



PARTNERING FOR PRE-K:

Opportunities to Scale Up
Pittsburgh's Collaborative
Early Learning Model

Submitted by **Research for Action** • May 2018



Della Moran • Tosin Shenbanjo • Jason Fontana

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Introduction

With decades of research demonstrating the positive impact of high-quality early childhood education, policymakers on both sides of the political aisle are increasingly voicing support for investments in public pre-K programs. Unfortunately, demand for high-quality, public pre-K continues to outpace those investments: today, 64% of Pennsylvania children eligible for publicly-funded slots remain unable to access them due to lack of funding.¹

Inadequate funding not only leaves many PA families without access to a high-quality program, it also creates challenges for providers. As explained in a [recent Research for Action \(RFA\) report](#), community-based child care centers deliver more than 50% of PA’s public pre-K, but those that serve low-income families must navigate a complex web of funding streams to support quality programming. Most centers still operate on razor-thin margins, struggle to adequately compensate staff, and have limited administrative capacity.² In comparison, public school districts are equipped with more central office capacity and resources, allowing them to administer grants and identify, recruit, and retain high-quality, certified teachers. However, many families find the limited school-day hours of district programs to be incompatible with work schedules, or value the smaller and more specialized setting that private child care centers provide.

For these reasons, cities and school districts across the Commonwealth and country are seeking to combine the benefits of both community- and school-based early childhood programs through a “mixed-delivery model.” In a mixed-delivery model, school districts shoulder the administrative burden of federal and state grants, subcontract a number of their seats to community-based partners, and provide additional seats in district classrooms. Of course, this type of collaborative model is not without its challenges, and requires mutual commitment and strong communication.³

Pittsburgh has provided a mixed-delivery pre-K model since 2008. With a newly-created Early Childhood Education Task Force charged with moving the city toward universal pre-K, Pittsburgh is

¹ “Elementary School Principals Resoundingly Support Pre-K Investments.” Harrisburg: Pennsylvania Partnerships for Children, 2017. https://www.papincipals.org/resource/images/stories/documents/ppc_report_2017.pdf

² Moran, Della, Joshua Lin, Ashley Campbell, and David Lapp. “Child Care Funding & Finance in Pennsylvania: Budgeting for Survival or Paying for the True Cost of Quality?” Philadelphia: Research for Action, 2017.

<https://8rri53pm0cs22jk3vvgna1ub-wpengine.netdna-ssl.com/wp-content/uploads/2017/06/Child-Care-Funding-Finance-in-Pennsylvania-Full-Report-June-2017.pdf>

³ Wat, Albert, and Chrisanne Gayl. “Beyond the School Yard: Pre-K Collaborations with Community-Based Partners.” Washington, DC: The PEW Center on the States, 2009.

http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2009/beyondtheschoolyardpdf.pdf

poised to build on its existing model during expansion. To do so effectively, city policymakers and stakeholders will need to answer several important questions:

- How does the current mixed-delivery system work in Pittsburgh?
- What do district staff and partners perceive to be its benefits?
- What are inherent challenges of the model?
- What current promising practices might help scale up the delivery of high-quality pre-K?

This brief explores these questions in order to inform the Task Force’s future efforts to craft an implementation plan that leverages existing partnerships and new funding to serve more children in the city’s public pre-K programs.

The Bottom Line

RFA’s research found that the benefits of Pittsburgh’s mixed-delivery system outweigh the challenges and point to opportunities for scale-up. Drawing on revenues from both Pre-K Counts and the Head Start Supplemental Assistance Program has allowed Pennsylvania’s second largest public school district to build strong and mutually beneficial relationships with the area’s early childhood providers. In turn, these partnerships have increased their capacity to serve students in high-quality settings and offered parents choices in program hours and care settings. Pittsburgh Public Schools has also been at the forefront of efforts to braid public funding streams and create inclusive classrooms that serve economically diverse children and meet high performance standards.

Methodology

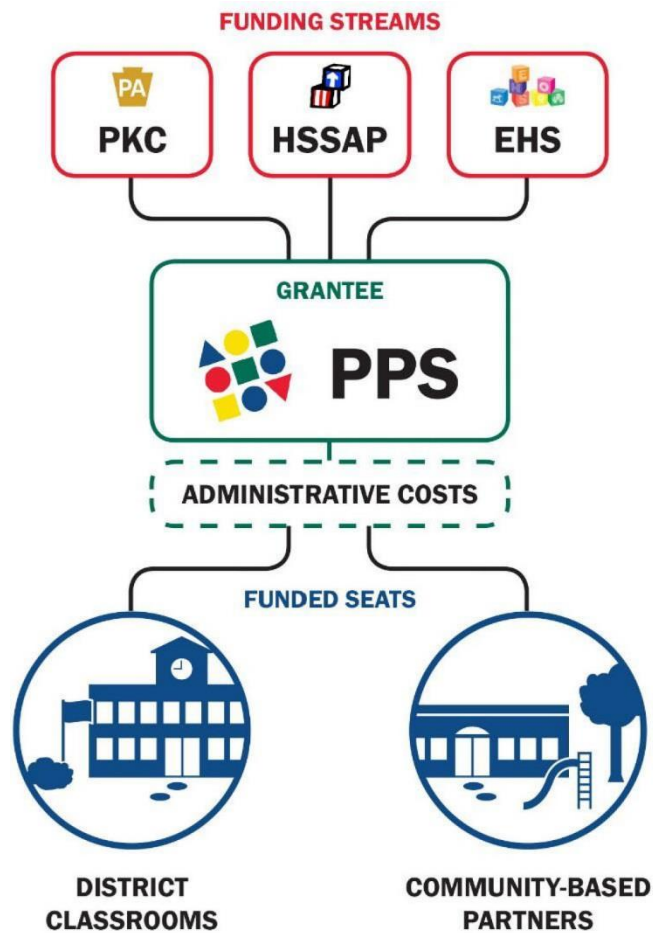
In order to answer these essential questions, RFA reviewed national literature and local district documents on district-provider collaboration. Our team also interviewed key stakeholders about the structure of Pittsburgh’s existing mixed-delivery system and conducted interviews and focus groups with a diverse range of district and private provider staff about their experiences and satisfaction with collaboration efforts. Participants included thirteen Pittsburgh Public School District (PPS) staff members; seven staff from current district partner provider centers, including owners, directors, and academic coordinators; and four child care provider center directors who do not currently partner with PPS. District participants included early childhood program leadership, partnership coordinators, education delivery managers, preschool coaches, family services specialists, and financial staff.

Findings

How does the partnership work?

Pittsburgh relies on the state Head Start Supplemental Assistance Program (HSSAP) and state Pre-K Counts (PKC) grants to fund its mixed-delivery early childhood programs. As displayed in Figure 1, PPS applies for and administers state grants, then contracts with high-quality, community-based providers as sub-grantees to deliver over half of the seats they are funded to provide. Partner providers must be rated as a Keystone STAR 3 or 4 facility⁴ and must comply with all requirements of the grant(s) they receive.

Figure 1: Pittsburgh’s Mixed Delivery Pre-K Model




⁴ Keystone STARS is the Quality Rating and Improvement System to evaluate early child care and learning providers in Pennsylvania. To learn more about Keystone STARS see: Jenkins, Della, and Katie Englander. "Quality Ratings and Improvement Systems in Early Childhood Education: Promising Approaches for Pennsylvania." Philadelphia: Research for Action, 2016. <https://8rri53pm0cs22jk3vvqna1ub-wpengine.netdna-ssl.com/wp-content/uploads/2016/07/RFA-Quality-Ratings-and-Improvement-Systems-in-Early-Childhood-Education-Final-July-2016.pdf>


Figure 1 shows that PPS utilizes approximately 21% of the grant funding it receives to cover administrative oversight and the staffing and support it provides to partner providers. Thus, partner providers receive less funding per pupil than they would if they applied as the primary Pre-K Counts or HSSAP grantee. However, in exchange, providers shoulder a much-reduced administrative burden and receive a number of concrete supports from the school district.


Figure 2: District Supports to Partner Providers





As displayed in Figure 2, district supports include:

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Partnership coordinators. Each grant is managed by a district partnership coordinator who supports partner center directors and administrative staff with their day-to-day functioning, providing administrative guidance and expertise in grant requirements. Coordinators may work with partners to fill out paperwork, enter data, develop budgets, and complete and submit expenditure reports. Partnership coordinators serve as members on the statewide PKC/HSSAP advisory committees and as members of the Keystone STARS Stakeholders Committee, and are therefore helpful in creating feedback loops between providers and state program administrators. Because providers can receive funds from multiple grants, they may work with more than one district partnership coordinator.

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Preschool coaches. District coaches work with the instructional staff at each partner center to bolster instruction and foster an improved classroom experience. These former teachers visit classrooms weekly or bi-weekly to address teachers' instructional needs and challenges and provide relevant feedback and mentorship. Coaches may focus on classroom planning, instructional delivery, the classroom set-up and environment, or behavior management. Coaches may set goals for teachers but primarily aim to be responsive to self-identified needs. As one coach explained, "We are willing to do whatever the teacher needs or asks for." To that end, coaches may visit teachers more than twice a week, provide administrative support, or even help prepare lessons and gather classroom materials.
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Family services specialists. District family services specialists serve partners receiving funding through the Head Start Supplemental Assistance Program (HSSAP) or Early Head Start (EHS) with the goal of ensuring that programs are able to provide the intended two-generational focus. They work directly with both provider staff and parents to facilitate family engagement and provide comprehensive family supports. Specialists may cultivate parent/guardian knowledge about child development, health, and nutrition; secure essential items for those in need (such as clothes or diapers); provide service referrals and assistance applying for benefits; or support parents with their own education and career planning.
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Professional development. Not only do coaches and coordinators facilitate informal professional development (PD) opportunities during their visits to partner centers, but PPS offers partners opportunities to attend workshops and seminars along with district pre-K teachers and staff. In 2016, topics included managing challenging behaviors in the classroom, understanding the Pittsburgh Public Schools magnet registration process, and managing childhood allergies and asthma.
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Resources for classroom instruction. PPS provides partners with a free instructional curriculum and related materials, though use by the partner is not required. When possible, the district also uses grant funds to distribute books, iPads, and other resources to partners.

Partner providers use grant funds to support their operating costs. After PPS receives grant funds and deducts a portion to cover costs associated with the aforementioned supports, providers receive the remainder of grant funds. Funds are disbursed on a quarterly basis and allow providers to pay teachers, purchase classroom supplies and resources, offer hot lunches (a PKC and HSSAP requirement), and support center operations more generally. These funds are tracked separately, but are generally "braided" with other funds, such as child care subsidy and private pay tuition, to cover the full cost of center operations.

Eligible families selecting a public pre-K program choose between those offered by the district and those offered by community-based providers based on their needs and preferences. In interviews, district staff and partner providers indicated that families make these decisions based on a number of factors, including program cost, hours, location, and perceived quality. This aligns with national research on parent decision-making.⁵

In 2016-17, the current funding structure and implementation model enabled Pittsburgh to serve 1,941 pre-K children in publicly-funded seats. Of these children, 519 were served in community-based centers, while the remaining 1,422 were served in PPS classrooms.

What are the perceived benefits of partnering?

RFA conducted interviews and focus groups to assess how well the collaborative model outlined above is working for district staff, partner providers, and the families they serve. Overall, district staff and partner providers value the mixed-delivery model, reporting that it offers partners additional funding, enhances the quality of partner centers, bolsters administrative capacity, and fosters parent agency and family engagement. Below, we provide more detail on the perceived benefits of the partnership.

Implementation of Pittsburgh’s mixed-delivery system received universally positive reviews from both district staff and partners. On a scale from one to five, with one indicating low-quality supports and five indicating high-quality supports, the majority of district partners assigned a high-quality rating to the services they receive. One district partner expanded the scale, assigning a “six” rating.

The most commonly reported “partnership benefit” was that providers are able to access additional grants through the partnership. The per child reimbursement rate that providers receive through Pre-K Counts and the Head Start Supplemental Assistance Program grants is much higher than what they would otherwise receive for low-income children through the Child Care Works (CCW) state subsidy. Partners, district staff, and non-partner providers overwhelmingly reported this increased funding as the primary benefit of partnering with the district. While community-based providers can apply to become Head Start Supplemental Assistance Program or Pre-K Counts grantees independent of the school district, providers reported that the district’s assistance in meeting grant requirements and keeping up with grant applications and reporting was well worth the cut they receive for administration.

Partner providers also reported a number of additional benefits unique to Pittsburgh’s mixed-delivery model, including:

- **Improving center quality.** While district partners must already have achieved a STAR 3 or 4 rating in order to become a district sub-grantee, partners reported that the supports provided by PPS helped them maintain, and in some cases improve, their center quality. Becoming a partner required most centers to increase their teachers’ certifications. For some, ongoing engagement with district coaches also bolstered instructional quality and teacher satisfaction.

⁵ Forry, Nicole, Kathryn Tout, Laura Rothenberg, Heather Sandstrom, and Colleen Vesely. “Child Care Decision-Making Literature Review.” Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2013.
<https://www.acf.hhs.gov/opre/resource/child-care-decision-making-literature-review>

- **Implementing a new curriculum.** Partners valued the new PPS curriculum, called Big Day for Pre-K, which is provided to them free of charge and offers clear and ready-to-use lesson plans for easy implementation. Partners are not required to use the curriculum, but most that we talked to have chosen to, at least in part.
- **Gaining administrative capacity and support with budgeting from partnership coordinators and the district's central office.** Partners were grateful that the district handled much of the paperwork associated with the grant application and reporting process. Many also relied heavily on the support of their partnership coordinator in learning how to manage program budgets and allocate costs according to grant requirements. One provider also reported that the help she received from her coordinator allowed the center to meet expectations for timely data submission and freed her to focus on other center needs. Across the board, district staff and partners reported that this administrative support allows center staff to focus more on kids and families.
- **Participating in collaborative learning opportunities.** According to partners and coordinators, quarterly partnership meetings created a space for providers to network and get feedback from peers about challenges with the partnership or early education implementation more broadly. One director stated that the formal district PD opportunities also allowed teachers to “be able to better support the needs of the children” they serve.
- **Gaining increased exposure in the community.** One provider described how recruitment efforts aimed at children who were eligible for their PKC, HS, and/or EHS seats also helped the center gain visibility in its community and connect with new partners: *More people know about us. More people are interested in us. So we're better known because of our partnership with Pittsburgh Public Schools.*

Respondents reported that partnerships between community-based providers and the district also offered benefits to the PPS system more broadly, and to the children and families served by district partners, including:

- **Increased capacity to serve more low-income children in high-quality settings through EHS, HSSAP, and/or PKC.** District and partner staff acknowledged that neither the school district nor the private sector have enough high-quality capacity to serve all eligible pre-K children alone. Acquiring grant funding increases capacity through the creation of additional seats, and distributing grant-funded seats across both environments allows maximum access for children who otherwise would not be able to afford care.
- **More parent choice and flexibility in types of care settings.** Both district staff and partners emphasized the value of making more diverse, high-quality options available for low-income parents. Not only does the partnership offer more physical locations, and thus increased convenience for parents, it also allows parents to choose whether an elementary school or private child care center is the right environment for their child.
- **Options with extended hours.** While district classrooms only operate from 8 am to 3 pm Monday through Friday, partner centers are staffed beyond the standard school day into late afternoons and evenings, sometimes even on weekends. For some families, the option to extend the length of care to accommodate work schedules is an absolute necessity.
- **More robust family engagement and two-generational supports for Head Start Supplemental recipients.** District family services specialists greatly increased the capacity of EHS and HSSAP partner centers to meet federal Head Start standards related to family engagement and provide for the complex needs of children and their parents.

- **Developmental screenings and behavioral management supports.** District coaches assist centers with screening students for developmental challenges and connecting them with behavioral specialists who can provide specialized social and emotional support. Several providers emphasized that behavior-related challenges were increasingly frequent, and they appreciated external support in dealing with tough cases.
- **A smoother kindergarten transition.** Partnering with the district allows providers to learn the ins and outs of PPS, information they may subsequently share with families. Further, the partnership provides a pathway for providers to connect kindergarten teachers with parents interested in building early relationships. Overall, as described by one provider, parents/guardians of children at partner centers have access to “the tools necessary to be able to transition into the district” more smoothly.

What are the perceived challenges of partnering?

Interview and focus group respondents described a number of challenges they have encountered in creating effective partnerships and fulfilling partnership responsibilities. In particular, district staff and partner providers acknowledged that the partnership required increased effort devoted to relationship building and cost allocation, and required that they hire and compensate more highly qualified teachers. Below, we outline these findings in more detail.

These challenges included:

- **Relationship building.** Teacher and director turnover at partner provider sites has been an obstacle to the relationship building process. Coaches and partnership coordinators reported that defining their roles and soliciting buy-in from the partner staff took time with new providers. They emphasized that director and teacher turnover sometimes required district staff to restart this process and impeded the grant startup process for new partners. Leadership turnover at the provider level also made aligning systems and streamlining communication especially difficult.
- **Cost allocation.** Despite support from partnership coordinators, several providers continue to find cost allocation of revenues and expenses burdensome, especially for classrooms in which only a small number of students receive Pre-K Counts or Head Start Supplemental funds. Even with guidance, it is time consuming to ensure that each program is allocated its fair share of teacher salaries and program and administrative costs.
- **Creating inclusive classrooms.** Pittsburgh Public Schools pre-K classes, housed in district buildings, are all “inclusive,” meaning they include children funded through the various public grants as well as those who pay private tuition. While this practice promotes socio-economic diversity in the classroom, it is not cost-neutral. Rather than differentiate between teachers in Head Start Supplemental, Pre-K Counts, and other pre-K classrooms, the district must ensure that all pre-K teachers meet the highest credentialing requirements for any funding source and are paid accordingly. Several partner providers grappled with this tension between making classrooms inclusive, which they viewed as best practice, and the added cost of compensating more highly qualified pre-K teachers.
- **The cost of increased teacher requirements.** Partners reported that the additional funding they receive as program grantees does not always offset the cost of becoming a district partner. One provider described the calculus used to decide if adding publicly-funded seats through the partnership would help or hurt them financially: *At my other*

location I do not have [Pre-K Counts] in the three year old room because my teacher there does not have the right qualifications. I would have to [have] enough children [receiving Pre-K Counts] to make it worthwhile for me to go from an associate degree person to a bachelor's degree with their Instructional I in that classroom, and I don't have [enough children].

- **Variation in teacher compensation within centers.** While providers approved of the higher credential and salary requirements for teachers in Pre-K Counts and Head Start Supplemental classrooms, they acknowledged the inequity created when they are unable to raise other teachers' salaries accordingly: *If there's a teacher in a Pre-K Counts classroom, they're getting one salary, but in the classroom downstairs that has no Pre-K [Counts] in it, those teachers are doing the same work but for less income. It causes some tension and competition.*

Partners and district staff also described challenges related to high-quality early childhood education implementation more broadly.

These challenges included:

- **Recruiting and retaining highly qualified teaching staff.** Partner providers cited staffing as their greatest ongoing challenge. Most cited the level of compensation they are capable of offering teachers as the primary barrier to hiring and keeping staff with necessary credentials.
- **Variation in teacher compensation between centers and district classrooms.** Often, when providers are unable to hire staff with the required certifications to lead a Pre-K Counts or Head Start Supplemental classroom, they invest time and money in supporting teachers' continuing education. Unfortunately, some reported that they had done so only to lose teachers soon afterward to better-paying district jobs. One provider explained why those jobs are often more attractive to the limited supply of qualified individuals in the area: *Of course the people with the Instructional 1's, they would rather teach in a school district because it might be just the nine months and they can get a much, much higher pay and much greater benefits than we can pay with Pre-K Counts.*
- **Family engagement.** District family services specialists and providers reported challenges with family engagement that emerge due to the complex lives of the families they serve. The schedules of working families make it difficult to meet with parents in person and have led to low attendance at parent meetings.

Finally, respondents reported a number of challenges associated with limited funding for early childhood programs and emphasized remaining unmet needs in their communities.

These challenges included:

- **Funding and staffing limitations at the district level.** District respondents reported tension between the needs of providers and the capacity of the district to address the full extent of those needs. District staff noted that they feel "there's never enough money to be able to support the programs at the level where they need the support," and district coaches specifically regretted limitations in the amount and frequency of the mentoring they can provide to partner provider teaching staff. Coaches identified the size of their caseloads and grant monitoring responsibilities as barriers to frequent classroom visits.

- **Need for more comprehensive services.** Partner providers reported that the most at-risk children and families need more support than programs offer. They acknowledged that many working parents who qualify and are able to enroll their children in Pre-K Counts or the Head Start Supplemental Assistance Program still struggle with transportation, and that families could use greater access to flexible or extended care schedules. District staff were frustrated that funding cuts have limited the amount of preventive services and social and emotional programming they can provide to support children with developmental needs or those who have experienced trauma. Several partners also expressed a desire to provide more supports for parents struggling with basic needs such as employment, housing, and food security.
- **Income requirements for eligibility.** Respondents worried that income requirements for state and federal programs leave many working families struggling to pay for child care on their own. One provider offered the explanation, “If you're not at the bottom and you're not at the top and you're in the middle, you're out. That need goes unmet.” Another partner explained that some families face a “child care cliff.” A slight increase in income can render a family no longer eligible for public funding, while private pay tuition remains unaffordable. To mitigate this tension, some centers have developed their own scholarship systems.

What are promising practices for ensuring a high-quality partnership?

Partner providers and staff from Pittsburgh Public Schools described a number of mutually beneficial practices from the partnership which help them to mitigate some of the challenges outlined above. Building a collaborative relationship based on trust and open communication was cited as especially critical to the success of the partnership. Additional themes include partner provider buy-in, flexibility, inclusive classrooms, and goal setting.

Relationship Building

District staff and partner providers reported that building strong relationships was essential to facilitating a successful partnership. District partnership coordinators specifically reported the importance of building mutual trust. To do so, they intentionally inform providers that their role is not to dictate how a center or teacher operates, but to partner with them to better support the needs of children who will eventually enter PPS. As one explained:

We're not the big, bad school district coming in to make you good. We are trying to support [providers] where they are and help them with continuous quality improvements and to increase the services that they're providing the children and families... Those children who go to these partner programs are district children. Once they leave those programs, they're coming to kindergarten, so the more services we can provide and the better we can prepare those children, the more successful they'll be once they enter our kindergarten doors.

Communication

District staff and partner providers highlighted open, responsive communication as a key factor for maintaining a successful partnership. Both coaches and coordinators reported that, in order to do

their jobs well, they need partner providers to be clear and explicit about their availability and needs. For their part, district staff regularly set internal deadlines for grant-related tasks to help partner providers prioritize and meet requirements, but they also emphasized that deadlines were flexible if partners communicated a need for more time. Several providers reported that emails or calls for deadline reminders were helpful, but most found the in-person communication at partnership team meetings to be particularly useful and efficient.

Partner providers reported that opportunities to connect with other partners, especially veteran partners, are valuable. The district partnership provides a peer community in which partner providers can learn and discuss solutions to shared issues. Providers reported that they frequently work in isolation and know little about what other child care centers are doing in nearby communities. Several mentioned that without the partnership, they would have less opportunity to engage in dialogue with other professionals in the field and learn about the work of centers implementing similar programming.

Commitment

Both district staff and partner providers described the importance of understanding that the success of the partnership relies on mutual effort. Respondents noted that “[providers] really have to be all in” on the partnership, and it is necessary to be responsive to the district and follow through with partnership responsibilities to avoid a unidirectional relationship.

Flexibility

District staff and partner providers said that the success of the partnership is founded upon a mutual willingness to be open-minded and flexible. District coaches noted that they need to acknowledge the partnership is just one component of the work providers are doing, and that it is not their role to impose practice not aligned with the educational philosophies of the providers. Coaches aim to understand the needs of their partner teachers and support them in addressing those needs through mentorship and collaboration. Similarly, partners reported the importance of being open to the counsel the district provides, but also valued the freedom they are given to apply changes to programming (e.g., implementation of district curriculum) at their discretion.

Goal Setting

District coaches stated that formally and informally setting goals with providers and documenting progress toward goals provides a means to gauge the quality of the partnership. Documentation emerged as an instrument to provide accountability for both stakeholders and keep progress moving forward by keeping everyone up to date and focused on similar goals.

Policy Implications

Opportunities to serve more of Pittsburgh's neediest children through mixed-delivery programs

While district staff and partner providers overwhelmingly valued the partnership model and demonstrated robust best practices for collaboration, many also emphasized the current systems' limitations and the existing unmet need that remains in Pittsburgh: currently, 1,143 of the city's children are unserved in early childhood classrooms but eligible to receive HSSAP or PKC funds. This suggests that **the Task Force's charge to create a plan to expand access and strengthen program quality is extremely timely, and action on the part of city leaders should be swift.**

Should access expand, our research surfaced system-level policy implications that should be carefully considered as plans for expansion develop. Despite challenges, the robust and mutual benefits of the district-provider partnership detailed above make clear there is reason for optimism when it comes to Pittsburgh's future pre-K expansion.

In light of our findings, we recommend that the City:

Leverage existing buy-in and capacity. Both district and community partners have favorable perceptions of the partnership and report that implementation is going well. Rather than reinvent the wheel, Pittsburgh has the opportunity to increase investment in an existing model with high levels of stakeholder buy-in and leverage long-standing relationships between district leadership, staff, and partners to serve more children. Several partner providers reported that they had existing capacity to serve more children in Pre-K Counts or Head Start Supplemental should funding become available.

Continue to increase options for low-income families. Respondents felt strongly that a mixed-delivery model attends to a variety of parent needs and preferences, giving agency to families who have traditionally had limited options. Parents are able to select the setting that works best logistically, in terms of transportation and work hours, and provides an educational experience that's well-suited to their child's unique needs. The city has an opportunity to increase those choices even more by investing in growth both within the district and through community-based partners.

Target new seats to areas where families are most in need of publicly-funded pre-K opportunities. Existing capacity in STAR 3 and 4 centers is not well-aligned to unmet need, making the geographic distribution of new seats complicated. Although some partners reported waitlists for publicly-funded slots, others had trouble filling those slots with qualifying families. Centers located in more affluent areas did extensive outreach but acknowledged that the true need lay elsewhere in the city. In fact, two high-quality providers with capacity to spare cited the difficulty of finding eligible children to fill program slots as a barrier to engaging in partnership with the district. In order for expansion efforts to be successful, the city will need to target new seats to those regions with the highest need for high-quality, publicly-funded early childhood education.

Invest in bolstering the quality and capacity of centers in underserved neighborhoods. Providers must be STAR 3 or 4 to be considered high quality and partner with PPS, but many providers struggle to find the financial and administrative capacity to improve their Keystone STARS rating. Providers' inability to provide competitive salaries and benefits for their staff makes

it difficult to recruit and retain teachers that meet teacher qualification requirements for those STAR levels and for the Pre-K Counts and Head Start Supplemental programs. In fact, according to one provider, teacher qualification requirements are the greatest barriers to improving STAR ratings and, thus, achieving greater quality. Many early childhood education providers also occupy buildings not originally built as child care centers, and one provider noted that covering the cost to modify the facilities in order to meet Keystone STARS requirements is a challenge for many centers. In order to dramatically increase the number of low-income children with access to pre-K in Pittsburgh, policymakers will have to devote resources to strengthen the quality and increase the capacity of centers in high-need neighborhoods. Other cities have done this by offering financial and technical supports to providers seeking quality improvement. Some have also allowed for short-term district partnerships with STAR 2 programs, provisional on demonstrated growth towards quality.

Support more partner providers in working towards inclusive classrooms. District staff and providers implementing inclusive classrooms observed that combining private pay and children receiving HSSAP or PKC in the same classroom reduces stigma and allows all children to learn in diverse settings. The district has, for many years, invested in teaching children together “regardless of their income or family situation” in order to yield these benefits. Unfortunately, it has been much harder for already under-resourced community-based providers to maintain inclusive classrooms. Instead, they are often forced to accept only as many Pre-K Counts or Head Start Supplemental recipients as they can fit in one classroom with one certified teacher. As the Task Force considers how to target new investments in public pre-K, policymakers should consider funding aimed at allowing partner providers to better compensate their staff and hire more teachers with the credentials necessary to teach inclusive classrooms.



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