



Left Out:

The Status of Children in Delaware County

October 2016

PCCY could not have completed this report without the tireless work done by our interns: Cory Johnson, Nicole Ventrone, Emilia Hinckley, Justin Escobar, Amanda Solch, and Eleanor Carpenter.

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4 Introduction and Executive Summary

How to Boost Delaware County's Child Wellness Index

What is the PCCY Child Wellness Index?

Key Definitions

11 Child Economic Well-Being

Children are Still Suffering from the Effects of the Recession

Children are Still More Likely to Live in Poverty Than Seniors

Poverty Varies by Race and Ethnicity

More Students Qualified for Free or Reduced Price School Meals in 2014 Than in 2008 in Every School District

Upward Mobility Remains Elusive for Poor Children

Policy Recommendations to Improve Child Economic Well-Being

17 Child Health

Most Children Have Health Insurance, but Far Too Many Hispanic Children Remain Uninsured

Too Many Children are Out Sick

Infant Mortality on the Rise

Screening for Lead Poisoning Isn't Happening for More Than 65% of Children

Teens Need More Help to Prevent Pregnancies

Policy Recommendations to Improve Child Health

23 Early Childhood Education

Child Care is Becoming Less Affordable

A Shortage of Quality Persists

Three out of Every Four Children Can't Access High Quality Affordable Pre-K

Wide Income Disparities Across the County

Too Few Children are Receiving Early Intervention Services

Important Gains in Full Day Kindergarten but More Than Half of Children are Still Shut Out

Policy Recommendations to Improve Access to Early Childhood Education

28 K-12 Education

More Than 28% of Students Struggle With Reading and Math

Every District Is Educating More Low Income Children, Most With Fewer Resources

Dramatic Increases in Mandated Costs Decreased Funds Available for Instruction for Every District

Increased Dependence on Local Funding Compounded the Problem for Poorer Districts

Policy Recommendations to Improve K-12 Educational Experiences

33 PCCY's Child Wellness Agenda for Delaware County

35 Appendix 1: Data Used to Calculate the PCCY Child Wellness Index

36 Appendix 2: Indicator Definitions and Sources

37 References

Contents

Introduction and Executive Summary

It's been more than four years since the rebound from the Great Recession, the official unemployment rate in Delaware County now hovers at about 5%, and the county has experienced a full recovery in the number of jobs. Things should be good for the 123,000 children in Delaware County, right? Unfortunately, that is not the case.

The county's child poverty rate shot up during the first year of the Great Recession and remains alarmingly high. Poverty is unfortunately becoming one of the nation's greatest predictors of life outcomes. But poverty alone is not the only indicator of child wellness. That's why Public Citizens for Children and Youth (PCCY) created the PCCY Child Wellness Index to present a more robust analysis of how the children in Delaware County have fared since the recession. Companion reports also examine child wellness in the other four southeastern Pennsylvania counties. The facts and trends vary slightly across the counties, but across the region the conclusions are the same:

- While the full GDP rebound from the recession was four years ago, the share of children who are suffering or facing hardships is higher than it was during the depth of the recession.
- Where children are doing better, it is due in large measure to effective public policy that protected them from the hardships of the recession.

The PCCY Child Wellness Index presents a snapshot of how children have fared since the onset of the recession in 2008 to 2014. The Index looks at four domains that research tells us are key determinants of life-time outcomes: Economic Well-Being, Health, Early Childhood Education, and K-12 Education.

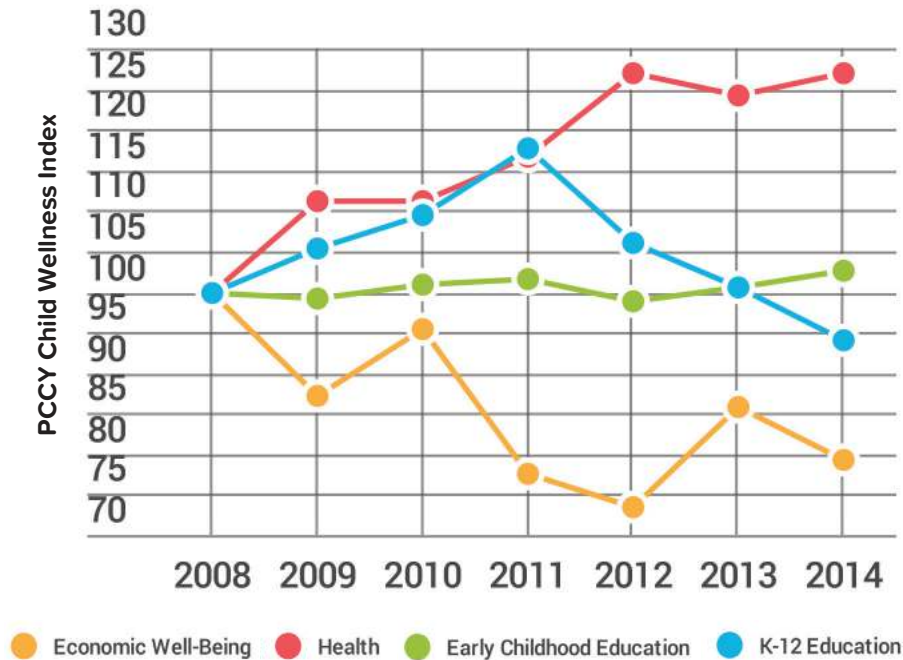
Economic Well-Being: Tragically, the economic rebound has not accrued much benefit to children. Across Delaware County, more than 17,000 children lived in poverty in 2015. In fact, the share of children in poverty was 10% higher in 2015 than at the onset of the recession.



The share of children in poverty was 10% higher in 2015 than at the onset of the recession.



CHART 1: CHANGE IN THE WELLNESS OF DELAWARE COUNTY CHILDREN SINCE 2008



Unfortunately, the data also shows that recovery for children lagged far behind seniors. In 2015, 14.1% of children lived in poverty compared to 5.6% of seniors.

One consequence of such high poverty rates is high rates of hunger among children. Federally subsidized school meals are an essential anti-hunger strategy. Yet three out of every ten children who are eligible for reduced price or free meals at school don't receive them.

Health: The PCCY Child Wellness Index shows the biggest boon for children is in the Health domain. Almost every child, 96%, in the county is insured. But the Index also shows a strikingly small percentage of children screened for lead poisoning. Further, data shows much more progress must be made in ensuring that all black and Hispanic families can access quality health care. The racial disparities shown in the data for infant mortality and dental care offer ample evidence that health care systems must significantly change their delivery models in order to boost the health outcomes of every child.

Early Childhood Education: The Index also shows modest improvement in the Early Childhood Education domain. That's especially good news since high quality child care (including pre-k) and full day kindergarten have proven track records for boosting school and life-time outcomes. While more children are now enrolled in quality care, still three quarters of eligible three and four year olds are shut out of high quality public pre-k programs and 61% of public school kindergarten students still only get a half day of school due to the shortage of resources.

Working families rely on the child care systems but across the county the options for high quality care are too spare. Meanwhile, the data in the Index demonstrates that no real progress was made in increasing the supply of child care providers that affordably offer parents high quality services for their children. The lack of quality supply is particularly pronounced for infant and toddlers.

K-12 Education: The fourth domain of K-12 Education shows once again that the trend for children is going in the wrong direction. As of 2014, every school district had more low income children than were enrolled during the recession.

During the recession, state and federal funds helped school districts avoid layoffs and ensured continued high quality supports for students. But since those state and federal funds disappeared in 2012, most districts across the county lost ground. In fact, over half of the districts had fewer funds available for instructional needs than they had in the worst years of the recession.

While money alone doesn't boost student performance, as funds have dwindled student performance has worsened. Compared to 2011, 2,100 more students were added to the ranks of the 7,700+ who were unable to pass state reading assessments, and all progress was lost in reducing the share of students lagging behind in math.

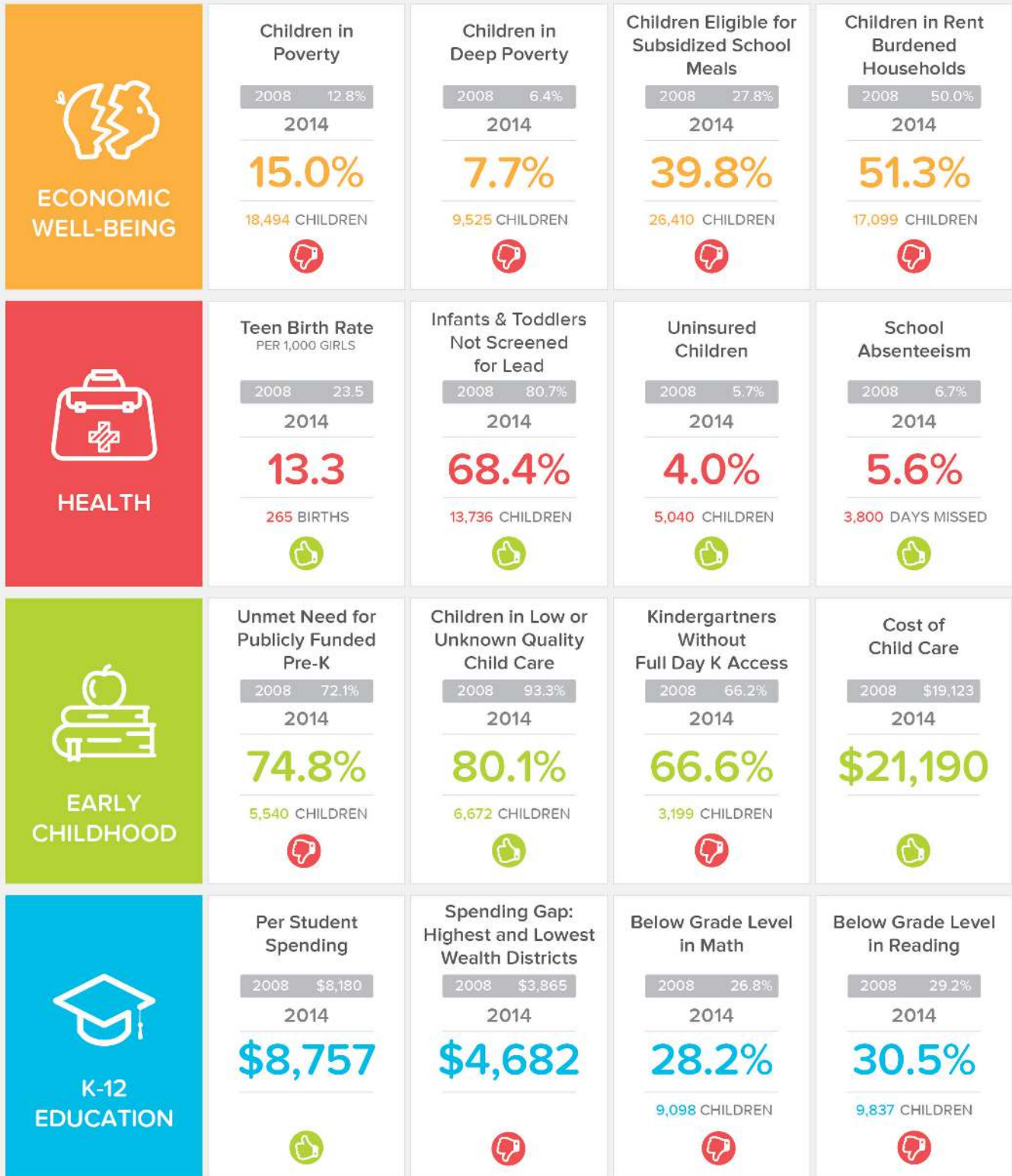
The PCCY Child Wellness Index for Delaware County shows that there has been incremental improvement in some areas of the well-being of children. However, the data also demonstrates that far too many children in the county are suffering and only where effective public policies were in place to address the needs of children were they protected from the hardship inflicted by and since the recession.

How to Boost Delaware County's Child Wellness Index

Because good public policy matters and has been demonstrated to change the life outcomes of children, PCCY recommends that to boost the Child Wellness Index going forward, elected officials of all stripes and professions, along with parents, must build the public will for the following public policies to be adopted:

- **Economic Well-Being:** Boost household income of families by raising the minimum wage, making available new or expanded forms of public assistance and tax credits that augment earned income, and enacting workplace regulations that promote job longevity, including predictable scheduling and paid sick and family leave.
- **Health:** Expand health insurance to every child including those who are undocumented, and improve the oversight of Pennsylvania's public health insurers and providers, with the goals of ensuring compliance with federal lead exposure testing for children under three and eliminating health disparities between minority and white children.
- **Early Childhood Education:** Ensure that every family can afford high quality child care and pre-k and that all children start school with a year of full day kindergarten under their belt.
- **K-12 Education:** Enable success at school districts with the largest percentage of students struggling to meet academic standards by using the newly adopted state Basic Education Funding Formula and adequately funding schools.

PCCY Child Wellness Index: Delaware County Indicators



What is the PCCY Child Wellness Index?

PCCY created the Child Wellness Index to provide a comprehensive picture of how children have fared in southeastern Pennsylvania since the onset of the Great Recession. The methodology mirrors the approach used by the Foundation for Child Development's Child and Youth Well-Being Index.¹

An index measures change over time compared to a base year. The PCCY Child Wellness Index starts with a base year of 2008, the year that the recession took hold nationally. Thus, using 2008 as a frame of reference demonstrates change to the well-being of children through the recession and recovery.

To develop the index, PCCY relied exclusively on publicly available data for key indicators of child well-being that were consistently available for each year from 2008 through 2014. For some indicators, 2015 data was available and is referenced in the text of the report. However, the index was only calculated through 2014, the latest year for which data for all indicators was available.

For each indicator, the base year of 2008 was assigned an index value of 100. For each subsequent year, the rate of change against 2008 was measured. The rate of change was then subtracted from 100 to get the indicator's index value for a given year.² The index is oriented such that a higher index value means an improvement for children.

<i>Sample Data</i>	2008	2009	2010
Below grade-level reading rate	29.2%	27.3%	27.0%
Below grade-level reading index	100	107	108

The indicator data was categorized into four domains:

- **Economic Well-Being**
- **Health**
- **Early Childhood Education**
- **K-12 Education**

To calculate the domain indices, the index values for the indicators within each domain were summed and then divided by four (the total number of indicators in each domain) to get the average index value for a given year.

Each indicator was given an equal weight. The equal weighting method was chosen based on research showing that without a clear ordering of the importance of indicators that has a high degree of consensus among the population, equal weighting will achieve the most agreement amongst the greatest number of people.³

Key Definitions

Source for following definitions: US Dept. of Health and Human Services

- + Poverty: 100% of the Federal Poverty Level, which is an annual income of \$24,300 for a family of four.
- + Deep poverty: 50% of the Federal Poverty Level, which is an annual income of \$12,150 for a family of four.
- + Low income families: Families with earnings at or below 200% of the Federal Poverty Level, which means earning no more than \$48,600 for a family of four.
- + Free or reduced price school meals eligible: Students in households earning under 185% of the Federal Poverty Level (\$44,955 a year for a family of four); or students who are in foster care, homeless, migrants, or in households receiving SNAP or TANF benefits.
- + Low income students: Students who are eligible for free or reduced price school meals (see eligibility definition above).
- + Medicaid eligible: Children age six and older in households earning up to 138% of the Federal Poverty Level (FPL) (\$33,500 a year for a family of four). Children ages one to six in households earning up to 162% FPL. Children under one year old in households earning up to 220% FPL. Children must have current immigration documents.
- + CHIP eligible: Any child who is not eligible for Medicaid is eligible for CHIP. Children must have current immigration documents.

Source for child care categories: Pennsylvania Office of Child Development and Early Learning

- + Publicly funded pre-k eligible: Households earning up to 300% of the Federal Poverty Level (\$72,900 a year for a family of four).
- + Child care subsidy eligible: Households earning up to 200% of the Federal Poverty Level (\$48,600 a year for a family of four).
- + High quality child care: Programs with a Keystone STARS rating of 3 or 4.
- + High quality early learning program: High quality child care programs (see definition above) as well as Head Start and Pre-K Counts programs.

Source for recession definition: The US Bureau of Economic Analysis

- + The official definition of the Great Recession is based on the nation's GDP, which fully rebounded in the second quarter of 2011, from the beginning of the recession in the third quarter of 2007.
- + For most families, the recessionary impact lingered until employment rebounded. The US economy regained all of the jobs lost during the recession in September 2014.

Child Economic Well-Being

“More and more of our students in the William Penn School District are eligible for free and reduced price school meals in spite of the economic recovery. In 2008, one out of two students were eligible; today it’s three out of four students.”

Rafi Cave, Vice President
William Penn School Board

President Hubert Humphrey summoned our better angels when he said, “The moral test of government is how it treats those in the dawn of life, the children, those who are in the twilight of life, the aged, and those in the shadows of life, the sick, the needy and the handicapped.” Given the depth of poverty, especially for children, we are failing that moral test.

On its face, Delaware County posted a strong economic comeback following the Great Recession. By the end of 2014, over 22,000 more of the county’s residents were employed than at the economy’s nadir in 2009.⁴ Despite the job market’s strong comeback, far too many breadwinners with children struggled to make ends meet during and after the downturn.

The PCCY Child Wellness Index which ends in 2014 shows that more children were in poverty than at the onset of the recession. While the recently released September, 2015 Census data indicates that child poverty is declining, it’s still higher than it was in 2008.

Children are Still Suffering from the Effects of the Recession

Between 2008 and 2014, the child poverty rate rose from 12.8% to 15.0%, a net increase of nearly 1,900 children growing up in poverty.⁵ By 2014, Delaware County was home to more than 18,544 poor children, which is about the same as the total number of students in the Upper Darby and Haverford Township school districts combined. Even more startling is the sustained increase in share of children in deep poverty post-recession, with 9,525 children growing up in families facing extremely challenging conditions in 2014.



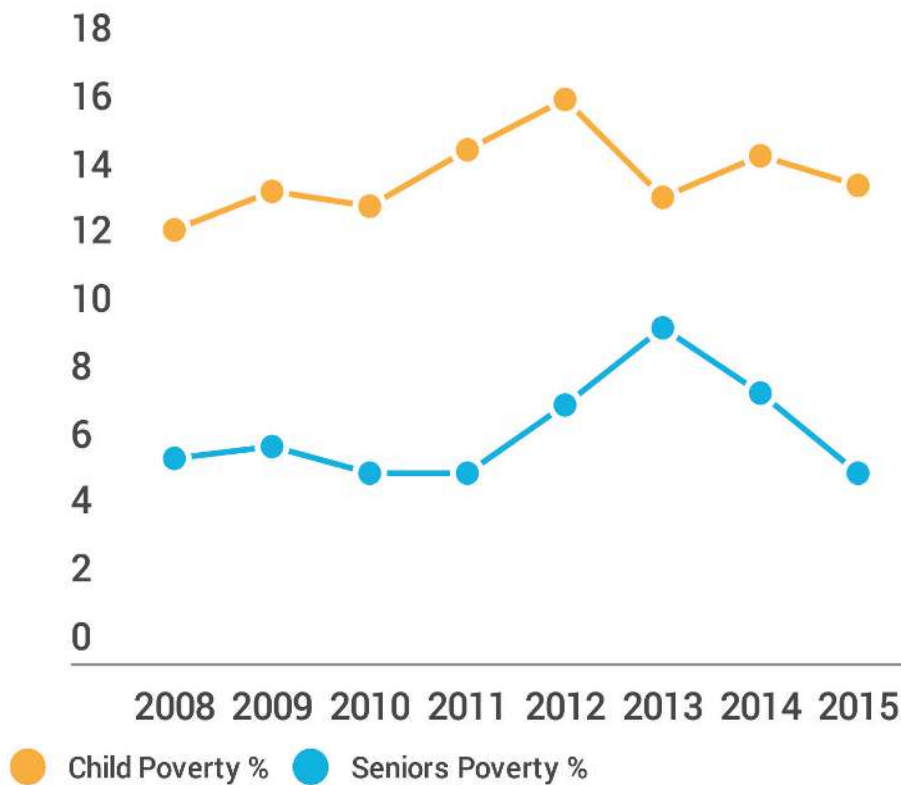
To make matters worse, about 540 children were homeless in 2014, and an additional hundred were homeless the next year.⁶

The child poverty rate declined to 14.1% in 2015. While this is welcome news for many families, the level of child poverty remains stubbornly high in a growing Delaware County economy.

Children are Still More Likely to Live in Poverty Than Seniors

The recovery was slower to reach children than seniors. The child poverty rate was higher than the comparable rate for seniors every year between 2008 and 2015, and on average, the child poverty rate was 7.5 percentage points above the rate for seniors. The senior poverty rate turned a corner in 2013, a full year earlier than the rate for children started to improve. These trends suggest the rising tide of the recovery did not lift all boats equally, and that kids were more likely to get left at the dock.

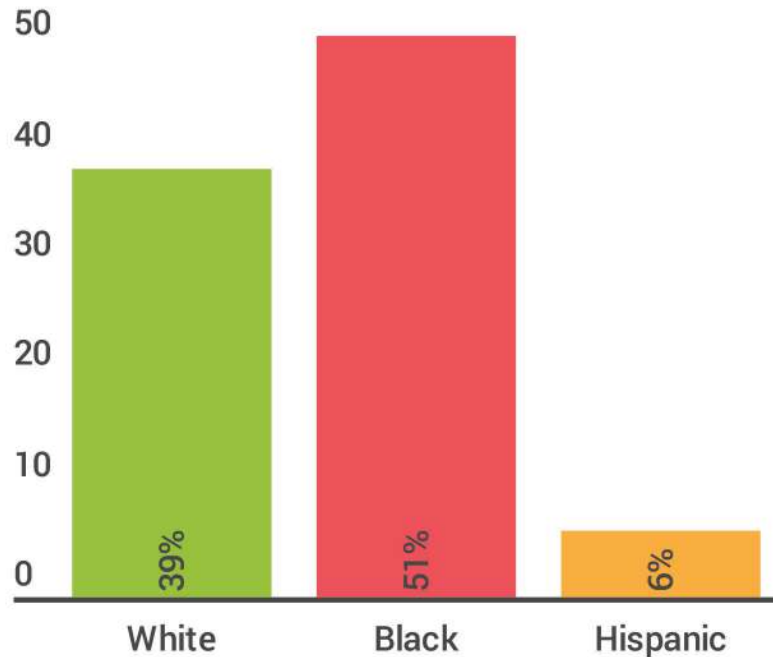
CHART 3: POVERTY RATE REMAINS FAR HIGHER FOR CHILDREN THAN SENIORS



Poverty Varies by Race and Ethnicity

In terms of demographics, about half (51%) of all poor families living in Delaware County are black.⁷ Four in ten (39%) are white and 6% of all poor families are Hispanic.

CHART 4: HALF OF POOR FAMILIES ARE BLACK

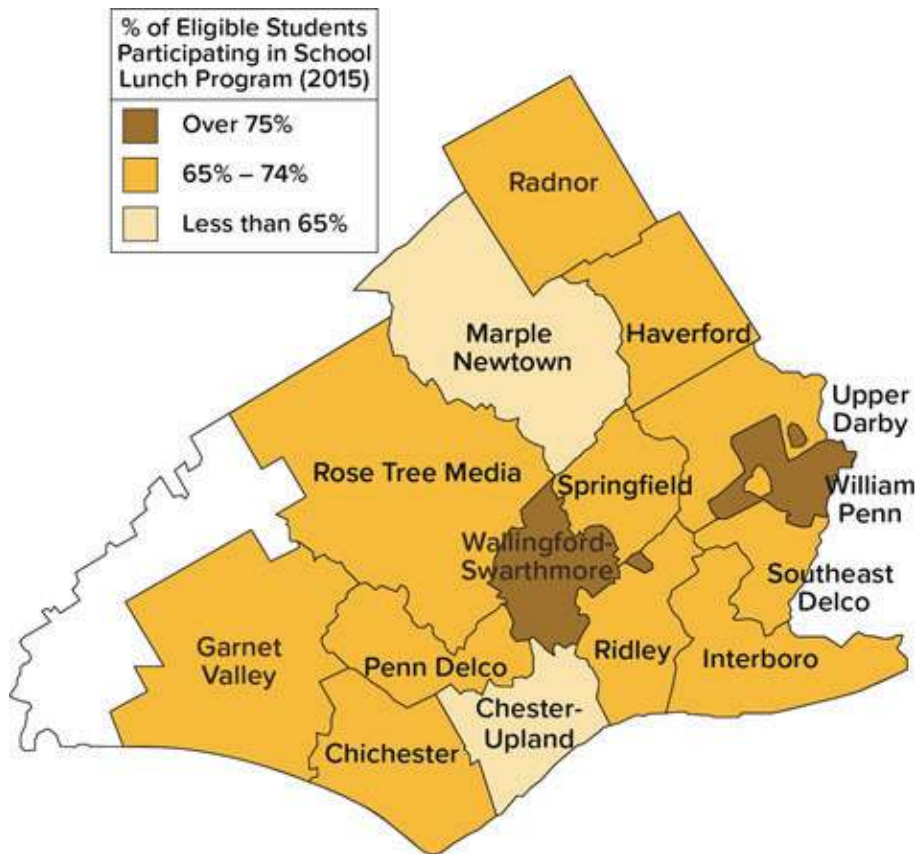


Hispanic and black children are significantly more likely to be growing up poor. At 33%, the poverty rate for black children exceeds the rates for Hispanic children (25%) and white children (6%). Put another way, only one in 16 white children are growing up poor versus one in four Hispanic children and one in three black children.

More Students Qualified for Free or Reduced Price School Meals in 2014 Than in 2008 in Every School District

One of the most serious side effects of poverty is child hunger, which puts children at greater risk of behavioral, emotional and academic problems. According to research compiled by the Food Research and Action Center, children experiencing hunger have lower math scores and are more likely to repeat a grade, and teens experiencing hunger are more likely to be suspended from school and have difficulty getting along with other children.⁸

CHART 5: TOO FEW CHILDREN ARE RECEIVING FREE AND REDUCED PRICE SCHOOL MEALS



One of the major policy responses to reduce child hunger is the National School Lunch Program. Students are eligible for free or reduced price school breakfasts and lunches, depending on family income. The percentage of children eligible for free and reduced price meals increased in every school district between 2008 and 2014.⁹ In fact, the share of students qualifying for the school meals program more than doubled in the Haverford, Marple-Newtown, and Radnor school districts.

Two trends accounted for the uptick in eligibility for school meals. First, it is obvious from the data that more families needed help. The numbers also reflect the fact that state government has developed smarter strategies, such as data matching with other safety net programs to more effectively identify children who qualify for school meals.

Just because a child is eligible for free meals, however, does not mean he or she is receiving them. Across Delaware County school districts, far too few children are getting these meals.



The share of children eligible for subsidized school meals increased in every school district.



In one district only three in five low income students are receiving these lunches, and even in the district with the most coverage, 20% of children who need these meals don't get them.¹⁰

Upward Mobility Remains Elusive for Poor Children

One way of assessing the degree to which the recovery created new opportunities for families is to compare where their children fall on the income scale in 2008 and 2015. Surprisingly, there was a 3.4 percentage point increase in the number of children growing up in low income families in 2015 despite the sustained recovery.¹¹ Based on this data, it appears that relatively few children were able to move up over time period.

At the other end of the spectrum, the number of children in families earning more than \$100,450 was largely unchanged. There was also a modest decrease in the number of children in the mid-range group.

The sharply higher child poverty rate is the leading reason that Delaware County has made no significant progress on the PCCY Child Wellness Index. It's welcome news that the child poverty rate finally started to trend downward in 2015, but it's also clear that more must be done to ensure that the rising economic tide lifting some in the county is not leaving children behind.

CHART 6: MORE CHILDREN GROWING UP IN LOW INCOME FAMILIES



Policy Recommendations to Improve Child Economic Well-Being:

- Boost earnings of the lowest wage earners. Not every low wage earner is a parent, but many of them are. And they cannot earn enough to lift their children out of poverty even if they work full-time. For this reason, a minimum wage increase is urgently needed. If the minimum wage is raised to \$12 by 2020, more than 52,000 Delaware County wage earners, or 21% of the resident workforce, will directly benefit.¹² At \$15 per hour, 72,900 workers, or 31% of the Delaware County workforce, will directly benefit. Beyond these wage rates, measures that enable workers to keep their jobs longer help to increase their lifetime earnings. Workforce supports that increase job longevity of working parents include mandated predictable scheduling and paid sick and family leave.
- Increase household income for more working parents by taking an active role in connecting families to federal income and work supports such as the Earned Income Tax Credit, Child Tax Credit, and SNAP.
- Expand school district participation in the federally subsidized school breakfast program and adopt strategies that reduce the stigma of free and reduced priced breakfast for low income students.

Child Health

“Because of racial disparities in birth outcomes in Delaware County, we are using data to inform a collective impact approach to plan and develop strategies to close the gap to help ensure every child in our county has a healthy start.”

Joanne D. Craig, Administrative Director
Crozer-Keystone Women and Children’s Health Services

Precisely because children’s health status impacts their ability to learn and do well in school, it’s a bedrock indicator of children’s overall wellness. Healthier children complete school in higher numbers which in turn increases their opportunities to thrive as adults.

The PCCY Child Wellness Index contains good news for the county with respect to children’s health. The county overall made gains on many important health indicators since 2008. Unfortunately, a deeper look at the data finds that the playing field is not level. While the Index shows that most children are healthy, black and Hispanic children in the county lag behind their white peers, and as a result, their lifetime outcomes are being cut short before they even enter adulthood.

Most Children Have Health Insurance, but Far Too Many Hispanic Children Remain Uninsured

Health insurance is a little-known and highly effective attendance booster. A recent study shows that enrolling more children in the Children’s Health Insurance Program (CHIP) is associated with lower student absenteeism and improved attendance.¹³ The good news is that the PCCY Index shows that most Delaware County students have this valuable supply in their life locker, as 96% of children have health insurance – and 40% of them are enrolled in CHIP and Medicaid, the children’s safety net programs.¹⁴ But at least 5,040 still have no coverage – enough to populate 200 classrooms. Hispanic children in the county are disproportionately uninsured at 13%, compared to white children at 2%.¹⁵

Most uninsured children are eligible for CHIP and Medicaid except for approximately 1,000 children.¹⁶ In southeast Pennsylvania, nine out of ten children who are undocumented have not been able to secure health care services or receive significantly delayed care. It costs 50% less to insure a child through CHIP, compared to the average uncompensated care costs at the Children’s Hospital of Philadelphia, yet Pennsylvania law bars these children from enrolling in these critical public health programs.¹⁷ Pennsylvania is the state where the now widely hailed federal CHIP program was created, but the state has fallen behind the curve. Now five other states and Washington DC are leading the way by permitting undocumented children to enroll in their CHIP or Medicaid programs.

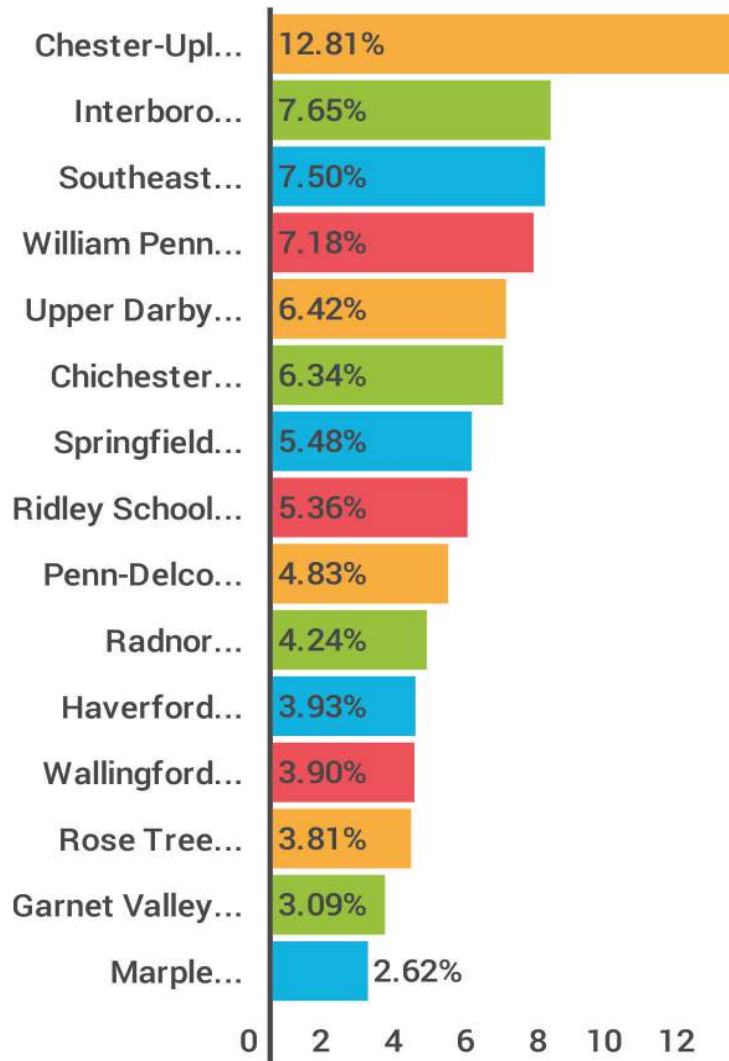
Too Many Children are Out Sick

Insurance is the first step to good health, but a vigilant health care system is essential to keeping children healthy and attending school. When children miss 5% or more days of school, their academic performance suffers.¹⁸ More than 50% of Delaware County school districts (eight out of 15) had an average school absenteeism rate of 5% or greater for the school year 2013-14.¹⁹

Illness is one of the top reasons students are absent, and across the nation, asthma and oral health problems are among the top health conditions for which children lose the most time.²⁰ The overall rate of children hospitalized for asthma in Delaware County remained unchanged between 2008 and 2013 – but disparities persist.²¹ In 2013, the asthma hospitalization rate for white children was 10.3 per ten-thousand, but the rate was 2.5 and five times higher for Hispanic and black children.²² The data shows that the share of students with asthma hovers around 13%.²³

Students with poor oral health are nearly three times more likely to miss school due to dental pain.²⁴ Most Delaware County children get to the dentist at least once a year, but here again disparities persist. In 2015, 11% of children overall did not see a dentist compared to 5.6% of white, 22% of Latino, 25% of black, 29% of poor and a stunning 74% of uninsured children.²⁵

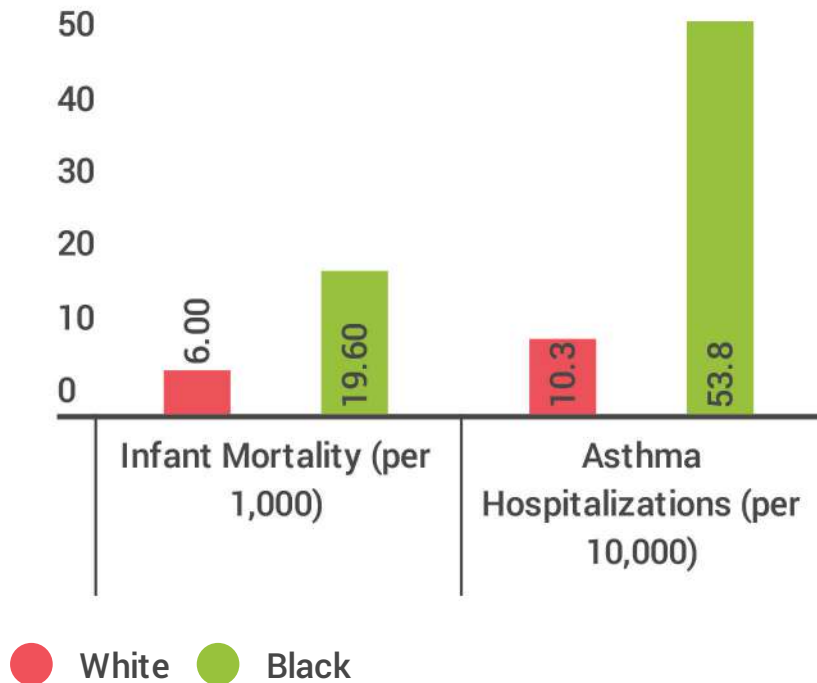
CHART 7: MORE THAN 50% OF DISTRICTS HAD HIGH ABSENTEEISM RATES IN SY 2013-14



Infant Mortality on the Rise

The PCCY Child Wellness Index finds a troubling rise in overall infant mortality from 7.4 to 9.6 per 1,000 births from 2008 to 2013.²⁶ During this time period the rate increased for both white and black babies (no data is available for Hispanic infants), yet the rate for black babies in 2013 was disturbingly three times higher than the rate for whites infants.²⁷ A major contributing factor is the under-utilization of prenatal care supports among black mothers. The data shows that in 2014, 43% of black women started prenatal care in the first trimester, compared to 72% of white women.²⁸

CHART 8: INFANT MORTALITY AND ASTHMA HOSPITALIZATIONS RATES WERE THREE AND FIVE TIMES HIGHER FOR BLACK THAN WHITE CHILDREN IN 2013



Screening for Lead Poisoning Isn't Happening for More Than 65% of Children

Since the massive lead poisoning of children in Flint, Michigan, the need to reduce childhood exposure to lead has taken center stage. Although water carried lead in the case of Flint, most children who are poisoned encounter lead when they innocently crawl on the floor as toddlers and get lead paint dust on their hands, which they stick in their mouths. There is no safe level of lead in a child's blood.²⁹ A 2016 Cleveland study of more than 13,000 children demonstrated that preschoolers with elevated blood lead levels were more likely to have low scores on kindergarten readiness assessments.³⁰

Because we have not yet succeeded in eliminating children's exposure to lead hazards, screening children for lead remains a critical measure. This is particularly important since nearly two out of three homes in the county were built before 1978, when lead-based paint was finally banned for residential use.³¹

While the state does not require all children to be screened, Medicaid mandates that children be tested at ages one and two, and health guidelines recommend that children with risk factors such as living in an older home also be tested.³²

However, the PCCY Child Wellness Index shows that only 32% of children under three were screened for lead exposure in 2014.³³ It is not possible to know from the data what share of the children tested were covered by Medicaid.

We also don't know how many children were poisoned. In 2012, the CDC recognized that children were being harmed by smaller amounts of lead in their bodies, so it lowered the blood lead level that constitutes poisoning.³⁴ Disturbingly, no data is available on the share of children under three who were poisoned under the new standard, but based on the old standard, 56 children were poisoned in 2014.³⁵

Teens Need More Help to Prevent Pregnancies

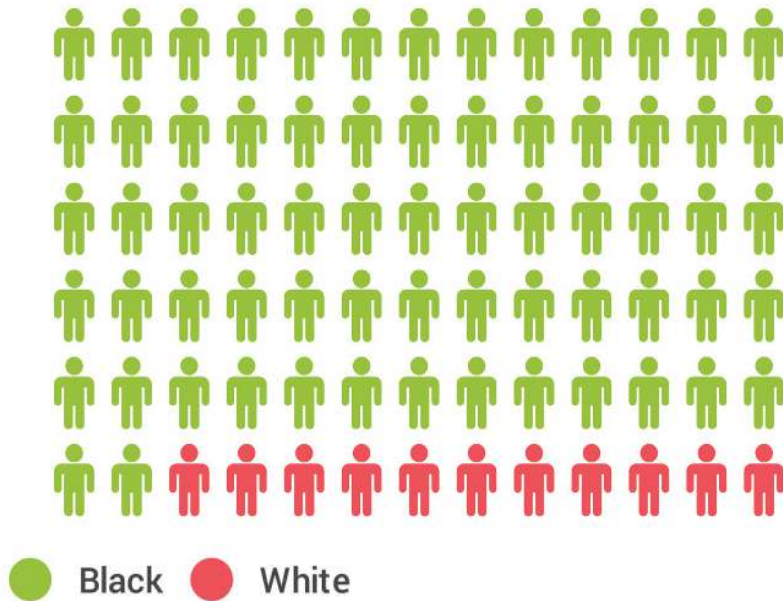
The ultimate school absenteeism crisis, of course, is when students don't graduate. Nationwide, approximately two thirds of female students who are pregnant or become parents during high school do not graduate.³⁶ Here again is another example of where public policy matters. The teen birth rate declined nationwide by 40% between 2008 and 2014, and in Delaware County it declined 43%.³⁷ Looking closer, however, deep disparities persist for this critical health indicator. In 2013 the rate for white teens was 5.4 per one-thousand, but strikingly the rate for black teens was six times higher at 32.1.³⁸ (The rate for Hispanic teens is not available.) Even with an overall decline in births, an estimated 820 girls are teen parents in Delaware County – a number equivalent to the combined graduating classes of Radnor, Marple Newtown and Strath Haven High Schools.³⁹



Only 32% of children under three were screened for lead exposure in 2014.



CHART 9: PREGNANCY RATE IS FAR HIGHER FOR BLACK THAN WHITE TEENS



Policy Recommendations to Improve Child Health:

- Expand public health insurance to all children including children who are undocumented.
- Increase the oversight of Medicaid and CHIP providers so that they implement strategies that boost pre and postnatal care utilization among black women.
- Ensure Medicaid providers are compliant with the federal law that requires that every child under three is tested for lead exposure. Preemptive efforts to reduce exposure are also needed and can be targeted by testing homes of pregnant women at high risk for lead hazards so they can be remediated to prevent poisoning.
- Expand public health insurance benefits to cover asthma home visits conducted by community health workers to help eliminate factors that influence asthma hospitalizations.
- Partner with schools, medical professionals, and social service agencies to increase teen access to long acting birth control for teens with Medicaid.

Early Childhood Education

“The whole county stands to benefit from reducing the significant education disparities among children. Half the achievement gap exists before children start kindergarten. While the DCIU takes great pride in the high quality early childhood education programs we currently provide, the report highlights the significant work that needs to be done in the region to improve quality in the early childhood sector so that every child can live up to her or his potential.”

Maria Edelberg, Ed.D., Executive Director
Delaware County Intermediate Unit

With more than 40,000 children under five years old, Delaware County has a substantial opportunity to mitigate the impact of its increasing child poverty rate by leading the charge to expand access to high quality early care and education, ensuring that children benefit from its life-altering impact.

One bright spot in the PCCY Child Wellness Index for Delaware County is found in the modest improvement in the share of children enrolled in high quality child care and full day kindergarten. In spite of the welcome positive trend, the lion’s share of children who could benefit most from these proven programs are excluded from them due to the shortage of public investment.

Child Care is Becoming Less Affordable

Child care and its quality matter to parents, particularly parents who are working full-time. That’s especially the case in Delaware County where nearly three in four children under six years old in the county have all parents in the workforce.⁴⁰ Yet, even with two incomes, many families struggle to pay the high cost of child care. In 2014 the median cost of full-time, center-based care was \$9,750 for a preschooler and \$21,190 for both an infant and a preschooler.⁴¹ Quality child care for a low income family could easily consume half of their budget. Meanwhile, across the county the number of families unable to afford this care has grown, and state funding for child care subsidies for working families of limited means did not keep pace. As a result, far too many low income parents likely faced difficult decisions to pull out of the workforce or put their children in lower quality care than desirable. Neither outcome is the best for the children or their families.



Quality child care for a low income family could easily consume half of their budget.



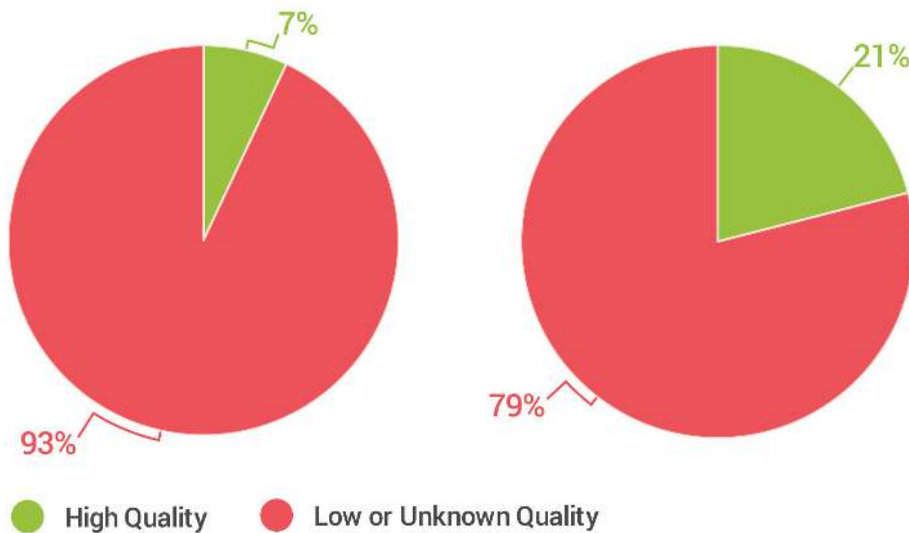
A Shortage of Quality Persists

While child care is nearly uniformly expensive, it's not of equal quality. More often than not parents are paying a substantial portion of their income for care that's not good enough to meet the developmental needs of their child. Across the county, child care providers offer about 3,100 high quality child care seats, accommodating only 21% of children in publicly regulated care.⁴²

An important measure of access to quality is the percentage of at-risk children who are enrolled in high quality care, as they and their families have the most to gain. Communities and society gain the most through these investments, by offsetting future costs – a savings of at least \$7 for each \$1 invested.⁴³ In Delaware County, because state funds for care did not grow in response to need, the supply of high quality seats in the subsidy system was basically stagnant. In 2016, only 21% of children using state subsidized care were enrolled in a high quality program – well below the state average of 30%, but a significant improvement over the 14% in 2010.⁴⁴

Meanwhile, high quality care for infant and toddlers is even harder to find and afford. Fortunately for a few parents, new Early Head Start seats have been created in Delaware County. However, there are only 72 seats for over 3,000 eligible children due to the shortage of public funds.⁴⁵

CHART 10: SHARE OF CHILDREN IN HIGH QUALITY CARE INCREASED FROM 2008 TO 2015 BUT REMAINS TOO LOW



Three out of Every Four Children Can't Access High Quality Affordable Pre-K

When children turn three they are ready for two years of high quality pre-k. The connection between high quality pre-k and school readiness is now widely understood. In Pennsylvania, high quality child care centers, state-funded pre-k programs and Head Start programs offer three and four year olds from middle class and low income families access to this essential preschool experience. Unfortunately, the enormous unmet need for publicly funded pre-k remained stubbornly high at approximately 75% from 2008 to 2014.⁴⁶ There is some hope that the supply shortage will begin to shrink since state funding for pre-k was increased in both the FY 2016 and 17 state budgets.



The enormous unmet need for publicly funded pre-k remained stubbornly high at 75%.



Wide Income Disparities Across the County

The cost of high quality early learning programs is out of reach for nearly all poor families and most moderate income parents as well. Meanwhile, access to free or subsidized options varies across the county nearly as much as income does. For example, half the children in Chester-Upland live below the federal poverty level contrasted with 2% in Wallingford-Swarthmore.⁴⁷ Because of scarcity, seats are located where there is the most poverty, so families of limited means who live in more affluent areas like Wallingford-Swarthmore face the additional barrier of distance.

Too Few Children are Receiving Early Intervention Services

The Early Intervention system (EI) offers individualized therapies for children with developmental disabilities or delays backed by federal and state funds. Research shows that these services often help children avoid the need for special education once they enter school.⁴⁸ Across the county, EI enrollment was 7.8% of children from birth to age five.⁴⁹ The county's enrollment has consistently lagged the rest of the region and the state average. Were it to match the rate in Montgomery or Chester counties, it would be serving 1,000 additional children, an indication that many children who need Early Intervention may be missed through current screening processes and thus are not receiving critical early childhood services.⁵⁰

Important Gains in Full Day Kindergarten but More Than Half of Children are Still Shut Out

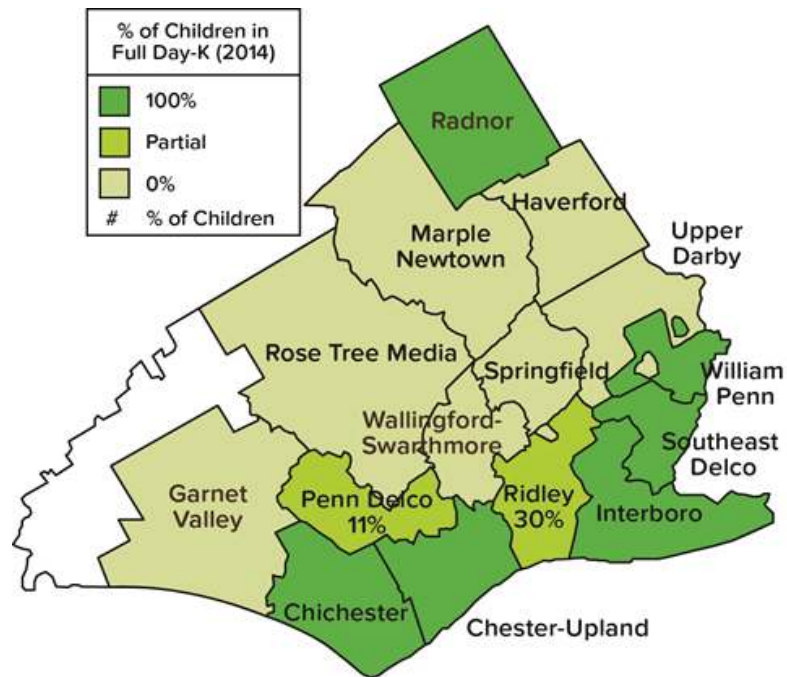
Although kindergarten is part and parcel of our public education system, Pennsylvania remains an outlier by not mandating enrollment in school before the age of eight. That policy flies the face of legions of studies showing the importance of full day kindergarten.⁵¹ Studies show that children with full day K have better social-emotional skills and less absenteeism in first grade than those who attended half day.⁵² Lower income children and their families benefit even more, as they are least able to pay for quality private care the rest of the day.

Unfortunately, progress in full day kindergarten access has been minimal in Delaware County. Between 2008 and 2014, only about one in three of public school kindergarteners were in a full day program.⁵³ Progress was made in 2015 when Radnor began offering full day kindergarten to all of its students, but even still, 61% of public school children are starting first grade without this proven strategy to boost academic outcomes. In contrast to the state average of 75% of kindergarteners in a full day program, Delaware County school districts are lagging far behind. This lack of full day kindergarten access is due in large measure to the state's failure to adequately fund public schools so that the full spectrum of educational needs of children from kindergarten to 12th grade can be properly met.

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61% of public school children are starting first grade without a year of full day kindergarten.
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CHART 11: SOME SCHOOL DISTRICTS STILL LACK FULL DAY KINDERGARTEN



Policy Recommendations to Improve Access to Early Childhood Education:

- Increase the supply of high quality child care options for children birth to five using county and state resources to incentivize providers to improve quality and enable providers that are already high quality to expand.
- Increase state investment in pre-k so that every child who is eligible for a state-funded program is offered a seat.
- Work with pediatric practices and early childhood service providers to expand the use of early screening tools to identify all children who need early intervention services and ensure that they are referred for evaluations and offered the therapies they need.
- Remove the financial barriers that limit access to full day kindergarten.

K-12 Education

“Delaware County is a poster child for school funding inequities. You can drive twelve miles down the Blue Route from Radnor, one of the wealthiest school districts in the state, to Chester Upland, one of the poorest. I believe the mission of public education is to create informed American citizens; our students are our future employees, coworkers and taxpayers. I’m fortunate to live in a well funded school district, but our concern and responsibility for kids must not end at our school district’s borders.”

Lawrence Feinberg
Haverford Township School Board Member

For 180 days a year, we entrust children to the public school system with the expectation that it can do its job of academically preparing each child to graduate and to have the knowledge needed to succeed in the next step in life. The PCCY Child Wellness Index makes one thing very clear: progress is stalled for the 73,000 public school students in Delaware County.

More Than 28% of Students Struggle With Reading and Math

Reading and math are the basics every student must master. Yet, of approximately 34,000 third through eighth grade students in the county, nearly 10,000 were unable to pass the state reading assessments in 2014, causing the fail rate to grow a point since FY 2008 to 30%.⁵⁴ The share of students unable to make the grade in math also went up a point to 28%.

Research shows that students unable to read on grade level in third grade have diminished chances of success for the rest of their academic careers.⁵⁵ That’s why it’s especially sobering that the share of third graders failing the reading assessment jumped by nearly six points to 26.4% in 2014.

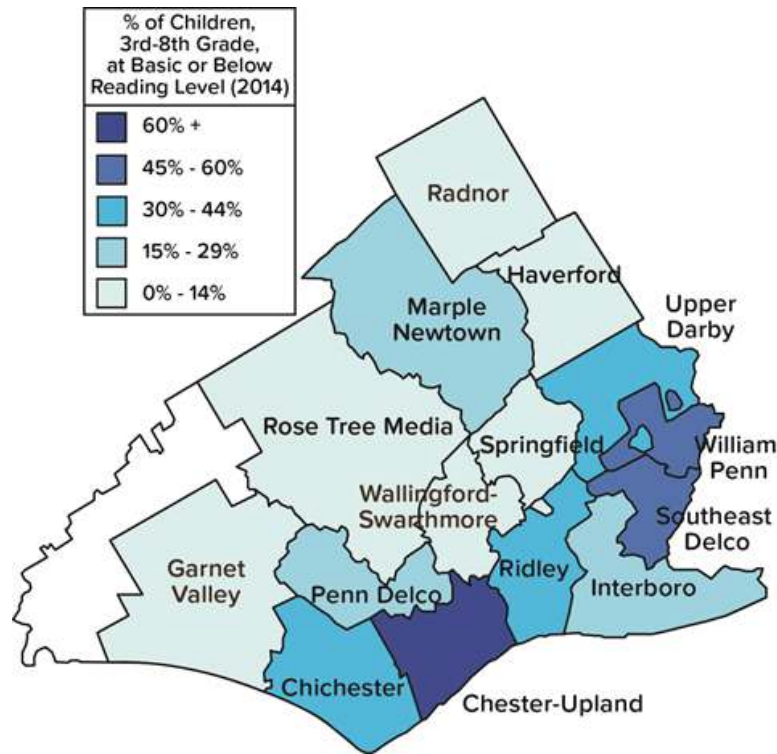
It is well understood that standardized state assessments are not a complete picture of a student’s capability. However, assessment results can be an indicator of progress, and based on these indicators, far too many students in every Delaware County district need more instructional support to succeed.



The share of third graders failing the reading assessment jumped to 26% in 2014.



CHART 12: THOUSANDS OF STUDENTS NOT READING AT GRADE LEVEL



Every District is Educating More Low Income Children, Most With Fewer Resources

Educational research is definitive on this point: it is more expensive to successfully educate lower income children because they need smaller class sizes, extra help and typically social services in order to meet their education potential.⁵⁶ In fact, the higher cost of educating low income students was recognized by the Pennsylvania legislature when it designed its new approach to funding public schools in 2015. Countywide, the share of low income public school students jumped from 28% to 41% from 2008 to 2014.⁵⁷

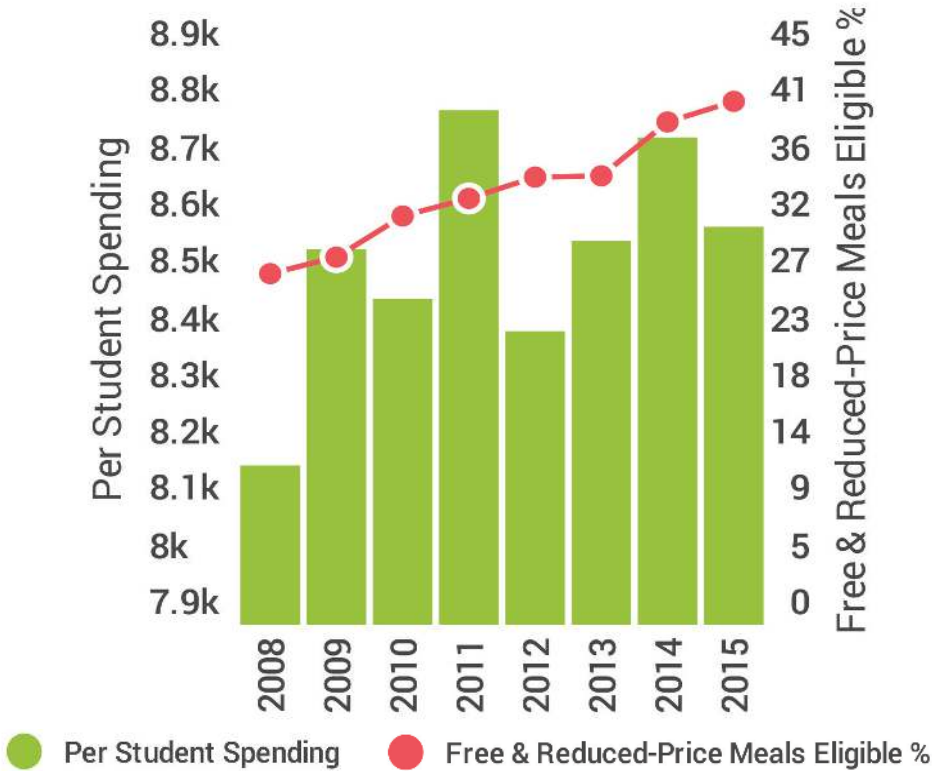
However, funding did not consistently follow the increased need. From FY 2008 to 2011, extra state and federal aid was available to districts to help them avoid cuts to their teacher corps. In FY 2012 for most of the districts in the county the extra recession-era aid disappeared. At the high watermark in FY 2011, overall, Delaware County districts had about \$5,000 more per classroom (\$200 per student) to educate students than was available four years later.⁵⁸



Delaware County districts had about \$5,000 more per classroom in 2011 than was available four years later.



CHART 13: AS ECONOMIC HARDSHIP HAS INCREASED, SPENDING HAS NOT KEPT PACE



More spending on education does not necessarily increase student achievement, but the facts are clear that without sufficient funds, students who need extra help cannot get it.

Dramatic Increases in Mandated Costs Decreased Funds Available for Instruction for Every District

The double whammy of rising poverty and rising costs outside a district’s control put school leaders, teachers and students in a painful vise. From 2008 to 2014, district budgets had to absorb an 11% inflation rate and cover \$27.8 million more in state-mandated pension payments.⁵⁹ To do so districts turned to local taxpayers to foot the bill with higher property taxes. The impact of these cost drivers was hardest felt in eight districts where the funds available for instruction were less in FY 2015 compared to FY 2011.⁶⁰ These trends are particularly alarming because in districts with fewer resources for instruction, the share of low income students rose by 15%.

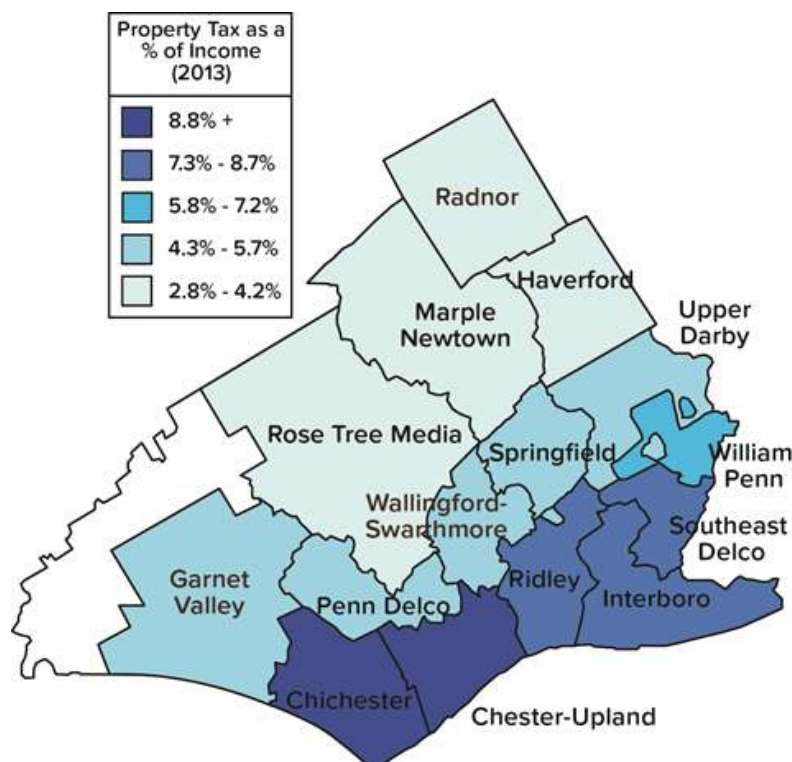
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In districts with fewer resources for instruction, the share of low income students rose by 15%.
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Increased Dependence on Local Funding Compounded the Problem for Poorer Districts

School boards across the county made the tough decisions to increase local taxes to cover costs in an attempt to maintain their academic programs. However, lower wealth districts had to impose steeper millage increases than other districts and typically still ended up short of what was needed. Case in point: the property tax millage rates in the lowest wealth districts, Chester-Upland and William Penn, are twice the millage rate of the wealthiest district, Radnor, yet both of the lower wealth districts generate significantly less revenue per student from property taxes.⁶¹ As a result, in FY 2015 Chester-Upland and William Penn had about \$3,400 less per student than Radnor had to educate its students, or about \$85,000 less per classroom.

This disparity is especially problematic because low wealth districts educate more high-needs students. Over 80% of Chester-Upland's students are from low income families. For several years the district has received extra aid from the state, in part due to the fact that the district's tax base is simply unable to generate enough funds to keep the doors open. Other districts in the county with high shares of low income students haven't received the same level of supplemental state aid.

CHART 14: LOWER WEALTH DISTRICTS ARE MORE HEAVILY BURDENED BY PROPERTY TAXES



For instance, from FY 2008 to FY 2015, the share of low-income students attending Southeast Delco jumped from 60% to 77%, causing the district to rank in second place for the share of low income students enrolled. In that same period Radnor's share of low income children rose from less than 4% to 9%. Unfortunately, resources didn't follow need in both districts. While Radnor's instructional spending per student increased slightly on top of the highest per student base in the county at \$11,500, Southeast Delco had nearly \$1,000 less per student, causing it to drop to the lowest per student instructional spending in the district, with \$6,800 per student for instruction. As a result of the financial constraints of rising costs, less state funds and limitations on their tax bases, districts had to short-change students by making cuts to educational programs and increasing class sizes.⁶²

Ideally, state funding helps smooth the spending gap among school districts by relying on a formula that distributes state aid based on the number of students, the relative needs of the students and relative local capacity to fund the school. The absence of a funding formula caused Pennsylvania to become the state with the greatest resource gap between wealthy and poor school districts in the nation.⁶³ Fortunately, Pennsylvania enacted a school funding formula in FY 2015 that has the potential to address these gaps and as a result reduce the pressure on local taxes and boost student achievement. However, in the first year that the new formula was employed, only 3% of the state's more than \$6 billion appropriation for school aid flowed through it. Were the formula backed with sufficient state resources, districts across the county would receive \$125 million more in state aid with the lion's share allocated for the districts with the greatest share of low income students and the lowest capacity to raise revenues from the local tax base.⁶⁴

Policy Recommendations to Improve K-12 Educational Experiences:

- Increase state funds for public schools by the amounts defined in the Legislature's 2006 Costing Out Study (adjusted for inflation) and ensure those funds are distributed to districts in accordance with the recently enacted Basic Education Funding Formula.

PCCY's Child Wellness Agenda for Delaware County

The time has come for the benefits of the economic recovery to trickle down to all 123,318 children in Delaware County. Children have been left out, and if nothing more is done they will continue to be left out. Only a concerted effort to adopt good public policies, like those listed below, that protect and improve the life chances of children will ensure that all of the children living in Delaware County finally recover from the Great Recession.

- **Boost Job Longevity and Pay:** A minimum wage increase is urgently needed. Beyond higher wage rates, workforce supports including predictable scheduling and paid sick and family leave, are needed.
- **Increase Household Income:** The state or county must take an active role in connecting families to federal income and work supports such as the Earned Income Tax Credit, Child Tax Credit and SNAP.
- **Feed Hungry Children:** Expand school district participation in the school meals program and adopt strategies that reduce the stigma of subsidized meal participation for low income students.
- **Ensure Health Care Access:** Expand public health insurance to all children including children who are undocumented.
- **Reduce Infant Mortality:** Increase the oversight of Medicaid and CHIP providers so that they implement strategies to boost pre and postnatal care utilization among black women.
- **Eliminate Child Lead Poisoning:** Ensure publicly funded health providers are testing every child under three and pursue preemptive targeted efforts by testing and remediating homes of pregnant women at high risk for lead hazards.
- **Increase School Attendance:** Improve how publicly funded health providers address asthma including home visits by community health workers to help eliminate home-based asthma triggers.

PCCY's Child Wellness Agenda for Delaware County

(continued)

- **Cut the Teen Pregnancy Rate Further:** Partner with schools, medical professionals and social service agencies to increase access to long acting birth control for teens with Medicaid.
- **Expand the Reach of Early Intervention:** Work with pediatricians offices and early childhood service providers to expand the use of early screening tools to identify all children who need early intervention services.
- **Make Quality Child Care Affordable:** Increase the supply of high quality child care options for children birth to five using county and state resources to incentivize providers to improve quality and enable providers that are already high quality to expand.
- **Expand Pre-K:** Increase state investment in pre-k so that every child who is eligible for a state-funded program is offered a seat.
- **Grow Access to Full Day Kindergarten:** The state should find ways to cover the cost borne by districts that add full day kindergarten for every child.
- **Address the School Funding Crisis:** Increase state funds for public schools by the amounts defined in the Legislature's 2006 Costing Out Study (adjusted for inflation) and distribute those funds to districts in accordance with the recently enacted Basic Education Funding Formula.

An American tragedy is happening right before our eyes, yet it's hard to see. The headline news touts a strong economic rebound and monthly jobs reports amplify those messages. But as the PCCY Child Wellness Index shows, too many Delaware County parents are not able to earn enough to provide for their children in the ways proven to ensure that the American promise of upward mobility will be possible when the children reach adulthood.

Appendix 1: Data Used to Calculate the PCCY Child Wellness Index

Domain	Indicator	2008	2009	2010	2011	2012	2013	2014
Economic Well-Being	Child Poverty	12.8%	14.0%	13.5%	15.2%	16.7%	13.8%	15.0%
	Child Deep Poverty	6.4%	7.4%	5.9%	6.7%	7.9%	6.9%	7.7%
	Children in Rent Burdened Households	50.0%	60.5%	52.3%	72.2%	62.6%	56.7%	51.3%
	Free or Reduced Price School Meals Eligibility	27.8%	29.1%	32.4%	33.7%	35.4%	35.5%	39.8%
Health	Teen Birth Rate (per 1,000)	23.5	22.7	22.0	20.2	17.0	14.1	13.3
	Infants & Toddlers Not Screened for Lead	80.7%	79.8%	76.1%	73.8%	71.0%	70.8%	68.4%
	School Absenteeism	6.7%	6.8%	6.3%	6.3%	5.5%	5.5%	5.6%
	Uninsured Children	5.7%	3.3%	4.2%	3.5%	2.8%	4.1%	4.0%
Early Childhood Education	Unmet Need for Publicly Funded Pre-K	72.1%	76.0%	75.4%	72.9%	76.3%	77.9%	74.8%
	Children in Child Care who are in Low or Unknown Quality	93.3%	92.0%	88.7%	84.3%	84.0%	83.0%	81.0%
	Cost of Child Care as Share of 200% FPL	45.1%	44.4%	45.4%	47.1%	47.9%	46.0%	44.4%
	Kindergartners Without Full Day K Access	66.2%	67.1%	63.8%	65.3%	68.0%	66.0%	66.6%
K-12 Education	Instructional Spending per Student	\$8,180	\$8,560	\$8,473	\$8,805	\$8,416	\$8,575	\$8,757
	Spending Gap, Highest and Lowest Wealth Districts	\$3,865	\$3,824	\$3,463	\$2,953	\$3,865	\$3,807	\$4,682
	Below Grade Level in Math	25.6%	23.7%	21.8%	19.9%	21.0%	24.5%	25.6%
	Below Grade Level in Reading	28.0%	26.5%	26.3%	24.2%	25.1%	27.8%	27.7%

Appendix 2: Indicator Sources & Definitions

Economic Well-Being

Child Poverty: Share of children under 18 in households making 100% or less of the Federal Poverty Level. *Source: US Census Bureau; American Community Survey, 1-Year Estimates.*

Child Deep Poverty: Share of children under 18 in households making 50% or less of the Federal Poverty Level. *Source: US Census Bureau; American Community Survey, 1-Year Estimates.*

Children in Rent Burdened Households: Share of children under 18 living in renter households in which 30% or more of the household income is spent on gross rent. *Source: Reinvestment Fund computations of US Census Bureau; American Community Survey, 1-Year Estimates.*

Free or Reduced Price School Meals Eligibility: Share of K-12 students qualifying for free or reduced price meals under the National School Lunch Program. *Source: Pennsylvania Department of Education; National School Lunch Program Reports.*

Health

Teen Birth Rate: Births to 15-19 year old girls per 1,000 girls. *Source: Center for Disease Control and Prevention; Wonder Search for Natality.*

Infants & Toddlers Not Screened for Lead: Share of infants and toddlers under 36 months old who have not been screened for lead poisoning. *Sources: Pennsylvania Department of Health; Enterprise Data Dissemination Informatics Exchange; (2008-2013). Pennsylvania Department of Health; Childhood Lead Surveillance Annual Report; (2014).*

School Absenteeism: Share of school days missed by K-12 public school students. *Source: Pennsylvania Department of Education; Obtained via a special data request.*

Uninsured Children: Share of children under 18 without health insurance. *Source: Pennsylvania Partnerships for Children KIDS COUNT, analysis of US Census Bureau; American Community Survey, 1-Year Estimates.*

Early Childhood Education

Unmet Need for Publicly Funded Pre-K: This was calculated by first totaling the number of children in Pre-K Counts, Head Start, School District pre-k, and three and four year olds with subsidies in STAR 3 or 4 child care. That number was subtracted from, and then divided by, the total number of three and four year olds below 300% of the Federal Poverty Level. *Source: Pennsylvania Office of Child Development and Early Learning; Reach and Risk Report.*

Children in Child Care who are in Low or Unknown Quality: Share of children in licensed child care who are not in a STAR 3 or 4 program. The 2008 figure for total licensed seats was not available, so an estimate was extrapolated based on the number of children in high quality seats. *Source: Pennsylvania Office of Child Development and Early Learning; Reach and Risk Report.*

Cost of Child Care as Share of 200% FPL: Median cost of care for one infant and one toddler in a full-time, full-year center based program as a share of 200% of the Federal Poverty Level. Data was not available for the odd-numbered years, so median cost was estimated by averaging the median cost of the prior and subsequent year. The 2008 median cost data was not available, so an estimate was extrapolated based on the 75th percentile cost, using a ratio of median to 75th percentile identical to the ratio in 2010. *Source: Pennsylvania Office of Child Development and Early Learning; Pennsylvania Market Rate Survey.*

Kindergartners Without Full Day Access: Share of public school kindergartners enrolled in half day kindergarten. *Source: Pennsylvania Department of Education; Public School Enrollment Report.*

K-12 Education

Per Student Spending: Instructional spending per student, calculated by dividing Actual Instructional Expense by Weighted Average Daily Membership, removing pension payments (Object 230 Retirement Contributions), and adjusting for inflation so that all figures are in 2008 dollars. The inflation adjustment was made using the Employment Cost Index, Total Compensation for Elementary and Secondary Schools, Q3 (which aligns with Q1 of Pennsylvania's Fiscal Year). *Sources: Pennsylvania Department of Education; Finances. United States Department of Labor, Bureau of Labor Statistics; Employment Cost Index.*

Spending Gap, Highest and Lowest Wealth Districts: Gap in instructional spending per student, calculated using the above methodology, between the lowest and highest wealth school districts. Wealth was determined using the Pennsylvania Department of Education's Aid Ratio figures. The district with the highest Market Value/Personal Income Aid Ratio each year was considered the lowest wealth district. However, that district was Chester-Upland each year; they received extra State aid that the other districts didn't receive, so using them as the low wealth comparison district would mask the disparity that exists between the other low wealth districts and wealthier ones. Thus, the district with the second-highest aid ratio was used (Southeast Delco in 2008 and 2012-2014; William Penn in 2009-2011). The district with the highest Market Value per Weighted Average Daily Membership each year was considered the highest wealth district (Radnor every year). *Source: Pennsylvania Department of Education; Aid Ratios.*

Below Grade Level in Math: Share of public and charter school students, grades 3-8, scoring basic or below basic on the math section of the Pennsylvania System of School Assessment. *Source: Pennsylvania Department of Education; PSSA Results.*

Below Grade Level in Reading: Share of public and charter school students, grades 3-8, scoring basic or below basic on the reading section of the Pennsylvania System of School Assessment. *Source: Pennsylvania Department of Education; PSSA Results.*

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