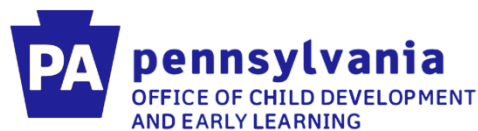
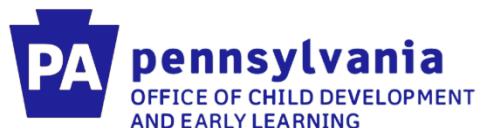


**Office of Child Development  
and Early Learning  
Program Reach and Risk Assessment  
State Fiscal Year 2016-17**

**January 2019**



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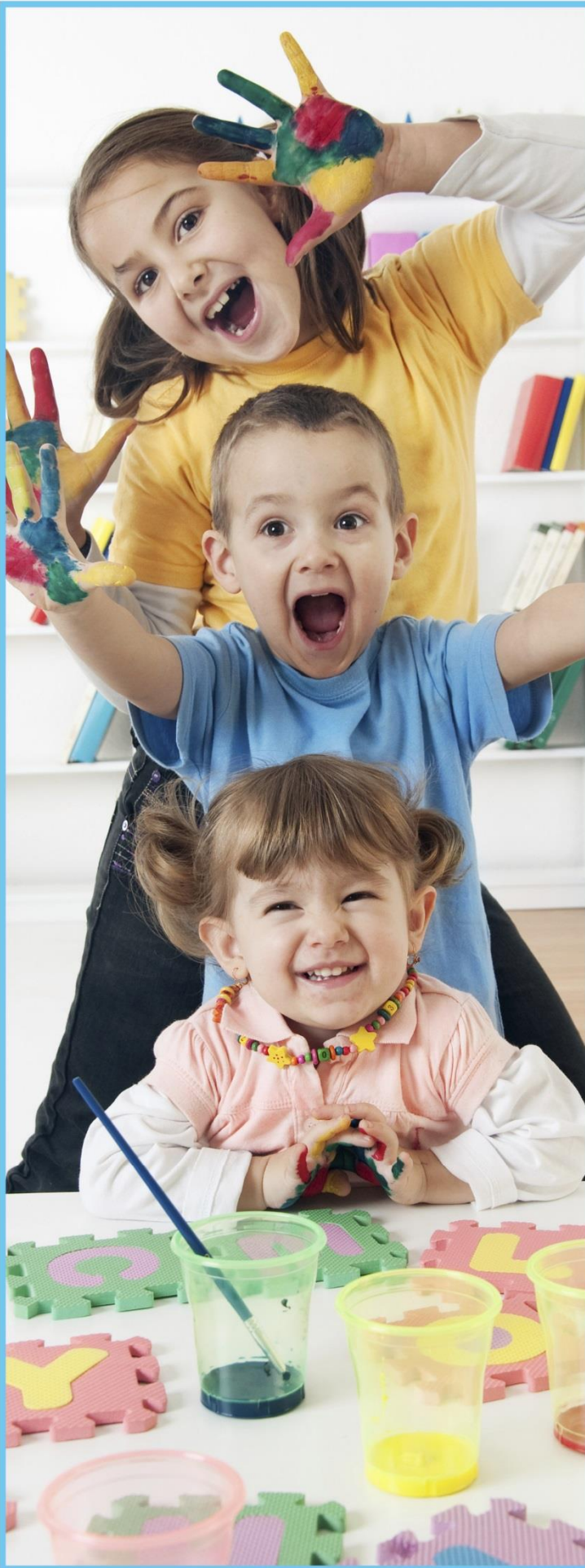
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**Please note:** This report and spreadsheets of county and school district data are available online at [www.ocdelresearch.org](http://www.ocdelresearch.org).



# Executive Summary





One way to help children reach their potential and succeed is through quality early care and education.

Such opportunities are especially important for children affected by risk factors, such as living in a low-income household or having a mother with less than a high school education. When these children have access to quality early care and education before age five, they 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 high-quality early care and education demonstrate significant progress in acquiring early learning skills, which can save money in special education and remediation costs. These children are also more likely to graduate from high school, to attend postsecondary education or quality job training programs, and be valuable members of the workforce. The benefits of quality early care and 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, and crime control.

In order to support governmental transparency and sound programmatic decisions regarding the administration of early care and education programs, the Office of Child Development and Early Learning (OCDEL) annually compiles its *Program Reach and Risk Assessment Report*. This report provides information on the level of risk for school failure for children (based on 16 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 infants/toddlers (birth – two years) and preschool (ages three and four). This is the ninth year of the report.

This year's report shows:

#### *Risk*

- Children are at risk of low academic performance (Low academic performance is a person's ability to meet the minimum academic standards of an educational institution.) throughout the state. Based on the calculation of each county's Average

Risk Level, children in 40 counties (60 percent) are at moderate-high or high-risk of low academic performance. Every county has children affected by risk factors for low academic performance.

#### *Reach*

- One-third (34 percent) of children under age five participate in state and/or federally-funded quality early care and education programs in Pennsylvania. Examples of quality programs include Early Intervention; Head Start state and federal (which includes Head Start Supplemental Assistance Program, Early Head Start, and Preschool Head Start); Healthy Families America; Keystone STARS; Nurse-Family Partnership; Parent-Child Home Program; Parents as Teachers; Pennsylvania Pre-K Counts; and school-based pre-k.
- Across Pennsylvania, the three programs that impact the most children are Keystone STARS (14 percent), Early Intervention (9 percent), and Head Start (5 percent). Early Intervention provides early care and education programs to reach children under age five in all 67 counties.
- Of all state-funded programs, the most children are reached through the Keystone STARS program, which provides services to an estimated 14 percent of children from birth to age five. Six percent of children under age five in Pennsylvania are served in STAR 3 and 4 programs, the highest levels of quality. As of June 2017, there were 3,865 child care providers within the Keystone STARS system, covering 67 counties and reaching an estimated 103,013 children under age five and 65,934 school-age children.
- Approximately one-fourth (24 percent) of Pennsylvania's infants and toddlers (birth to age two) participate in publicly-funded quality early care and education programs. Among children under age three statewide, approximately 10 percent are served by Keystone STARS, 10 percent are served by Early Intervention, and one percent is served by Early Head Start.
- Almost half (49 percent) of Pennsylvania's preschoolers (three- and four-year olds) are

served in state and/or federally funded quality early care and education programs.

Twenty percent of three- and four-year-olds are estimated to be served by Keystone STARS, 9 percent are served by Early Intervention, and 10 percent are served by state and federal Head Start.

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



# Introduction

Research consistently shows that at-risk children benefit from quality early learning opportunities, with economic and educational benefits that extend to our families, communities, and the state. This report provides information about how Pennsylvania is reaching its young children through quality early learning services, with special attention to at-risk children for fiscal year 2016-17.

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

## Methodology

Outcomes were compiled in four stages: 1) gathering relevant information about state and federally-funded early care and education program usage by county and school district;<sup>i</sup> 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 to classify relative risk level for counties; and 4) combining the Average Risk Level information with the publicly-funded early care and education program usage information to identify county use by relative risk. Descriptions of the four stages of statistical collections are provided below, along with information about where to find the information in the supporting files.

All information is provided in the Excel workbooks titled “*ECE Analysis Counties 2016-17*” and “*ECE Analysis School*

*Districts 2016-17*” which are available on the Office of Child Development and Early Learning research website at [www.ocdelresearch.org](http://www.ocdelresearch.org).

### Gathering Relevant Information

Program enrollment and funding information for fiscal year 2016-17 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 statistics.<sup>ii</sup>

Programs are listed below and arranged by the age cohort served – infants and toddlers, preschool, and 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 care and education.

Infants and toddlers:

1. Healthy Families America
2. Nurse-Family Partnership

Preschool:

3. Pennsylvania Pre-K Counts
4. School-Based Pre-K

Mixed age-groups:

5. Head Start State and Federal
6. Early Intervention
7. Keystone STARS
8. Parent-Child Home Program
9. Parents as Teachers

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

1. Subsidized Child Care Program (Child Care Works)
2. Ready to Learn Pre-K
3. Title I Funding for Pre-K through 2nd Grade

## **County Ranking with Risk Indicators**

Each of the risk indicators are reported in the supplemental data files as a percentage, allowing for comparison across counties of varying population sizes. The percentages were placed into four equal sized groups called quartiles, each containing 25 percent 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 percent were considered to be high risk and the bottom 25 percent were low risk. The sums of the risk indicators for each county were averaged to determine an overall Average Risk Level. This is the average quartile ranking for a county across the risk indicators. The Average Risk Levels were then classified into risk categories ranging from high risk to low risk.

## **School District Risk Indicators**

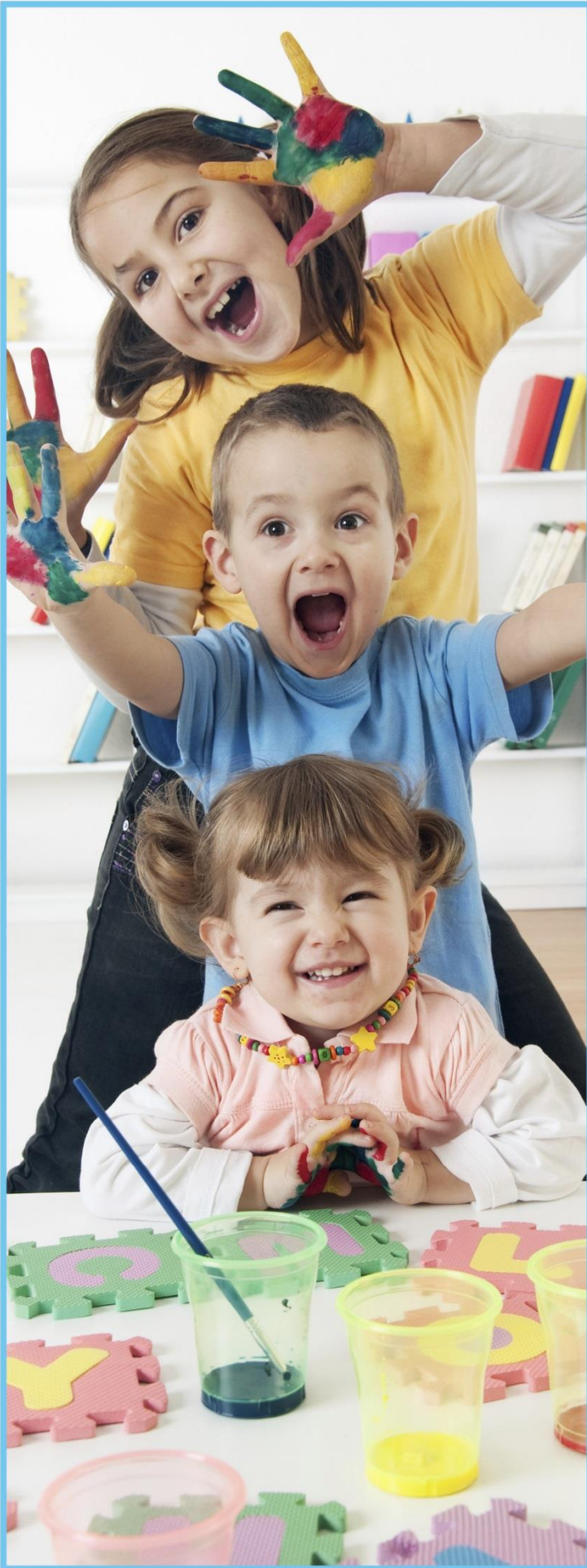
Each of the risk indicators are reported in the supplemental data files as a percentage, allowing for comparison across school districts of varying population sizes. Only economic and academic risk indicators are available at the school district level.

## **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; data on several of the indicators was also provided at the school district level.







## Risk



# Economic Risk

## **Percentage of children under age five living in economically high-risk families, 100 percent federal poverty level (2012-16 American Community Survey Five Year Estimates)**

Research shows the potential impact of efforts to support early care and education may include outreach to families in poverty. Thus, a family measure of poverty is included to identify counties that had high numbers of families living in poverty.

The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is living in poverty.<sup>iii</sup> In 2017, the federal poverty level (FPL) for a family of two adults and two children is \$24,600 (annual income).

Based on the 2012-16 American Community Survey Five Year Estimates, Forest and Philadelphia counties had the highest percentage of children under age five living in economically high-risk families. In contrast, Bucks and Montgomery counties had the lowest percentage.

## **Percentage of children under age five living in economically at-risk families, 300 percent federal poverty level (2012-16 American Community Survey Five Year Estimates)**

Research shows that children in families earning up to 300 percent FPL are at risk of academic failure and do not have the financial resources to access quality early childhood services.<sup>iv</sup> The U.S. Department of Health and Human Services' 2017 Poverty Guidelines for a family of four at 300 percent federal poverty level is \$73,800.

Based on the 2012-16 American Community Survey Five Year Estimates, Cameron and Mifflin counties had the highest percentage of children under age five living in economically at-risk families. In contrast, Chester and Montgomery counties had the lowest percentage.

## **Percentage of children receiving free/reduced lunch (Pennsylvania Department of Education (PDE), 2016-17)**

Students are eligible for free lunches if their family income is below 130 percent of the FPL. The U.S. Department of Health and Human Services' 2017 Poverty Guidelines for a family of four at 130 percent federal poverty level is \$31,980. Children who are members of households Supplemental Nutrition Assistance Program (SNAP) 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 percent federal poverty level (\$44,862.50 for a family of four) are eligible for a reduced-price lunch.

According to PDE's data, the counties with the highest percentage of children receiving free/reduced price lunch were Fayette and Philadelphia; the counties with the lowest percentage were Centre and Chester.



# Maternal Risk

**Percentage of children born to young and single mothers** (*Pennsylvania Department of Health's Bureau of Health Statistics and Research, 2016*)

Women who are single parents, as well as those who are unmarried but cohabit 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.<sup>v</sup>

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.<sup>vi</sup>

According to Pennsylvania Department of Health's Bureau of Health Statistics and Research data, the counties with the highest percentage of births to young and single mothers were Fulton and McKean. Centre and Montgomery counties had the lowest percentage.

**Birth rate to mothers, ages 15-17**  
(*Pennsylvania Department of Health's Bureau of Health Statistics and Research, 2016*)

Research shows that children born to teen mothers are more likely to drop out of high school, become teen parents themselves, rely on public assistance, experience abuse/neglect, enter the foster care system, and/or be raised in single parent families.<sup>vii</sup>

According to Pennsylvania Department of Health's Bureau of Health Statistics and Research, county level data indicate that Potter and Wyoming counties had the highest rate of births to mothers, ages 15 to

17. Four counties (Cameron, Clinton, Forest, and Sullivan) had the lowest rates with no births to mothers, ages 15-17.

**Percentage of births to mothers with less than a high school degree** (*Pennsylvania Department of Health's Bureau of Health Statistics and Research, 2016*)

Children who live with a mother who has not completed high school are less likely to receive cognitive stimulation and high-quality child care during crucial development periods, and are more likely to have diminished reading skills.<sup>viii</sup>

In Pennsylvania, Juniata and Mifflin counties had the highest percentage of births to mothers with less than a high school degree. Bucks and Sullivan Counties had the lowest percentage.

# Birth Outcome Risk

## **Percentage of births considered very preterm (<32 weeks)** (*Pennsylvania Department of Health's Bureau of Health Statistics and Research, 2016*)

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 intellectual disabilities, learning and behavioral problems, cerebral palsy, lung problems, and vision and hearing loss.<sup>ix</sup>

Based on the 2016 Pennsylvania Department of Health's Bureau of Health Statistics and Research data, Philadelphia County had the highest percentage of very preterm births. Forest, Potter, and Sullivan counties had the lowest at 0 percent, or no very preterm births.

## **Percentage of births born at low birth weight (<2500g)** (*Pennsylvania Department of Health's Bureau of Health Statistics and Research, 2016*)

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 low academic performance have also been linked to low birth weight.<sup>x</sup> 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 diagnosed with attention-related disorders.<sup>xi</sup>

In Pennsylvania in 2016, Greene and Philadelphia counties had the highest percentages of low birth weight infants; Cameron and Elk counties had the lowest percentages.

## **Percentage of deaths of children under the age of one** (*Pennsylvania Department of Health's Bureau of Health Statistics and Research, 2016*)

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).<sup>xii</sup>

In Pennsylvania in 2016, Fulton and Mifflin counties had the highest percentage of infant mortality. Six counties (Cameron, Clinton, Forest, Sullivan, Susquehanna, and Wyoming) had the lowest, at 0 percent, or no deaths of children under the age of one.



# Academic Risk

## **PSSA: Percent below proficient in 3<sup>rd</sup> grade reading** (*PDE, 2016-17*)

The Pennsylvania System of School Assessment (PSSA) is a statewide measure of individual student achievement conducted by 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.

Based on the 2016-17 PDE data, Forest and Philadelphia counties had the highest percentage of third grade students below proficient in reading. Cameron and Washington counties had the lowest.

## **PSSA: Percent below proficient in 3<sup>rd</sup> grade math** (*PDE, 2016-17*)

The PSSA is a statewide measure of individual student achievement conducted by 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.

Based on the 2016-17 PDE data, Philadelphia and Warren counties had the highest percentage of third grade students below proficient in math. Union and Wayne counties had the lowest.

## **Percentage of students who do not graduate in four years with a regular high school diploma** (*PDE, 2016-17*)

In the current global economy, having a least a high school diploma is a critical step to avoiding poverty. Research has shown that Americans without a high school

diploma have considerably lower earning power and job opportunities in today's workforce.<sup>xiii</sup>

Based on the 2016-17 PDE data, Fayette and Philadelphia counties had the highest percent of students who did not graduate in four years with a regular high school diploma. Centre, Clinton, and Montgomery counties had the lowest.

# Toxic Stress

## **Percentage of substantiated cases of abuse and neglect for children under five**

*(Pennsylvania Department of Human Services' Office of Children, Youth and Families, 2017)*

Exposure to adverse childhood experiences, such as abuse or neglect, has been found to lead to early initiation of drug use and increased likelihood of substance use disorder. Physical consequences, such as damage to a child's growing brain, can have psychological implications such as cognitive delays or emotional difficulties.<sup>xiv</sup>

Substantiated cases in Pennsylvania include: (1) founded (there is a judicial adjudication that the child was abused) and (2) indicated (county agency or regional staff find abuse has occurred based on medical evidence, the child protective service or an admission by the perpetrator).

The highest percentages of substantiated cases of abuse and neglect for children under five were in Forest and Sullivan counties. Two counties (Pike and Susquehanna) had the lowest, at 0 percent, or no cases of abuse and neglect for children under 5.

## **Percentage of children under age 18 with documented cases of maltreatment**

*(Pennsylvania Department of Human Services' Office of Children, Youth and Families, 2017)*

Maltreatment during infancy or early childhood can cause long-term consequences in cognitive, language, and socio-emotional development, in addition to mental health. Children who experience maltreatment are also at increased risk for

adverse health effects and certain chronic diseases as adults.<sup>xv</sup>

The highest percent of documented cases of maltreatment for children under 18 were in Forest and Mifflin counties. The lowest percent were in Chester and Montgomery counties.

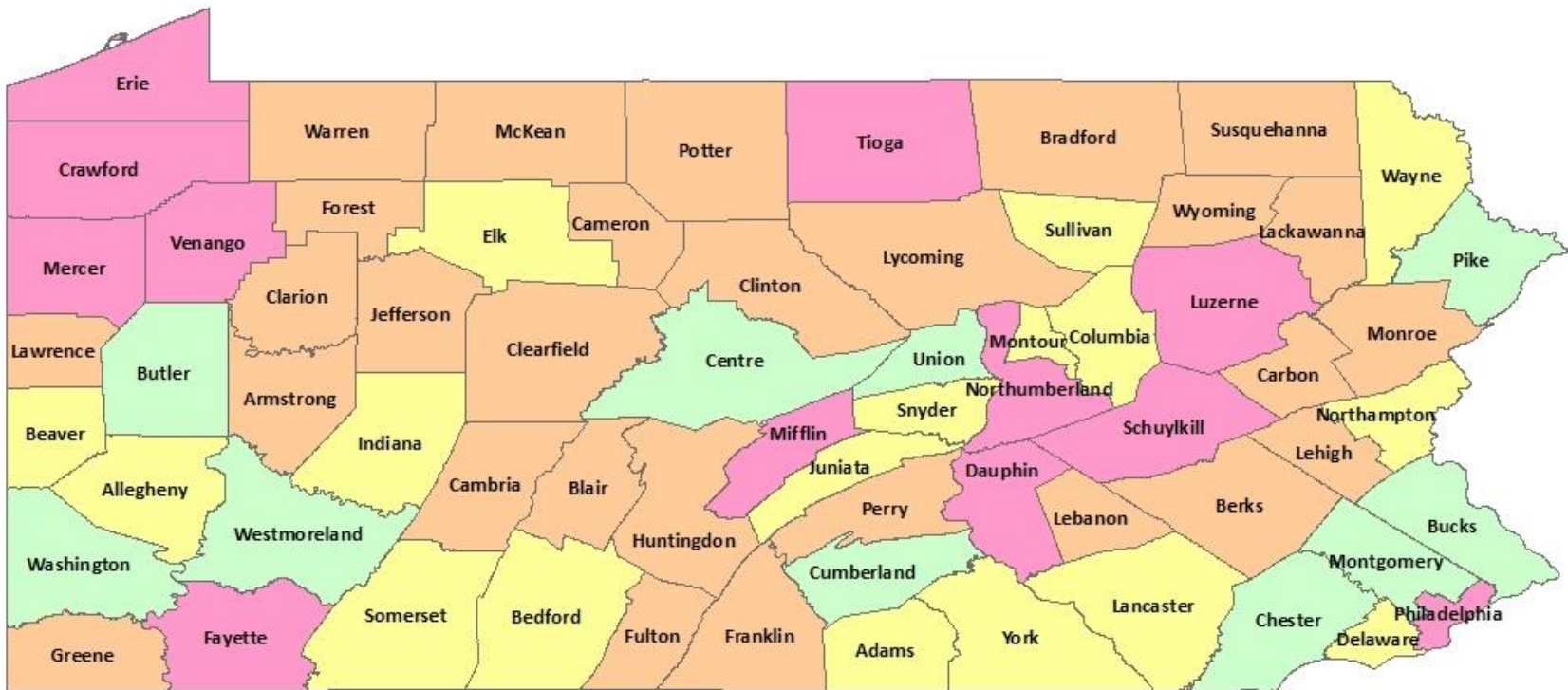
## **Percentage of children born to mothers who used tobacco during pregnancy**

*(Pennsylvania Department of Health's Bureau of Health Statistics and Research, 2016)*

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.<sup>xvi</sup>

The highest percent of children born to mothers who used tobacco during pregnancy were in Cameron and Greene counties. The lowest percent were in Chester and Montgomery counties.

# Overall Risk



## Risk Level



# Findings

The findings are divided into two major areas. 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 a program-by-program analysis, which covers both the county and school district data.

## County Analysis

### County Level Findings on Risk Level

The commonwealth's 67 counties and their Average Risk Level, based on the fiscal year 2016-17 analysis, are mapped on page 12.

### 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 care and education programming and funding has been targeted to those counties with the greatest need, or highest Average Risk Level. Using these comparisons, future recommendations for additional services can be determined.

### Early Childhood Program Usage for Children under Age Five (Fiscal Year 2016-17)

State and federally-funded quality early care and education programs (Early Intervention, Head Start state and federal (which includes Head Start Supplemental Assistance Program, Early Head Start, and Preschool Head Start), Healthy Families America, Keystone STARS, Nurse-Family Partnership, Parent-Child Home Program, Parents as Teachers, Pennsylvania Pre-K Counts, and School Based Pre-K) are reaching 34 percent of children under age five statewide.

Children are being served in both rural and urban communities. Approximately 41  
Revised January 2019

percent of young children in rural communities are served in publicly-funded quality early care and education programs, and 33 percent of young children in urban communities are served in publicly-funded quality early care and education programs.

Of all the state investments, the highest percentage of children are being reached through the Keystone STARS program, which provides service to an estimated 14 percent of children from birth to five years. Ten percent of children under five in Pennsylvania are served in the STAR 2 facilities and six percent are served in high-quality STAR 3 and 4 facilities.

### Early Childhood Program Usage by Children from Birth through Age Two

When considering the subset of infants (under the age of one) and toddlers (ages one and two), 24 percent of children from birth to age two are served in publicly-funded quality early care and education settings that include Early Head Start, Early Intervention Infant-Toddler, Healthy Families America, Keystone STARS, Nurse-Family Partnership, Parent-Child Home Program, and Parents as Teachers. The range is from 15 percent to 84 percent by county.

Of all state investments, the highest percentage of infants and toddlers are being reached through the Keystone STARS program. This program provides service to an estimated 10 percent of children from birth to age two.

### Early Childhood Program Usage by Children Ages Three and Four

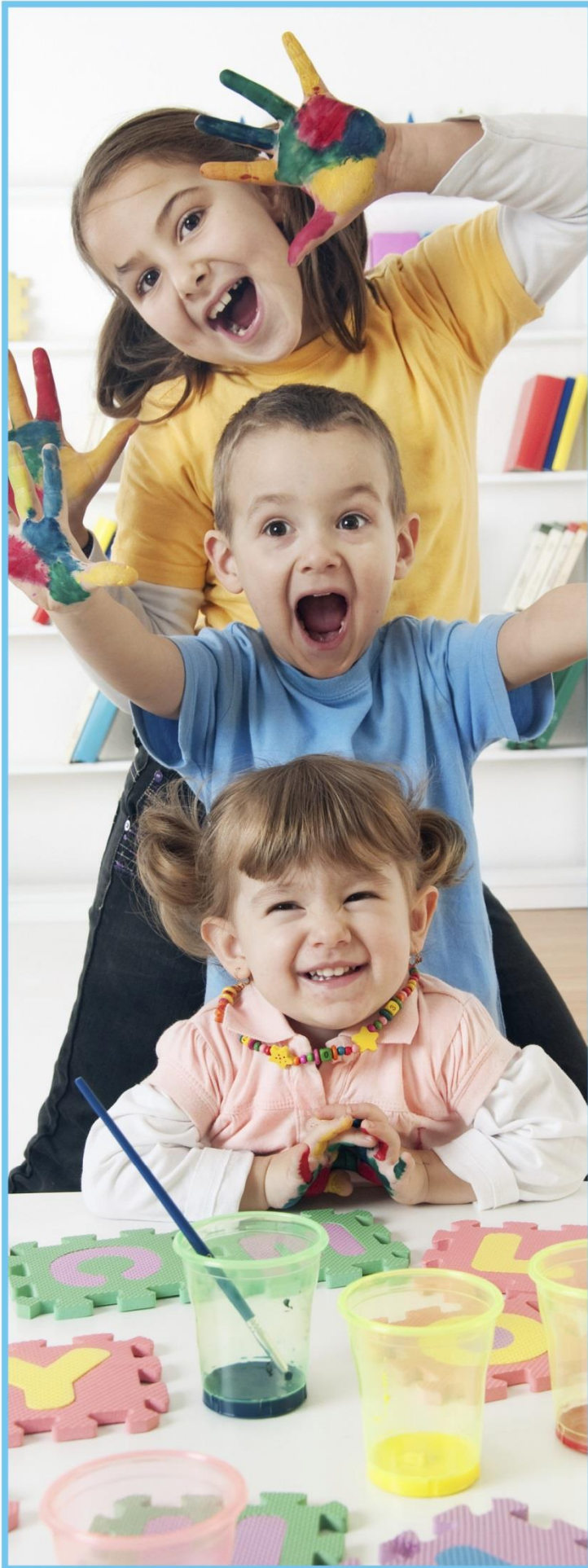
When considering the subset of preschool age children, 49 percent of three- and four-year-olds statewide are served in publicly-funded quality early care and education settings that include Early Intervention Preschool, Head Start State and Federal, Keystone STARS, Parent-Child Home



Program, Parents as Teachers, Pennsylvania Pre-K Counts, and School Based Pre-K.

Of all state investments, the highest percentage of preschoolers is being reached through the Keystone STARS program. This program provides service to an estimated 20 percent of children ages three and four.





## Reach



## Healthy Families America

Healthy Families America is a nationally-recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. It is a home visiting model equipped to work with families who may have histories of trauma, intimate partner violence, mental health, and/or substance abuse issues. Healthy Families America services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively and over the long-term (three to five years after the birth of the baby). In 2016-17, Healthy Families America operated in four counties and served 230 children. Two of the counties are high-risk.

## Nurse-Family Partnership

Nurse-Family Partnership, 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. Pregnant women who are low-income, first-time mothers, and who enroll by the 28th week of pregnancy are eligible. Nurse-Family Partnership serves children from birth to age two. In 2016-17, Nurse-Family Partnership reached 45 of the 67 counties in Pennsylvania. This program served 5,928 children, which is one percent of the infants and toddlers in Pennsylvania. Sixty-seven percent of the high risk counties were served by Nurse-Family Partnership.

## Parent-Child Home Program

Parent-Child Home Program 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. 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. Parent-Child Home Program has been used to promote early literacy and school readiness in seven counties throughout the state. In 2016-17, Parent-Child Home Program reached 197 children, which is less than one percent of children under age five in Pennsylvania.

## Parents as Teachers

Parents as Teachers (PAT) programs provide parents with knowledge and resources to prepare their children for a stronger start in life and greater success in school. The two settings in which PAT is most frequently used are Family Centers and Early Head Start/Head Start. Home visitation services are provided using the Parents as Teachers curriculum to enhance child development and school achievement through parent education and support. A total of 7,562 children were provided Parents as Teachers services in 48 counties statewide in 2016-17. Seven of the counties are high-risk.

## Head Start State and Federal

Head Start provides free, comprehensive early learning services to children and families most at risk of academic failure. Families earning 100 percent of the federal poverty level are eligible to apply. There is



some consideration for over income families, but not to exceed 10 percent of the enrollment slots per program. The Head Start state and federal programs reached 35,664 children across 66 counties in Pennsylvania in 2016-17. This is five percent of all children under age five.

A total of 41 agencies in 60 counties (129 school districts) in the state in 2016-17 administered Head Start services through the Head Start Supplemental Assistance Program. The program reached 5,703 children. Federally-funded Early Head Start programs reached 5,872 children.

Sixty-three agencies in 66 counties (328 school districts) administered federal Head Start services, reaching 24,089 children in 2016-17.

## Pennsylvania Pre-K Counts

Pennsylvania Pre-K Counts provides high-quality pre-kindergarten opportunities to at-risk three- and four-year-olds at no cost to families. Children from age three until the minimum entry age for kindergarten who live in families earning up to 300 percent 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 65 counties (294 school districts), 204 agencies administered Pennsylvania Pre-K Counts services in the state in 2016-17, reaching 18,315 students or 6 percent of preschool age children. Providers in two counties did not receive Pennsylvania Pre-K Counts grants (Forest and Sullivan). Pennsylvania Pre-K Counts is provided in all high-risk counties.

## School District Based Pre-K Program

School District Based Pre-K programs offer services for three- and four-year-old children from two-and-a-half to five hours a day, for a minimum of 180 days. School District Based Pre-K programs deliver quality Pre-K programming in 42 counties (94 school districts) throughout the state. Funding can be local, or through state or federal grants.

Eight of the 42 counties that use School District Based Pre-K are high risk counties. Three percent (8,445) of preschool age children in Pennsylvania were reached by School District Based Pre-K Programs in 2016-17.

## Early Intervention

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 care and education setting. Services may include parent education, development therapies, and other support services.

Early Intervention is offered in every county in the state, reaching almost 10 percent of children under age five in 2016-17. Among the top 26 counties in terms of reach, or those serving more than 10 percent of the population under age five, four (Bucks, Butler, Pike, and Washington) are low risk, six (Allegheny, Beaver, Montour, Northampton, Sullivan, and Wayne) are moderate-low risk, twelve (Armstrong, Berks, Blair, Cameron, Clarion, Clearfield, Forest, Greene, Lehigh, McKean, Potter, and Warren) are moderate-high risk, and four (Erie, Fayette, Schuylkill, and Venango) are



high risk. Nineteen are rural counties and seven are urban. Early Intervention serves a total of 94,306 children from birth to kindergarten entry.

## Keystone STARS

Keystone STARS promotes quality in child care programs. Programs that participate in Keystone STARS can earn a STAR 1 to STAR 4 level based on research-based quality standards. As of June 2017, there were 3,865 child care providers within the Keystone STARS system, covering 67 counties and reaching an estimated 103,013 (14 percent) children under age five in the commonwealth. Overall, 52 percent of regulated child care facilities participated in Keystone STARS, with 52 percent 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 meet specific standards that research has related to positive child outcomes. Approximately 6 percent 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. Keystone STARS programs serve approximately 168,947 children from birth to age 12.

## Child Care Works

Child Care Works is the subsidized child care program that provides financial help to pay for child care for families that meet work and income requirements. As of this reporting period, to be eligible, families that earn up to 200 percent of the federal poverty level or less and remain in up to 235 percent may enter the program, and must meet certain work requirements.

Subsidized child care was provided to 69,164 children under age five in June 2017. Children age five to 12 also receive Child Care Works subsidy. Approximately 10 percent of all children under five received Child Care Works subsidy in June 2017.

## Pennsylvania’s Ready to Learn for Pre-K

The Ready to Learn Block Grant is designed to support programs and services that increase student achievement. Schools can use their Ready to Learn Block Grant funding to enhance learning opportunities for students through initiatives, such as: pre-kindergarten to grade 3 curriculum alignment; ensuring that all students are academically performing at grade level by third grade in both reading and math; extended learning opportunities for supplemental and customized student instruction for pre-kindergarten to grade 3; training to support early literacy; supplemental instruction in biology, English language arts and algebra I; instructional coaches; science, technology, engineering and mathematics (STEM) education; implementation of the state literacy plan; and hybrid learning. Ready to Learn has been used to provide funding for quality pre-k programming in 14 counties throughout the state.

## Title I Funding for Pre-K through 2<sup>nd</sup> Grade

Title I funding for pre-k through second 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. 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. Two counties within the state did not receive Title I funding in 2016-17.

# Future Directions and Limitations of Use

The Pennsylvania Office of Child Development and Early Learning (OCDEL) is using the Program Reach and Risk 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 number of 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 OCDEL at 717-346-9320 or via email at [mkee@pa.gov](mailto:mkee@pa.gov).



# References

<sup>i</sup> 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.

<sup>ii</sup> See *ECE Analysis Counties 2016-17* and *ECE Analysis School Districts 2016-17* for data sources.

<sup>iii</sup> U.S. Census Bureau. (2012). How poverty is calculated in the ACS. Retrieved from <http://www.census.gov/hhes/www/poverty/pove-rtty-cal-in-ac.pdf>

<sup>iv</sup> 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 percent of the federal poverty level are significantly underperforming compared to their peers with family incomes above 300 percent of the federal poverty line.

<sup>v</sup> Whitehead, B. D. & Popenoe, D. (2004). *The State of Our Unions: 2004*. New Brunswick, NJ: National Marriage Project.

<sup>vi</sup> Golden, O. A. (2005). *Assessing the New Federalism: Eight Years Later*. Washington, DC: The Urban Institute.

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

<sup>viii</sup> 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.

<sup>ix</sup> March of Dimes. (2010). Premature birth. Retrieved from

[http://www.marchofdimes.com/baby/premature\\_indepth.html](http://www.marchofdimes.com/baby/premature_indepth.html)

<sup>x</sup> Centers for Disease Control and Prevention. (2010). Low birthweight and the environment. Retrieved from

<http://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action>

<sup>xi</sup> 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.

<sup>xii</sup> Centers for Disease Control and Prevention (CDC). (2011). Infant health. Retrieved from [http://www.cdc.gov/nchs/fastats/infant\\_health.htm](http://www.cdc.gov/nchs/fastats/infant_health.htm)

<sup>xiii</sup> Northeastern University - Center for Labor Market Studies and, "Left behind in America : the nation's dropout crisis" (2009). *Center for Labor Market Studies Publications*. Paper 21.

<sup>xiv</sup> 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.

<sup>xv</sup> Centers for Disease Control and Prevention. (2011). Child maltreatment: Consequences. Retrieved from

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/consequences.html>

<sup>xvi</sup> March of Dimes. (2010). Smoking during pregnancy. Retrieved from

[http://www.marchofdimes.com/pnhec/159\\_155.asp](http://www.marchofdimes.com/pnhec/159_155.asp)