Not Yet*, meaning the child cannot demonstrate the indicator; *In Process*, meaning the child demonstrates the indicator intermittently; and *Proficient*, which means that the child can reliably demonstrate indicator. This assessment allows teachers and administrators to monitor children's continuous progress.

¹⁶ Children ages 5 to 12 also receive Child Care Works subsidy. In June 2011, Child Care Works served a monthly average of 83,016 children (birth – age 5), and approximately 135,907 unduplicated children from birth to age 12.

In 2010-2011, there were 11,153 preschool aged children assessed in the PA Pre-K Counts program. For the Head Start State Supplemental program, 4,017 children ages three and four were assessed in 2010-2011. In STAR 3 and 4 centers, there were 15,184 children ages three and four assessed in 2010-2011. The increase in percent of children who are proficient between Fall and Spring is significant for all programs in all domains. Please refer to the data in *ECE_Analysis_Counties_July_2012* under Tab 19.

IV. Future Directions and Limitations of Use

The Pennsylvania Office of Child Development and Early Learning is using the Program Risk and Reach analysis data to better tailor supports to communities. This compilation of information is shared to better inform and educate communities to consider appropriate and effective early childhood allocations. In future editions, through further refinement of the data, OCDEL will be able to determine the number of unduplicated children served across the Commonwealth.

Feedback is welcome on this data, analysis, and report, as this will be an evolving project that will adjust to meet usage demands. If you have suggestions or would like to share how your community used the information, please contact the Office of Child Development and Early Learning, at 717-346-9320 or via email at ra-ocdelre1@pa.gov.