A PCCY Report on Philadelphia

Left Out:

The Status of Children in Philadelphia

October 2016

public citizens for children + youth

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.

PCCY is also grateful for Patrick J. Egan, Associate Professor and Director of Undergraduate Studies, New York University Department of Politics, for helping us think through the PCCY Child Wellness Index; and for Ira Goldstein, President, Policy Solutions, Reinvestment Fund, for calculating the share of children in rent burdened households.

This report prepared by: Donna Cooper, Executive Director; David Loeb, Policy Researcher; Colleen McCauley, Health Policy Director; Shawn Towey, Child Care Policy Coordinator; ML Wernecke, Development Director; David Kim, Communications Director and Steven Fynes, Administrative Director.

Contents

Introduction and Executive Summary

It's been more than four years since the rebound from the Great Recession, the official unemployment rate in Philadelphia now hovers at about 4%, and the city has experienced a full recovery in the number of jobs. Things should be good for Philadelphia's nearly 342,000 children, right? Unfortunately, that is not the case.

The city's child poverty rate, which shot up during the first year of the Great Recession, has continued to rise. 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 created the Child Wellness Index to present a more robust analysis of how the children in Philadelphia have fared since the onset of the Great Recession. Companion reports also examine child wellness in each of the four southeastern Pennsylvania counties.

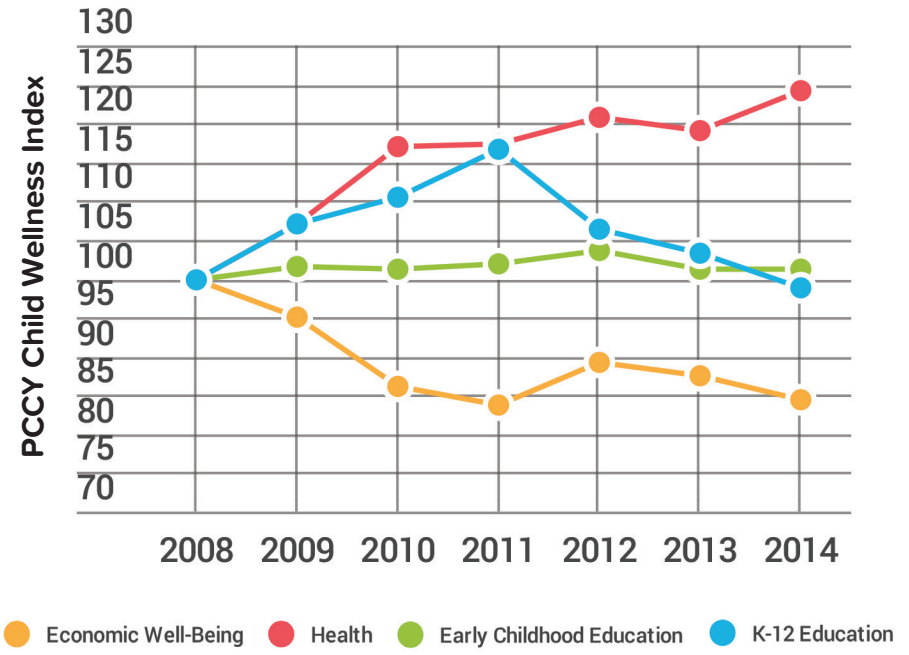
Across the counties the facts and trends vary slightly but the conclusions are the same:

- 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 its 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 Great Recession in 2008 to 2014. The Index looks at four domains that research shows are key determinants of lifetime 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 the city nearly 18,000 more children lived in poverty in 2015 than in the depth of the recession. That's a 16% jump in the share of children in poverty for the city. Deep poverty is also troublingly high at 20%.

CHART 1: CHANGE IN THE WELLNESS OF PHILADELPHIA'S CHILDREN SINCE 2008



Unfortunately, the data also shows that recovery for children lagged far behind seniors. In 2015, 38.3% of children lived in poverty compared to 17.9% 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 biggest boon for children can be found in the Health domain. Like every county in the region, almost every child, 96%, in the county was insured as of FY 2014. Compared to the four suburban counties, Philadelphia showed the greatest progress reducing the infant mortality and teen pregnancy FY 2008 to FY 2014. But the data shows that just as in the suburban counties, the health outcomes of far too many black and Hispanic children are cause for alarm. In Philadelphia, black infants died at 2.5 times the rate of white babies in FY 2014 and black and Hispanic teenage girls were more than four times as likely to become pregnant than white teens.

Nearly 18,000 more children lived in poverty in 2015 than in the depth of the recession.

One of Philadelphia's most daunting health challenges is childhood lead poisoning. In a city as old as Philadelphia, childhood lead poisoning is a real possibility. That's why the federal government requires that low income children on Medicaid be tested for lead exposure twice before turning three years old. In Philadelphia, the share of children under three not tested held steady at an alarmingly high rate of 70%.

Early Childhood Education: The Index also shows some modest improvement in the Early Childhood Education domain. However, the shortage of affordable high quality pre-k remains one of the city's greatest school readiness challenges.

As of FY 2014, only 30% of three and four year olds eligible for public pre-k were able to enroll in these proven programs. Funds from the recently enacted tax on sugar-sweetened beverages will dramatically expand quality slots, but that alone will not ensure universal access.

Further, in a city where 68% of children have all parents in the workforce, limited access to affordable and quality child care for children of all ages, especially infants and toddlers, is deeply troubling since reliable quality care is essential for enabling parents to remain in the workforce.

K-12 Education: The fourth domain of K-12 Education shows once again that the trend for children is going in the wrong direction. Only about half of public and charter school students met grade level expectations in reading and math in 2014, fewer than in 2008 despite significant progress through 2011. Worse yet, the share of Philadelphia public and charter students reading at grade level by the end of third grade declined even more dramatically during this period.

There is little dispute that the decline in student performance is a result of the substantial reduction in state and federal funding. During the recession, state and federal funds helped school districts avoid layoffs and ensured continued high quality supports for students. Those funds disappeared in 2012. Philadelphians stepped to the plate with historically high increases in local funds for the District, but new local funds were not sufficient to both compensate for the state and federal cuts and meet rising mandated costs.

As a result, it's not a surprise that the District ranked the lowest of all the counties with respect to funds available for instruction at the per-student level.

While money alone doesn't boost student performance, the growing enrollment of low income students coupled with the lowest level of funding per student for instruction of any district the region meant that Philadelphia students were subjected to the largest class sizes and least access to critical educational supports like counselors, librarians or arts instructors of any students in the region.

The PCCY Child Wellness Index shows that there's been slight improvement in some areas of the well-being of children with respect to their health status, but data clearly demonstrates that far too many children in the city 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.

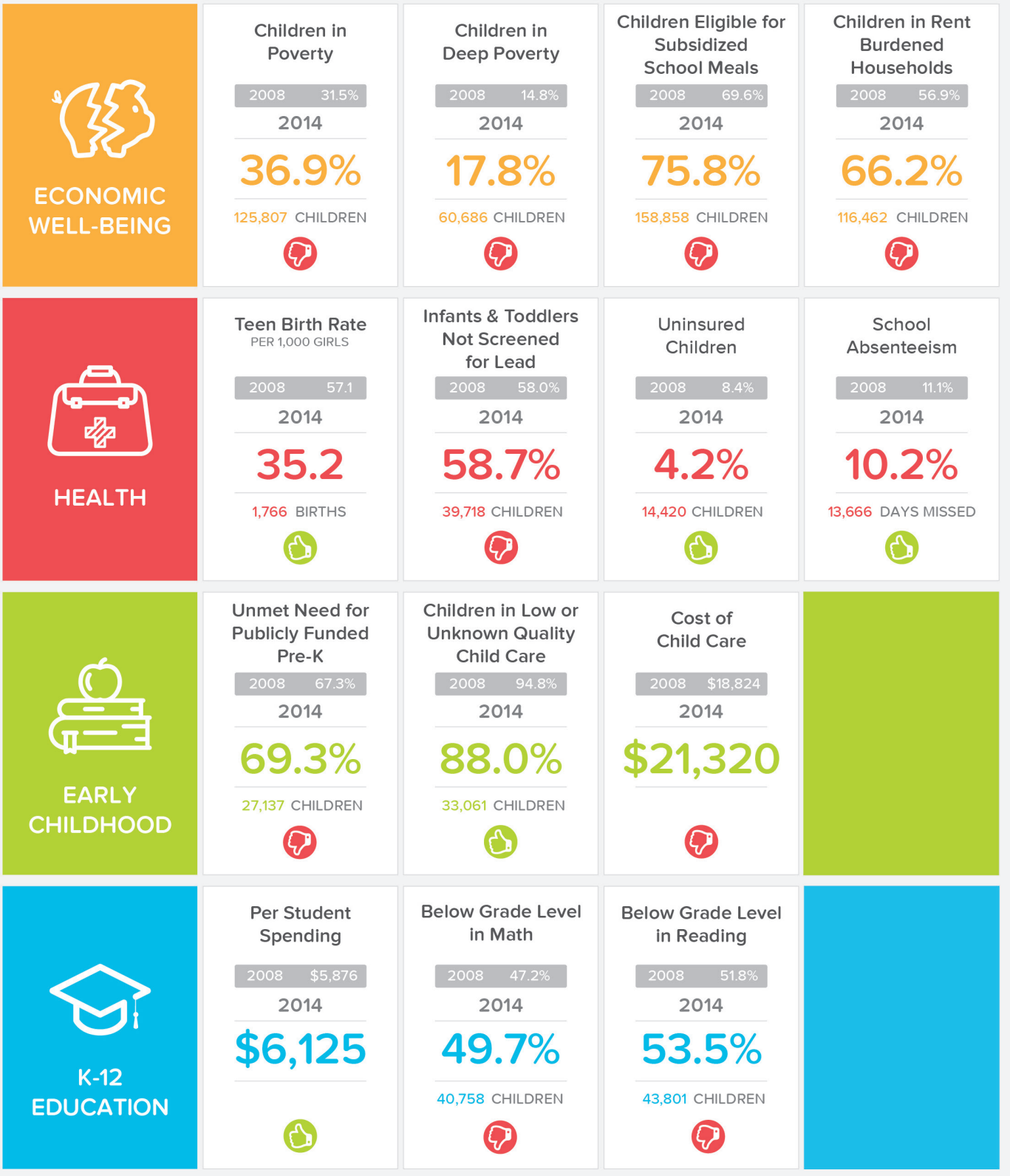
How to Boost Philadelphia's Child Wellness Index

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, city leaders of all stripes and professions and 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, with the goals of ensuring compliance with federal lead exposure testing for children under three and boosting the health outcomes of poor and minority children who are behind on key health indicators.

- **Early Childhood Education:** Ensure that every three and four year old in the city whose family cannot afford privately funded high quality pre-k can enroll in an affordable high quality pre-k program and that every child starts school with a year of full day kindergarten under their belt.
- **K-12 Education:** Enable the school district to focus resources on the students facing the greatest academic challenges by using the newly adopted state Basic Education Funding Formula and adequately funding schools.

PCCY Child Wellness Index: Philadelphia 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.

Sample Data	2008	2009	2010
Below grade-level reading rate	51.8%	48.0%	46.6%
Below grade-level reading index	100	107	110

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 the total number of indicators in the 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 a year 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

> ***"Philadelphia is on the rebound, so it is hard to believe that more children are growing up in poor families today than during the depths of the last recession. Most of these children are Black and brown, and living in historically under-resourced communities. We need to take decisive action now so that children, no matter what their race, ethnicity or zip code, have the resources they need to do well in school and in life."***
>
> Mitchell Little, Executive Director
> Mayor's Office of Community Empowerment & Opportunity

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, Philadelphia posted a strong economic comeback following the Great Recession. By the end of 2014, over 65,000 more of the city's residents were employed than at the economy's nadir in 2008.[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. Worse yet, the September 2015 Census data indicates that the child poverty rate continues to increase unabated.

Children are Still Suffering from the Effects of the Recession

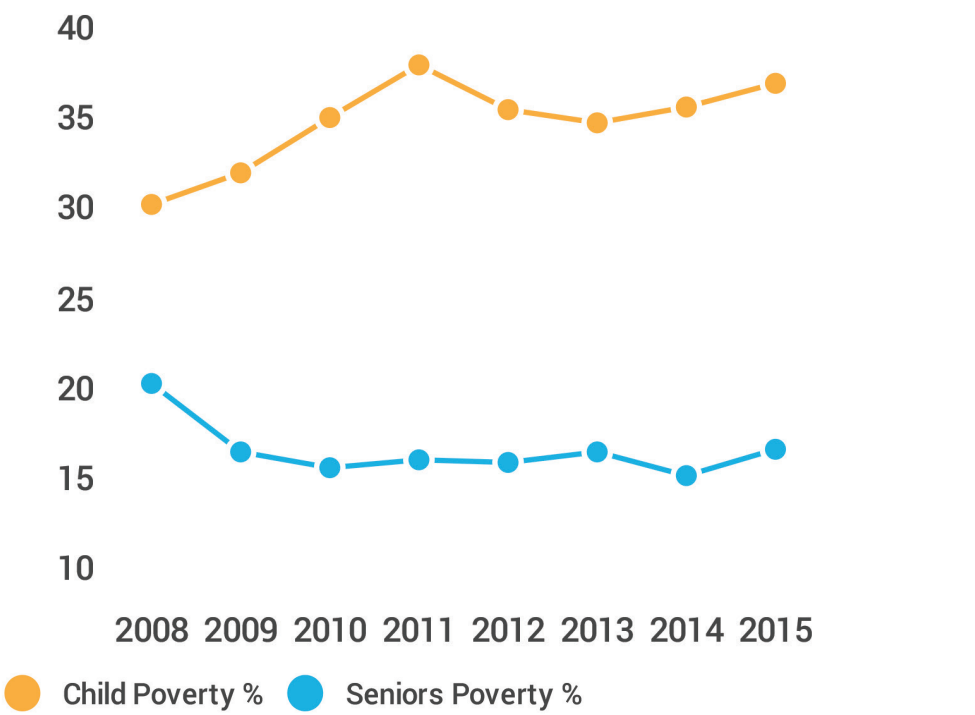
Philadelphia has long had the unfortunate distinction of having the highest child poverty rate of any large city in the country. The problem intensified during the recession as the child poverty rate rose from an already too high rate of 31.5% in 2008 to 36.9% in 2014.[5] This translates to a net increase of 13,300 more poor children in eight years – enough to fill up the Liacouras Center to the rafters and still have 3,100 more children waiting in line.

Even more startling is that of the city's 130,800 poor children, 63,500 – or just under half – are growing up in families facing extremely challenging conditions of deep poverty. To make matters worse, more than 4,500 children were homeless in 2015.[6]

Children are Still More Likely to Live in Poverty Than Seniors

The city's recovery has been slower to reach children than seniors. The child poverty rate has been at least twice as high as the comparable rate for seniors every year since 2010 with no turning point in sight. While it is worth acknowledging that too many Philadelphia seniors are struggling to make ends meet, the fact that nearly four in ten children are growing up poor suggests the rising tide of the recovery did not lift all boats equally and that children were more likely to be left at the dock.

CHART 2: POVERTY RATE CONSISTENTLY FAR HIGHER FOR CHILDREN THAN SENIORS

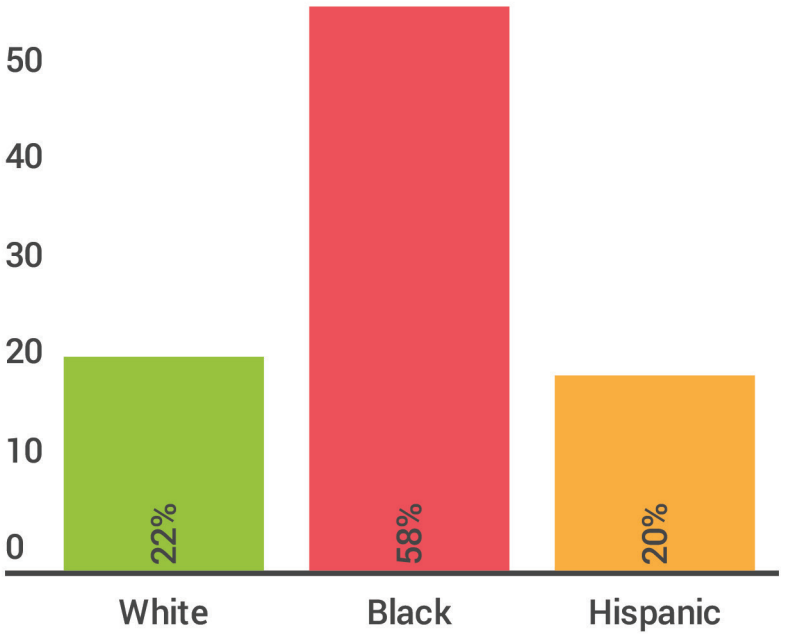


Risk of Poverty Varies by Race and Ethnicity

In terms of demographics, 58% of all poor families living in Philadelphia are black; 22% are white.[7] Two in ten poor families are Hispanic.

Hispanic and black children are significantly more likely to be growing up poor. The poverty rate for black children (40%) is twice as high as the comparable rate for white children (20%) while the rate for Hispanic children (49%) is even higher. Put another way, only one in five white children are growing up poor, versus two in five black children and one in two Hispanic children.

CHART 3: EIGHT IN TEN POOR FAMILIES ARE NON-WHITE



Rising Child Hunger is one of the Most Pervasive Signs of Family Poverty

Rising economic need – and the associated problem of growing child hunger – is perhaps the most widespread consequence of poverty facing Philadelphia children. The percentage of children eligible for free and reduced price lunches in Philadelphia increased every year between 2009 and 2014 and now stands at 76%.[8] In many schools, 100% of students are eligible for school meals.

Just because a child is eligible for free breakfasts or lunches, however, does not mean she is receiving them. Across Philadelphia school districts, only 68% of Philadelphia students who are deemed to be eligible for the school lunch program are actually participating.[9]

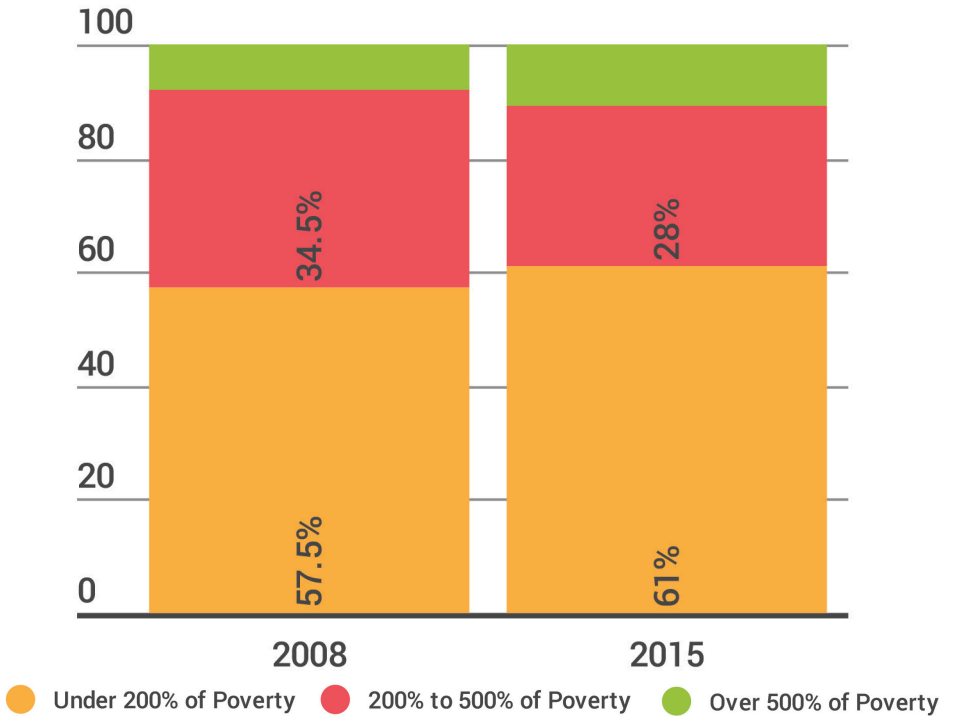
According to Feeding America, 77,410 or 21.7% of Philadelphia children are growing up in "food insecure households" meaning that they do not have access to sufficient quantity of affordable and nutritious food.[10] Pennsylvania is home to an estimated 521,750 food insecure children which means that Philadelphia is home to one in seven nutritionally at-risk children statewide.

Not surprisingly, students who come to school hungry are more likely to experience 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.[11]

Upward Mobility Remains Elusive for Poor Children

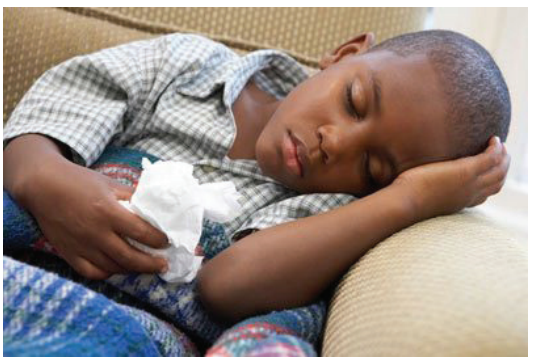
One way of assessing the degree to which the recovery created new opportunities for families is to compare where their children fall on the income scale in the years covered by the Index. Surprisingly, the number of low income children increased by 3.9 percentage points between 2008 and 2015 despite the sustained recovery.[12] Based on this snapshot, it appears that relatively few children were able to move up over this time period.

CHART 4: MORE CHILDREN ARE GROWING UP IN LOW INCOME FAMILIES



At the other end of the spectrum, the number of children in families earning more than $100,450 increased by 2.1 one percentage points. With both ends growing, the number of children in the mid-range group declined by six percentage points.

The sharply higher child poverty rate is the leading reason that Philadelphia has made no significant progress on the PCCY Child Wellness Index. It's clear that more must be done to ensure that the rising economic tide lifting some in the city is not leaving far too many Philadelphia children behind.



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 158,000 Philadelphia wage earners, or 27% of the resident workforce, will directly benefit.[13] At $15 per hour, 225,500 workers, or 41% of the Philadelphia 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

"Making contraception more accessible has helped adolescents avoid unplanned pregnancies, but ongoing disparities in access to high quality adolescent health services continues to negatively impact youth in Philadelphia. We must help our young people to reach their full potential by having access to confidential, respectful, adolescent-focused health and reproductive services."

Dr. Sara Kinsman, Director, Maternal, Child and Family Health
Philadelphia Department of Public Health

Children's health is a bedrock indicator of the overall wellness of children, primarily because children's health status impacts their ability to learn and do well in school. 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 city with respect to children's health. The city 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 city lag behind their white peers, and as a result, their life time outcomes are being cut short before they even enter adulthood.

Most Children Have Health Insurance, but Some Children are Locked Out of Coverage

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.[14] The good news is that the Index shows that most Philadelphia students have this valuable supply in their life locker, as 96% of children have health insurance – and 77% of children are enrolled in CHIP and Medicaid, the children's safety net programs.[15] But at least 14,420 still have no coverage – enough to populate about 465 classrooms.

Most uninsured children are eligible for CHIP and Medicaid except for approximately 3,000 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 hailed 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] In school year 2013-14, the Philadelphia School District had an average school absenteeism rate of 10%.[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 rate of children hospitalized for asthma increased slightly from 2008 to 2013, and disparities persist.[21] In 2013, the asthma hospitalization rate for white children was 15.3 per ten-thousand children, and the rate was 6.5 and 7.5 times higher for black and Hispanic children.[22] The data show that the share of students with asthma hovers around 22%.[23]

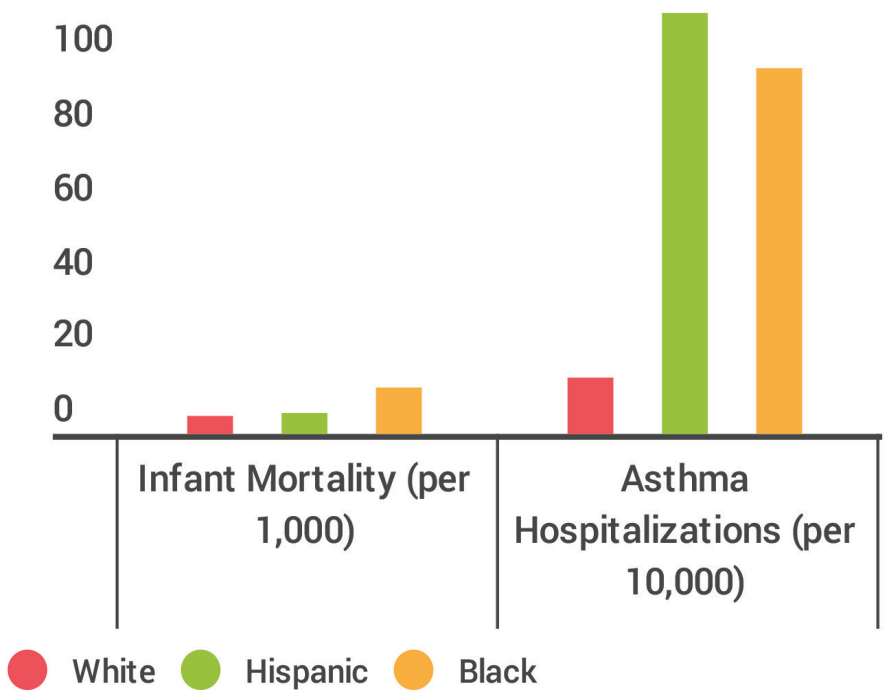
Students with poor oral health are nearly three times more likely to miss school due to dental pain.[24] Most Philadelphia children get to the dentist at least once a year, but here again disparities persist. In 2015, 11% of children overall did not see a dentist compared to a stunning 37% of uninsured children.[25]

Black Infant Mortality Rate is More Than Double the White Rate

The PCCY Child Wellness Index shows good news in that infant deaths have declined from 10.8 to 9.4 births per one-thousand from 2008 to 2013.[26]

The black infant mortality rate, however, was disturbingly more than twice as high as the rate for white infants.[27] A major contributing factor is the under-utilization of prenatal care supports among black mothers. The data shows that in 2014, 50% of black women started prenatal care in the first trimester, compared to 68% of white women.[28]

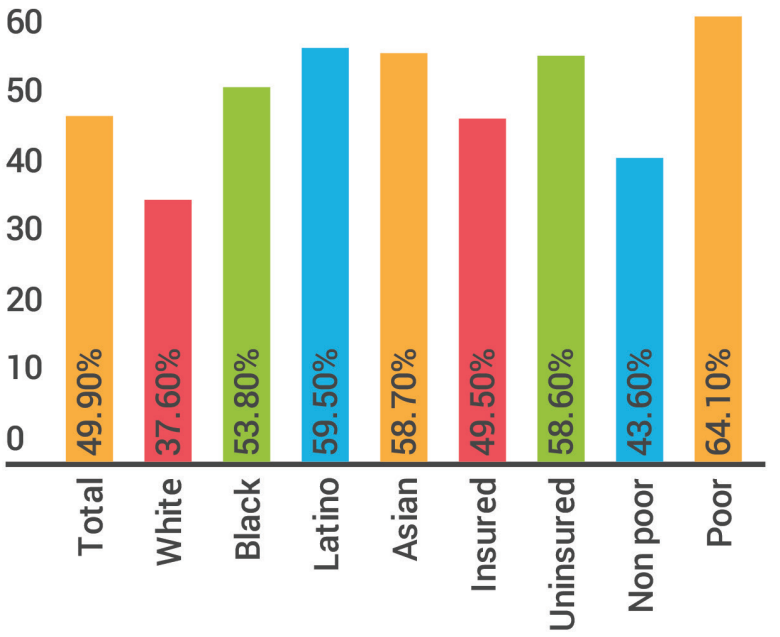
CHART 5: WIDE DISPARITIES BETWEEN BLACK AND HISPANIC CHILDREN AND WHITE CHILDREN IN INFANT MORTALITY AND ASTHMA HOSPITALIZATIONS IN 2013



Half of All School-Aged Children are Overweight or Obese

Half of all Philadelphia children ages six to 17 were overweight or obese in 2015.[29] A smaller share of white children were overweight or obese (37.6%) compared to children overall. And taking a closer look at minority and disadvantaged children, the share of Latino, Asian, uninsured and poor children who were overweight or obese were all at least 1.5 times greater than white children.

CHART 6: THE PERCENTAGE OF OBESE AND OVERWEIGHT BLACK, LATINO, ASIAN, UNINSURED AND POOR CHILDREN WAS APPROX 1.5X HIGHER THAN THAT OF WHITES IN 2015



Screening for Lead Poisoning Isn't Happening for Nearly 60% of Children Under Three

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.[30] 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.[31]

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 nine out of ten homes in the city were built before 1978, when lead-based paint was finally banned for residential use.[32] 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.[33]

However, the PCCY Child Wellness Index shows that only 41% of children under three were screened for lead exposure in 2014.[34] It is not possible to know from the data what share of the children tested were covered by Medicaid, yet approximately 73% of Philadelphia children have Medicaid coverage – indicating that not all of these children are receiving this vital test that should trigger additional health and social services if the test result is high.[35]

Only 41% of children under three were screened for lead exposure in 2014.

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.[36] 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, 513 children were poisoned in 2014.[37]

Teens Need More Help to Prevent Pregnancies

The ultimate school absenteeism crisis, of course, is when students don't graduate.[38] Nationwide approximately two-thirds of female students who are pregnant or become parents during high school do not graduate. Here again is another example of where public health policy matters. The teen birth rate declined nationwide by 40% between 2008 and 2014, and in Philadelphia it declined by 39%.[39] Looking closer, however, deep disparities persist for this important health indicator. In 2014, the rate for white teens was just over 11.0 per one-thousand, but strikingly the rate for Hispanic and black teens were almost six and four times higher.[40] Even with an overall decline in births, an estimated 5,800 girls are teen parents in Philadelphia – a number greater than the combined graduating classes of the city's 17 magnet high schools.[41]

CHART 7: PREGNANCY RATE IS FAR HIGHER FOR BLACK AND HISPANIC 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 access to long acting birth control for teens with Medicaid.

Early Childhood Education

"Early childhood education is so much more than babysitting. [At DCS] we help children develop all the foundational skills, from scientific thinking to regulating their emotions, that they will build on for the rest of their lives. But our families cannot be expected to pay for this, any more than we would expect every family to pay the cost of private schools from K-12. My great frustration as one of the highest quality providers in the city is that government does not fund the true cost of quality. Without that, we will never be able to bring this to scale, and that is what will transform our schools and our city. "

Otis Bullock, Executive Director
Diversified Community Services

With more than 101,000 children under five years old, Philadelphia 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 the life-altering impact of high quality early childhood services.

One bright spot in the PCCY Child Wellness Index for Philadelphia is found in the modest improvement in the share of children enrolled in high quality child care and pre-k. In spite of the welcome positive trend, the PCCY Child Wellness Index shows that the lion's share of children who could benefit most from these proven programs are shut out due to the shortage of public investment and the high cost of quality care for families on relatively limited incomes.

Child Care is Becoming Less Affordable

Child care and its quality matter to parents, particularly to those who are working full-time. That's especially the case in Philadelphia where more than two in three children under six years old (69%) have all parents in the workforce.[42]

Yet, even with two incomes, most families struggle to pay the high cost of child care. In 2014 the median cost of full-time, center-based care was $9,620 for a preschooler and $21,320 for both an infant and a preschooler.[43] Yet in Philadelphia, three in four young children live in a family considered poor-to-moderate income (under $72,000 for a family of 4) and are unable to afford this care on the private market. Meanwhile, state funding for child care subsidies for working families of limited means has increased – but still serves fewer than two in three eligible children. 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.

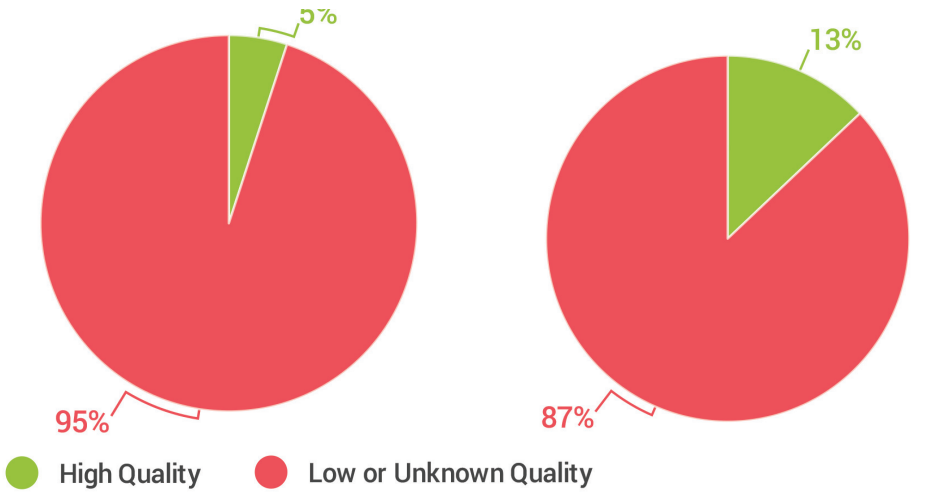
Three in four young children live in families that are unable to afford quality care on the private market.

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. The city's 1,800 licensed child care providers offer only 6,000 high quality child care seats, accommodating about 7.5% of children who need out-of-home care and only 13% of children in publicly regulated care.[44]

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.[45] In Philadelphia, 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 2014, 16% of children using state subsidized child care were enrolled in a high quality program, up only 1% since 2012.[46] There are few options for infants and toddlers, but fortunately for parents, Early Head Start and Early Head Start-Child Care partnerships have grown. Still, they serve only another 695 infants and toddlers.[47]

CHART 8: SHARE OF CHILDREN IN HIGH QUALITY CHILD CARE INCREASED FROM 2008 TO 2015 BUT REMAINS FAR TOO LOW



Two in Three Eligible Children Can't Access Publicly Funded 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, school district-sponsored pre-k and Head Start programs offer three and four year olds from moderate and low income families access to this essential preschool experience. Despite enormous need – more than half of children enter kindergarten without basic school readiness skills – progress in meeting the need for publicly funded pre-k has been very slow and fraught with setbacks due to state and federal funding cuts. Currently there are 8,339 Head Start seats, enough for just over half the preschoolers below the poverty line.[48] However, including the children in working-poor to moderate income families, approximately 70% of the children eligible for publicly funded programs went unserved in 2014. 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 FY 2017 state budgets.

Quality pre-k expansion also got a major boost in 2016 when Mayor Kenney launched a universal pre-k program intended to build capacity for high quality care and to directly provide seats for 6,500 children within five years, working within the mixed public-private system. The program is on target to increase the number of funded, high quality pre-k seats by another 2,000 in January 2017.

Approximately 70% of the children eligible for publicly funded pre-k programs went unserved in 2014.

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.[49] Despite a steady increase in EI enrollment since 2008, from 9.6% to 11% of children from birth to age five, the number of Philadelphia children with multiple risk factors for delay and the large number identified with learning problems in elementary school indicate that children who need Early Intervention may not be receiving these critical early childhood services.[50]

Full Day Kindergarten is Available but Not Always Convenient

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 important of full day kindergarten.[51] The Philadelphia School District provides full day kindergarten to all children. However, because kindergarten is considered optional and not funded the same as other grades, transportation is not included and seats are not guaranteed at the child's local elementary school.

Policy Recommendations to Improve Access to Early Childhood Education:

- Increase the supply of high quality early learning programs for children birth to five using city and state resources to incentivize providers to improve quality and enable providers that are already high quality to expand.
- 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.
- Increase state investment in pre-k so that every child who is eligible for a state-funded program is offered a seat.

K-12 Education

"Our schools succeed when children receive the supports they need both during the school day and at home. I've seen this as a teacher, as a school principal and as a parent. Philadelphia educators and community members do amazing things, sometimes under very difficult terms. Our schools require increased and sustained investments so we can provide all students with the learning opportunities they deserve."

Majorie Neff, Chair
School Reform Commission

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 traditional public and charter school students in the city. Fortunately after at least three years of school opening horror stories, in the 2016 school year the District appears to be in much better shape operationally. But the data shows that the "new normal" for all Philadelphia public school students is far below an acceptable level.

Signs of Progress and Signs of Struggle with Student Performance

Reading and math are the basics every student must master. Yet, of the approximately 89,000 third through eighth grade public and charter school students in the city, only half were able to meet grade level expectations in math, and less than half met the mark in reading.[52] Despite significant gains in the share of students passing the state math and reading assessments from 2008 to 2011, of ten and seven percentage points respectively, the pass rate for both subjects dropped below 2008 levels in 2014.

With respect to the key measure of the share of students reading at grade level by the end of third grade, the trend was even more troubling. The share of third graders failing to meet this benchmark rose to 55% in 2014, ten percentage points above 2008 levels, with enough students to fill 306 classrooms. Fortunately, Philadelphia has responded to this disastrous trend with Read by 4th, a citywide campaign to boost the share of third graders reading at grade level.

The share of third graders failing to meet the grade-level reading benchmark rose to 55% in 2014.

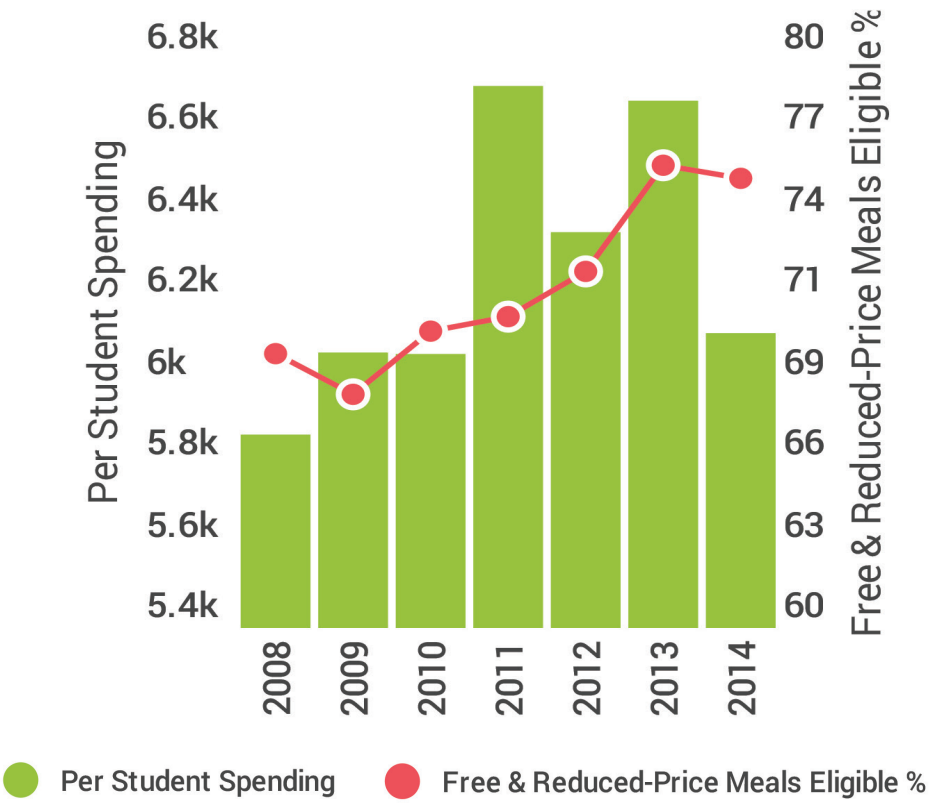
Standardized state assessments are not a complete picture of a student's capability. However, assessment results can be an indicator of progress and based on these indicators far too many students need additional instructional support to succeed.

Share of Low Income Students Rises While Resources Show Little Movement

Like its suburban counterparts, Philadelphia's share of low income students increased. The number of additional children from poor families attending Philadelphia public schools (6,800 new students from low income households) was twice as large as the enrollment at Northeast High School, the District's biggest school with 3,151 students.[53]

Meanwhile, funds available for instruction per student grew by only $130 from 2008 to 2015, when the District had $6014 available.[54] Even with the modest growth in funds available for instruction, Philadelphia ranked the lowest among the five counties with respect to per student funds available for instruction every year of the Index. Chester County ranked as the second lowest with about $60,000 more per classroom of 25 students.

CHART 9: AS ECONOMIC HARDSHIP HAS INCREASED, SPENDING HAS NOT KEPT PACE



The 2% increase in funds for instruction, on top of a very low bar, and a 7% jump in the share of low income students meant the District's resource shortage actually worsened. Educational research is definitive on this point: it's 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.[55] The District has the largest share of low income students of any district in the region. Meanwhile its class sizes, on average, are larger, and its student to librarian, counselor or arts instructor ratio is higher than any district in the region.[56]

Throughout the recession, school districts benefited from annual increases in state and federal funds intended to help make it through the recession without deep cuts to the teaching corps. In FY 2012 those resources disappeared. At the high watermark in FY 2011 the District had $17,500 more per classroom ($710 per student) to educate their students than was available four years later.

The School District of Philadelphia had about $17,500 more per classroom in 2011 than was available four years later.

Inflation and Rising Mandated Costs Consume Most of the New Local Revenues

In response to district needs and the deep state cuts, Philadelphia taxpayers stepped to the plate with six tax and numerous fee increases to boost local revenues for the District. Although the Philadelphia public school enrollment is about a third smaller than the combined enrollment of all 61 suburban districts, Philadelphians increased its local revenues for the district by $541 million compared to $570 million in new local support across all the suburban districts, from FY 2008 to FY 2014.[57]

Nevertheless, as a result of an 11% inflation rate, a 39% increase in state-mandated pension payments, and a 100% increase in charter payments from FY 2008 to FY 2014, the District was not able to substantially move the needle on funds available for education.[58] 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.

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.[59] Fortunately the state 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, the School District of Philadelphia would receive $94 million more in state aid.[60]

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 Philadelphia

It's long past the time for the benefits of the economic recovery to trickle down to the 331,582 children in Philadelphia. 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 children living in Philadelphia 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 city 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.

PCCY's Child Wellness Agenda for Philadelphia
(continued)

- **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.

- **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 zero to five using city and state resources to incentivize providers to improve quality and enable providers that are already high quality to expand.

- **Expand Pre-K**: Advocate for greater state investment in pre-k so that every child who is eligible for a state-funded program is offered a seat.

- **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 Philadelphia parents are not earning 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

	Indicator	2008	2009	2010	2011	2012	2013	2014
Economic Well-Being	Child Poverty	31.5%	33.2%	36.4%	39.3%	36.8%	36.1%	36.9%
	Chid Deep Poverty	14.8%	15.6%	19.0%	18.8%	17.5%	16.9%	17.8%
	Children in Rent Burdened Households	56.9%	63.5%	63.2%	63.5%	58.8%	63.4%	66.2%
	Free or Reduced Price School Meals Eligibility	69.64%	68.21%	70.43%	70.94%	72.53%	76.26%	75.80%
Health	Teen Birth Rate (per 1,000)	57.14	53.80	50.37	48.96	46.77	39.25	35.19
	Infants & Toddlers Not Screened for Lead	58.00%	58.70%	52.92%	55.82%	58.38%	58.64%	58.69%
	School Absenteeism	11.10%	11.26%	10.12%	10.38%	8.82%	9.24%	10.18%
	Uninsured Children	8.41%	6.36%	5.16%	4.72%	4.64%	5.95%	4.17%
Early Childhood Education	Unmet Need for Publicly Funded Pre-K	67.27%	65.98%	63.96%	64.00%	62.75%	68.73%	69.33%
	Children in Child Care who are in Low or Unknown Quality	94.76%	90.98%	89.99%	89.79%	89.77%	88.74%	87.97%
	Cost of Child Care as Share of 200% FPL	44.40%	44.93%	47.17%	46.53%	45.12%	44.71%	44.70%
K-12 Education	Instructional Spending per Student	$5,876	$6,078	$6,074	$6,733	$6,374	$6,697	$6,125
	Below Grade Level in Math	47.31%	42.54%	39.06%	37.05%	43.30%	47.82%	49.76%
	Below Grade Level in Reading	51.85%	48.01%	46.69%	45.15%	50.66%	53.52%	53.56%

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.*

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.*

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.*

References

1. Lamb, V. L. and Land, K. C., (2013). Methodologies Used in the Construction of Composite Child Well-Being Indices. In Asher Ben-Arieh (ed.), Handbook of Child Well-Being. New York: Springer.
2. One indicator, Per Student Spending, was added to rather than subtracted from 100 to get its index value. It is the only indicator where an increase is considered good for children. Because higher index values mean greater well-being for children, the rate of change for Per Student Spending must be added to 100 to get its index value.
3. Hagerty, M. R. and Land, K. C., (2007). Constructing Summary Indices of Quality of Life: A Model for the Effect of Heterogeneous Importance Weights. Sociological Methods and Research, 35, 455-496
4. Bureau of Labor Statistics. Current Population Survey. http://www.bls.gov/cps/
5. U.S. Census Bureau. American Community Survey, 1-Year Estimates. http://www.census.gov/programs-surveys/acs/
6. Pennsylvania Department of Education. Pennsylvania's Education for Children and Youth Experiencing Homelessness Counts by Reporting Entities. http://www.education.pa.gov/K-12/Homeless%20Education/Pages/default.aspx#tab-1
7. U.S. Census Bureau. American Community Survey, 5-year estimates. http://www.census.gov/programs-surveys/acs/
8. Pennsylvania Department of Education. National School Lunch Program Reports, Building Data Yearly Reports: % Students Eligible for Free and Reduced Lunch. http://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/National-School-Lunch-Program-Reports.aspx#tab-1
9. Pennsylvania Department of Education. National School Lunch Program Reports, Year to Date and Monthly Eligibility Report. http://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/National-School-Lunch-Program-Reports.aspx
10. Feeding America "Mapping the Meal Gap," http://map.feedingamerica.org/county/2014/child/pennsylvania
11. Food Research and Action Center, "Breakfast for Learning," http://frac.org/wp-content/uploads/2009/09/breakfastforlearning.pdf, accessed August 12, 2016.
12. U.S. Census Bureau. American Community Survey, 1-Year Estimates. http://www.census.gov/programs-surveys/acs/
13. Mark Price. "Giving Philadelphia's Economy a Boost: The Impact of Raising the Pennsylvania Minimum Wage to $10.10 Per Hour." http://keystoneresearch.org/countywageboost
14. Yeung, R. et al. (2011). Can Health Insurance Reduce School Absenteeism? http://eric.ed.gov/?id=EJ941920
15. Pennsylvania Partnerships for Children KIDS COUNT analysis of U.S. Census Bureau, American Community Survey, 1-Year Estimates.
16. Public Citizens for Children and Youth. (2015). Fulfilling Pennsylvania's Promise to Cover All Kids. http://www.pccy.org/wp-content/uploads/2015/06/PCCY-DreamCareReport-June2015.pdf
17. Ibid.
18. Bruner, C. Et al. (2011). Chronic Elementary Absenteeism: A Problem Hidden in Plain Sight. Attendance Works and Children & Family Policy Center. http://www.edweek.org/media/chronicabsence-15chang.pdf
19. Pennsylvania Department of Education. Data obtained via special data request.
20. Attendance Works, Health Schools Campaign. (2015). Mapping the Early Attendance Gap: Charting a Course for Student Success. http://www.attendanceworks.org/wordpress/wp-content/uploads/2015/07/Mapping-the-Early-Attendance-Gap-Final-4.pdf

21. These data were provided by the Division of Health Informatics, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.
22. The rate for black and Hispanic children was 99.3 and 114.3 per 10,000 children respectively.
23. Pennsylvania Department of Health, School Health Data. Data obtained via special data request.
24. Jackson, S.L. Et al. (2011). Impact of Poor Oral Health on Children's Attendance and School Performance. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222359/pdf/1900.pdf
25. Public Health Management Corporation's Community Health Data Base. (2015). Southeastern Pennsylvania Household Health Survey. www.chdbdata.org
26. These data were provided by the Division of Health Informatics, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.
27. The rate for white and black infant deaths was 4.9 and 12.6 births per 1,000 respectively.
28. Ibid.
29. Public Health Management Corporation's Community Health Data Base. (2015). Southeastern Pennsylvania Household Health Survey. www.chdbdata.org
30. Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention. (2012). Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention. http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf
31. Coulton, C.J. Et al. (2015). The Association Between Elevated Blood Lead and School Readiness Among Children Attending Universal Pre-Kindergarten in Cleveland. https://assets.documentcloud.org/documents/2475227/upkleadbracken.pdf
32. U.S Census Bureau. American Community Survey 1-Year Estimates. http://www.census.gov/programs-surveys/acs/
33. Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention. (2012). Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention. http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf
34. Pennsylvania Department of Health, 2014Childhood Lead Surveillance Annual Report.
35. The share of children enrolled in Medicaid was calculated using data from the Annie E. Casey Kids Count Data Center. http://datacenter.kidscount.org/
36. Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention. (2012). Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention. http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf
37. Pennsylvania Department of Health, 2014 Childhood Lead Surveillance Annual Report.
38. Shuger, L. (2012). Teen Pregnancy and High School Dropout: What Communities Can Do to Address These Issues; Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance.
39. Center for Disease Control and Prevention. Wonder Search for Natality. The teen birth rate declined from 57.14 to 35.19 births per 1,000 from 2008 to 2014.
40. These data were provided by the Division of Health Informatics, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. The teen birth rate in 2014 for Hispanic and black teens was 64.2 and 45.8 births per 1,000 respectively.
41. PCCY estimate based on Pennsylvania Department of Health data.
42. US Census, American Community Survey 1-Year Estimates. http://www.census.gov/

programs-surveys/acs/
43. 2014, 2010 and 2012 PA Market Rate Survey, raw data obtained via a special data request.
44. The Annie E. Casey Foundation. KIDS COUNT. http://www.aecf.org/work/kids-count
45. Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The Rate of Return to the High/Scope Perry Preschool Program. Journal of Public Economics, 94(1-2), 114–128.
46. The Annie E. Casey Foundation. KIDS COUNT. http://www.aecf.org/work/kids-count
47. Pennsylvania Head Start Association. http://paheadstart.org/index.php/head-start-in-pa/local-head-start-information/
48. Pennsylvania Office of Child Development and Early Learning. Reach and Risk Report. http://www.ocdelresearch.org/Reports/Forms/AllItems.aspx?RootFolder=%2FReports%2FReach%20and%20Risk&FolderCTID=0x01200092EA27E29EEE3E4AAE2D4C5508AC9E5A&View={5EEC6855-F8A8-486E-B6E0-FE6B9FDEBE2E}
49. Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Singer, M. (2007). Early intervention for infants & toddlers with disabilities and their families: participants, services, and outcomes. Final report of the National Early Intervention Longitudinal Study (NEILS). https://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf
50. Pennsylvania Office of Child Development and Early Learning. Reach and Risk Report. http://www.ocdelresearch.org/Reports/Forms/AllItems.aspx?RootFolder=%2FReports%2FReach%20and%20Risk&FolderCTID=0x01200092EA27E29EEE3E4AAE2D4C5508AC9E5A&View={5EEC6855-F8A8-486E-B6E0-FE6B9FDEBE2E}; Based on risk factors for developmental delay including very low birthweight, exposure to lead, parental abuse or neglect; diagnosed health condition; depression or substance use of mother; and low maternal education.
51. Villegas, Malia. 2005. Full-Day Kindergarten: Expanding Learning Opportunities. WestEd. http://www.wested.org/online_pubs/po-05-01.pdf; “Full day” refers to a full 6-hour school day of kindergarten. “Half day” refers to kindergarten of 3 hours.
52. Pennsylvania Department of Education. PSSA Results. http://www.education.pa.gov/Data-and-Statistics/PSSA/Pages/default.aspx#tab-1
53. Pennsylvania Department of Education. National School Lunch Program Reports, Building Data Yearly Reports: % Students Eligible for Free and Reduced Lunch. http://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/National-School-Lunch-Program-Reports.aspx#tab-1
54. Instructional spending per student was calculated by dividing Actual Instructional Expense by Weighted Average Daily Membership, removing pension payments, and adjusting for inflation so that all figures are in 2008 dollars. The inflation adjustment was made using the Employment Cost Index, Q3, which aligns with Q1 of Pennsylvania’s fiscal year. Sources: Pennsylvania Department of Education. Finances. http://www.education.pa.gov/Teachers%20-%20Administrators/School%20Finances/Finances/Pages/default.aspx#tab-1; United States Department of Labor, Bureau of Labor Statistics. Employment Cost Index. http://www.bls.gov/ncs/ect/
55. “School Finance and the Achievement Gap: Funding Programs that Work,” ETS Policy Notes, Policy Information Center, Educational Testing Service, 2008.
56. Pennsylvania Department of Education. Professional and Support Personnel, Professional Personnel Individual Staff Data. http://www.education.pa.gov/Data-and-Statistics/Pages/Professional-and-Support-Personnel.aspx#tab-1
57. Pennsylvania Department of Education. AFR Data: Summary Level, Revenue Data. http://www.education.pa.gov/Teachers%20-%20Administrators/School%20Finances/Finances/AFR%20Data%20Summary/Pages/AFR-Data-Summary-Level.aspx#.VZvrX2XD-Uk

58. United States Department of Labor, Bureau of Labor Statistics. Employment Cost Index. http://www.bls.gov/ncs/ect/; Pennsylvania Department of Education. Expenditure Detail – SDs. http://www.education.pa.gov/Teachers%20-%20Administrators/School%20Finances/Finances/AFR%20Data%20Summary/Pages/AFR-Data-Detailed-.aspx#.VZwC6mXD-Uk
59. Graham, Kristen A. “Pa.’s school-spending gap widest in nation.” The Philadelphia Inquirer, March 15, 2015. http://articles.philly.com/2015-03-15/news/60115335_1_districts-south-philadelphia-duncan
60. Public Interest Law Center. Distribution of Adequacy Amounts spreadsheet, from “PA Basic Education Funding Commission Formula Means Districts Need At Least $3.2 Billion More in State Funding.” http://www.pilcop.org/befc-adequacy-calculation/

Public Citizens for Children and Youth (PCCY) serves as the leading child advocacy organization working to improve the lives and life chances of children in the region.

Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY watches out and speaks out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including child care, public education, child health, juvenile justice and child welfare.

Founded in 1980 as Philadelphia Citizens for Children and Youth, our name was changed in 2007 to better reflect our expanded work in the counties surrounding Philadelphia. PCCY remains a committed advocate and an independent watchdog for the well-being of all our children.

pccy.org

facebook.com/pccypage

twitter.com/pccyteam

instagram.com/pccyphotos