BUILD INITIATIVE

PHILADELPHIA'S EARLY LEARNING COMMUNITY SPEAKS OUT:

AN ACTION PLAN FOR QUALITY IMPROVEMENT

2021

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ABOUT THE BUILD INITIATIVE

The BUILD Initiative partners with state and community leaders to promote equitable, high-quality child- and family-serving systems that result in young children thriving and learning. BUILD envisions a time when all children reach their full potential and when race, place, and income are no longer predictors of outcomes.

ACKNOWLEDGEMENTS

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INTRODUCTION

Public and private funders support a multitude of initiatives to improve the quality of early care and education programs in Philadelphia such as child care centers, home-based child care, and pre-K programs. Philadelphia is fortunate to have a long history of quality improvement supports, financed through both philanthropy and state and local government. There is an active interest in ensuring that Philadelphia's youngest children and their families be able to equitably secure high-quality early learning services for their children. Capitalizing on this strong commitment, the two leading foundations in the community commissioned this report to learn more about opportunities to further develop and improve a system of quality improvement supports in Philadelphia.

The early childhood education community in Philadelphia shares a commitment to a vibrant, equitable early learning system in which family, group, and center programs work hand in glove with the families and communities they serve. Excited about further reforms for quality improvement services, during this project they generously shared their experiences, insights, and ideas for the future.

Approach

BUILD assembled a team that had considerable experience in Philadelphia, and consisted of five individuals with longstanding ties to Philadelphia, including two center directors, one family child care owner/operator, and two individuals with extensive policy and management experience at the local and state level. Additional team expertise came from a well-established early care and education researcher and an individual with considerable foundation grantmaking experience in this area. The team was made up of three Black and four White women.

To develop recommendations to help strengthen quality improvement in Philadelphia, we worked closely with three key sets of stakeholders—early learning providers, organizations that deliver quality improvement services, and public and private funders of these services. This highly interactive process ensured that those affected by our recommendations played a key role in shaping them.

Quality improvement initiatives were identified by the two foundation funders as well as the Pennsylvania Office of Child Development and Early Learning and the Philadelphia Mayor's Office of Children and Families. Interviews, focus groups, and surveys, conducted between August and November 2020, were used to gather information. Briefing and input sessions with stakeholders took place from December 2020 through March 2021, and were organized to review what was learned, gather reactions and additional ideas, and discuss options for the future.

Developing *Philadelphia's Early Learning Community Speaks Out: An Action Plan for Quality Improvement*

106
early learning providers through
13
FOCUS GROUPS

266
providers through
ONLINE SURVEY

4
public and private
FUNDERS

26
INDIVIDUALS,
16
quality improvement
ORGANIZATIONS

4
WORK SESSIONS
on recommendations and action steps with 4 funders, 20 quality improvement leaders, and 27 early learning providers

1
BRIEFING
for statewide early learning advocacy coalition

Current Landscape

Our research showed a great deal of consistency in the analysis of strengths, challenges, and ideas for improvement across all three stakeholder groups of providers, quality improvement organizations, and public and private funders.

Strengths

Among the providers we heard from, there is a baseline of satisfaction regarding the current quality improvement programs in which they are participating. Six in 10 of those surveyed noted that the initiatives they participated in strongly met their expectations. Eight-and-a-half in 10 felt the initiatives moderately met expectations. During focus groups, providers—even when communicating the need for improvement—were focused on strengthening quality improvement efforts rather than eliminating these services.

Quality improvement organizations also noted several strengths, including:

- Positive relationships with providers, creating trust and enabling change.
- Strong community partnerships and working with other programs across the city.
- Positive changes in the classroom environments, enhanced intentional teaching, and improved parent engagement.
- Process and strategy strengths, such as the development of cohorts as a means of building peer support into programs.
- Purchase of Creative Curriculum for all Philadephia free, quality pre-K (PHLpreK) providers, allowing for in-depth instructional support across all providers using it and improved skills among coaches.

Funders, both public and private, also cited several strengths in the current initiative offerings.

The city takes pride in the fact that:

- Programs are not income based and their equity strategy is working in terms of the neighborhoods in which the seats are placed.
- Actual enrollment numbers have been steadily growing with the programs.
- Many STAR 1 and 2 programs have successfully moved to STAR 3 and 4.

The state also cited several strengths in the current system:

- Keystone STARS provides a common language across multiple stakeholder groups and helps providers understand quality.
- Families have received useful information from the consumer education website that helps them understand

that STARS ratings equal quality.

- STARS has also helped to contribute to PHLPreK: PHLPreK is identifying partners through STARS and helping them to meet quality standards.
- There is evidence of the benefits of the STARS program. An inquiry supported by the William Penn Foundation shows a statistically significant difference at the STAR 3 and 4 level in quality outcomes for children.

The private foundations cited successes in engaging and recruiting program participants, building provider trust and relationships with the organizations providing supports, effectively engaging families, and raising the capacity of quality improvement organizations. They also recognized the positive impact of a steady growth in STAR 3 and 4 seats. They acknowledged that even though the STARS program does not tell us everything about quality – it is a positive marker of quality improvement.

Foundations also held up successes that are less tangible than specific programmatic improvements. For example, they have seen providers respond positively to networking and peer support that may not have been the central objective of a quality improvement project. And, they have noted the importance of community connections in establishing interventions that are equitable, speaking to the cultural, racial, and ethnic composition of the programs.

Challenges

While stakeholders identified many strengths, they also identified challenges in building an equitable quality improvement system with model practices in the areas of communication, coordination, collaboration, and integration. These challenges were seen as equally important to address as issues of funding and scaling.

These key challenges emerged from our discussions with all three groups of stakeholders:

- **Communication**- sharing plans and updates across individuals and organizations, with or without consideration for others also working in the area.
- **Coordination**- sharing plans and implementation progress with individuals and organizations listening and considering other viewpoints in doing their work.
- **Collaboration**- independent organizations coming together to create mutual frameworks for planning and implementation towards a common goal.
- **Integration**- mutual investment, shared decision-making and governance, planning, implementation, and reporting.

In short, while Philadelphia has an impressive array of quality improvement services, in many critical ways they are not visible to the intended provider users. Nor are

they known to all of those offering quality improvement services. No one has taken responsibility for ongoing communication and coordination, let alone the even more difficult work of collaboration and integration. This has the potential to shortchange everyone involved—the children and families whom everyone is united in their commitment to serve; the providers who may not have access to the quality improvement services they would like; the quality improvement organizations that may be duplicating effort or failing to coordinate their efforts when serving the same provider; and the public and private funders who are seeking to ensure efficient, high-impact deployment of resources.

All stakeholders are concerned about the current distribution of quality improvement supports. All acknowledge that the supports are limited. But there is an increasing concern that providers who are STAR 1 or 2 are getting short shrift, and that there is an inadequate focus on this group of family, group, and center providers. Likewise, there is a concern that engagement and resources should be more specifically directed to those who are serving the community's most vulnerable children, including those who are Black, Asian, and Latinx and those who are in situations of economic insecurity and distress. At the same time, the stakeholders who informed this work felt strongly that it is important to provide quality improvement supports to experienced providers so they can continue to improve their efforts.

Stakeholders also expressed that quality improvement should have a more explicit and focused racial, ethnic, and cultural equity emphasis. There is a need to broaden the definition of quality beyond the expectations that are set by Keystone STARS, Pre-K Counts, PHLpreK, and state licensing. Just as the definition of quality needs to be reformed, work remains to be done to ensure that all quality improvement staff have the competencies to actively address issues of race, ethnicity, and culture in their work.

Throughout the process of gathering information for this report, many stakeholders noted that there are systems issues that have a deleterious impact on quality improvement. These include the substandard compensation that is the norm; the limited access to the two better paying state and local programs, Pre-K Counts and PHLpreK; the lack of any well-financed infant/toddler program; the multiple monitors who visit providers; and the multiple funding streams for early care and education services that become costly for providers to administer, especially those that are small.

CORE VALUES

Following are the core values that run through all our recommendations. They come from our team's knowledge and experience and were informed and confirmed by our discussions with providers, quality improvement organizations, and funders. We believe they are essential to this, and every, quality improvement effort whose desired result is adequate supports for providers and beneficial outcomes for children and families.

- A culture of support for providers, children, and families is essential.
- The voice of diverse providers, children, and families is as important in supporting quality improvement as the voice of funders, individuals, and organizations that provide quality improvement services. Providers know best what they need.
- Providers, across all settings—home-and center-based—and roles—for example, director, teacher, owner —are respected experts and compensated for their contributions.
- Quality improvement services are developed in collaboration and with coordination between providers, quality improvement organizations and funders.
- Financial resources are part of quality improvement services so that sustainable improvements are created.

- Quality improvement supports and services are delivered in community with a racially and culturally diverse workforce that reflects the community, providers, and children being served.
- Racial equity is embedded in all aspects of quality improvement: the definition of quality, improvement supports, monitoring, and accountability.
- Improvements in the child care and early learning system are necessary to ensure the success of quality improvement.
- Funding is provided to cover the cost of providing quality care and ensuring that this care is accessible and affordable for families.

RECOMMENDATIONS AT-A-GLANCE

The following recommendations grew out of the engagement process and were reviewed and discussed with all three groups of stakeholders in March 2021 after they were modified following earlier stakeholder meetings. The order of the recommendations reflects the priorities for sequencing implementation expressed by our stakeholders. The sequence is most heavily influenced by early learning and child care providers, but also reflect the thoughts of quality improvement organizations and funders.

Core Recommendations

- **Provider Council:** Create a single provider council to engage providers in the decision-making about what quality improvement services should be offered and how, applicable to city, state, and private funding.

- **Quality hub:** Create a quality hub – a place where providers, regardless of whether they receive city, state, or private funding, can learn about quality improvement service opportunities and be supported in participating in the services best suited to their needs, and where quality improvement organizations come together.

- **Financial resources for quality improvement:** Increase funding for quality improvement and include direct financial resources for providers as part of quality improvement offerings.

- **Breadth of content in quality improvement:** Ensure that quality improvement encompasses a full spectrum of supports that cover a range of topics including teaching and learning; business practices; family engagement; racial, cultural, linguistic practices of the providers/programs; and trauma-informed practice.

- **Shared, equitable definition of quality:** Create a shared, equitable definition of quality that is informed by all the stakeholders participating in quality improvement and use it to drive the development and measurement of quality improvement initiatives across all funding sources.

- **Parent and family engagement:** Increase parent and family engagement in the process of improving the quality of the early learning and child care services they are using.

- **Common data system:** Create a common data system that is used by all quality improvement organizations and providers, regardless of funding stream, to track what is being offered, who is receiving support, and results for both the provider and quality improvement organization providing supports.

- **Whole-program focus for quality improvement:** Provide quality improvement services across an entire program; not just for a room or two as is often required currently by specific funding streams.

- **Quality improvement for all provider types and at all levels:** Focus more resources and effort on providers (inclusive of family, group, and center providers) who are STAR 1 and 2 while continuing to focus effort and resources on providers who are STAR 3 and 4 so that all levels can participate in meaningful quality improvement.

- **Providers at the center:** Create a standard practice, with implementation funding, that all quality improvement organizations serving a program, regardless of funding stream, meet with the program to share information and work in cooperation.

- **Proactively integrate racial, ethnic, and cultural equity in quality improvement services:** Provide support to all those offering quality improvement to become expert enough to proactively integrate equity issues regarding race, ethnicity, and culture into their quality improvement work. And, leverage the strengths of providers and share their expertise with their communities.

Critical Systems Recommendations Needed to Strengthen Improvement Supports

- Address the most critical systems issue: compensation.
- Increase overall funding for the quality improvement system.
- Create an infant/toddler quality program comparable to Pre-K Counts and PHLpreK that pays on a program basis and assures middle-class salary and benefits for the teachers.
- Integrate and align the multiple funding sources at a state and city level to develop a more efficient system for funding early care and education services and to decrease the administrative burden on providers.
- Ensure ongoing growth in Pre-K Counts and PHLpreK so that new providers who meet the quality expectations can participate
- Create a coordinated approach to the now separate monitoring processes at the state and city level.

RECOMMENDATIONS

The following recommendations grew out of the engagement process and were reviewed and discussed with all three groups of stakeholders in March 2021 after they were modified following earlier stakeholder meetings. The order of the recommendations reflects the priorities for sequencing implementation expressed by our stakeholders. The sequence is most heavily influenced by early learning and child care providers, but also reflects the thoughts of quality improvement organizations and funders.

CORE RECOMMENDATIONS

Provider council

Engage providers in the decision-making about what quality improvement services should be offered and how, applicable to city, state and private funding.

Why

We learned that providers would like a voice in deciding what quality improvement is offered, including its content and method of delivery. Eighty-eight percent of the providers surveyed indicated that it is important to be part of the decisions about quality improvement supports that are offered. This was also heard in the focus groups. Providers did have experience providing feedback on the quality improvement services received, but this is not the same as having a place at the table initially. Quality improvement organizations acknowledged that providers are not involved from the beginning and that more had to be done to give providers the opportunity to make an impact on decisions about quality improvement.

Solution

One way to engage providers in decision-making about quality improvement services is to create a provider council that would collaborate with all quality improvement organizations and all funders. The purpose of the council would be to:

- Inform what quality improvement services are needed.
- Inform outreach and engagement activities.
- Help determine improvement of existing quality improvement services.

Council members would:

- Be paid.
- Represent family, group, and center providers of all different sizes.
- Represent the geographic, cultural, racial, and ethnic communities in Philadelphia.

- Represent all STAR levels.
- Include directors as well as teachers.
- Include family members.

The council would work in collaboration with all quality improvement organizations and all funders to inform the quality improvement services needed, the best ways for providers to engage with them, and how to improve existing services and maintain what is currently working. The council would create a strong feedback loop among the providers, the quality improvement organizations, and the funders. Individual members would be responsible for additional engagement with other providers as part of their responsibilities. We also recommend term limits for participation on the provider council to assure participation from a broad range of individuals and ensure that fresh voices are consistently included.

The provider council for Philadelphia could feed into a network of councils for the Office of Child Development and Early Learning's (OCDEL) system, and OCDEL could create a statewide council consisting of regional representatives.

The provider council could be part of the hub, as discussed in a separate recommendation that follows, or it might be separate from it. If it is separate, the provider council would need to work closely with the hub. The provider council should be housed within a neutral organization, i.e., one that does not provide quality improvement services or direct child care/ early learning services. This will avoid any conflicts, or the appearance of any conflicts.

Action Steps

During the stakeholder input meeting held in March 2021, participants identified the following critical action steps:

- Define quality by including providers, families, and OCDEL.
- Streamline existing funding and find new targeted funding that includes support from the state and city and initial start-up funding from foundations and/or businesses.
- Identify the lead for the provider council and build out the structure.

The funders would take a lead role in providing the resources and infrastructure to support this work, and all funders and the quality improvement organizations would have to agree to work with the provider council. Resources would be needed to pay for provider participation and assure appropriate staffing and follow-up subsequent to their contribution.

> " NOT HAVING A VOICE MAKES US DISGRUNTLED SOMETIMES. NO ONE EVER ASKS US. IT IS UNEQUAL AND IT LEADS TO INEQUITY.
> – PROVIDER

RECOMMENDATIONS

CORE RECOMMENDATIONS

Quality hub

Create a quality hub – a place where providers, regardless of whether they receive city, state, or private funding, can learn about the opportunities to get quality improvement services and be supported in participating in the services best suited to their needs, and where quality improvement organizations come together.

Why

Philadelphia is fortunate to have ongoing investment in quality improvement resources from several funders, most prominently, the Commonwealth of Pennsylvania, through the Office of Child Development and Early Learning, the William Penn Foundation, Vanguard, and the City of Philadelphia, through the Mayor's Office of Children and Families as well as the Philadelphia Department of Public Health. Together these funders support a wide variety of quality improvement initiatives, involving at least 16 organizations. Providers need considerable focus and persistence to learn about what might be available to them and best suited to their needs as neither the funders nor the quality improvement organizations have a shared coordination and collaboration approach.

Solution

The proposed solution is to create a hub that will provide a means through which all Philadelphia providers—home, group, and center based—can learn about available quality improvement and get connected to it, and which can bring quality improvement organizations together to better coordinate and collaborate. The hub will engage with several stakeholders.

For providers, the purpose of this hub is proactive outreach and engagement with the provider community in order to 1) provide up-to-date information on quality improvement opportunities for all provider types and at all STAR levels, 2) support providers as they make their own decisions about what quality improvement supports to access, 3) facilitate provider peer support, and 4) provide referrals and information about health, human, and community services that providers may need for themselves or the children and families that they serve. To meet the needs of providers, we envision both centralized and neighborhood services.

We learned that there is a strong need to work with providers in their communities, so the connection of this hub to neighborhoods is critical to ensure it can fully realize its mission. While there is a need for some centralized functions, such as the creation and maintenance of a website, outreach

to social media, as well as "registration" or "application" for services, we also recommend that the hub be required to have neighborhood-based locations. This will be essential for the hub to successfully provide peer support. These neighborhood-based locations could be provided by the hub directly or by entering into business partnerships with community-based organizations that reflect both geographic and cultural characteristics of the providers. It will be critical for the hub to build connections, especially for reaching STAR 1 and STAR 2 providers, so that they see quality improvement as responsive and supportive. Further, connections at the neighborhood level are necessary to realize the equity strategy of engaging the full range of providers in Philadelphia. Providers should be called upon to help determine whether the hub works with other organizations at the neighborhood level or establishes neighborhood hubs that the central hub staffs.

> **Examples of neighborhood-based approaches:**
>
> Action for Early Learning (AFEL) provides an exemplary model for these networks. The AFEL Alliance of Childcare Providers is a network of providers in West Philadelphia who receive professional development and other resources to support continuous quality improvement (CQI) toward increasing STARS levels. The Alliance is open to all child care providers regardless of STARS level or type of program (i.e., family, group, center). The only criteria are that they must be committed to quality improvement and be located within the target neighborhood. Free services include a wide range of supports including training, coaching, mentoring, networking, provision of materials and resources, and support for family engagement activities.
>
> Another useful community implementation model is the creation of a resource room where neighborhood providers can borrow materials for use in their family or center programs, thus creating a gathering place for providers to interact with hub representatives. The resource room can also sponsor peer networking events that could help connect providers to one another and to quality improvement supports.

The hub would also support quality improvement organizations. For these organizations, the purpose is to:

- Support quality improvement organizations in working together to share information with each other.
- Support quality improvement organizations in coming together, along with providers, when more than one quality improvement organization is serving a provider.
- Create a peer network for quality improvement organizations.
- Provide referrals and information about health, human, and community services that quality improvement organizations may need for themselves.

We see the hub providing a forum to bring together all the quality improvement organizations to improve communications, but also helping them to move from communication and coordination into collaboration. In this way, the hub would play a critical supportive leadership role in working with providers as well as helping the quality improvement organizations and the funders to work better together.

Families are the third stakeholder for the hub. Families and their children benefit from the child care and early learning services. The hub will need to engage families in its work to ensure that the services are viewed as beneficial to families.

Finally, funders would also be supported by the hub. Since the hub will track and share information on all available quality improvement supports, funders can better understand available offerings and gather information from the quality improvement organizations about how providers are responding to opportunities. Working in cooperation with the provider council, funders can learn more about provider expectations and experiences as well.

During the planning process, questions arose about whether the ELRC could act as the hub. The current mission of the ELRC extends well beyond support for quality improvement, as it also encompasses work with families and providers with regard to Child Care Works. Further differentiation would be needed in the ELRC for it to fulfill the citywide functions of the hub to ensure separation of these duties. At the same time, ELRC's current role is focused on OCDEL's quality improvement work so its scope and capacity would need to be expanded to ensure that, for all providers, there is a central clearinghouse for all quality improvement initiatives, a coherent and meaningful outreach strategy, and an effort to bring together all quality improvement organizations. Currently ELRC's mandate from its single funder, OCDEL, focuses on Keystone STARS participation. To serve as the hub, ELRC would need to expand its current scope, and buy-in would be necessary from multiple stakeholders for this transition to be successful.

A previous recommendation noted that the hub could be the home for the provider council. We note that the use of the term "hub" is an interim name for this approach. As this idea moves from concept to reality, the users of the hub should be consulted to determine the name.

Action Steps

During the stakeholder input meeting held in March 2021, participants identified the following critical action steps:

- Conduct a landscape analysis of the existing quality improvement organizations, including the ELRC, to determine the best home for the hub.
- Work more deeply with providers (see previous recommendation on the provider council) on prioritizing the initial start-up responsibilities for the hub and get additional input on the organizational home.
- Create the provider council.
- Ensure that the initial scope of services for quality improvement organizations includes coordination of their services.

For this idea to be successfully implemented, all funders of quality improvement services would need to engage. Financial investments would be needed to create the hub, including staffing capacity. Unless funders decide to fund all their quality improvement work through this entity, they will need to require organizations providing quality improvement to work cooperatively with the entity, and likely will need to fund time for this to occur.

> " TO MAXIMIZE ALL OF THE INVESTMENTS, BETTER COMMUNICATION AND COORDINATION IS NECESSARY.
> – FUNDER

RECOMMENDATIONS

CORE RECOMMENDATIONS

Financial resources for quality improvement

Increase funding for quality improvement and include direct financial resources for providers as part of quality improvement offerings.

Why

While providers value expert coaching and technical assistance, to make the most of it they need resources to support their participation in quality improvement initiatives. Things such as money to pay for substitutes, provision of supplies and learning materials, curriculum and additional operating support are needed and go a long way toward helping providers achieve their quality improvement goals. Child care program revenues are limited, and providers constantly struggle with acquiring enough resources to develop and sustain quality programming.

Solution

This solution has two parts: improve investment in quality improvement and ensure that providers participating in quality improvement receive financial resources as part of their participation. Implementation of this recommendation will both expand access and deepen the opportunity for more providers to participate in quality improvement services.

There are multiple actions involved in achieving both parts of the recommendation. These actions involve a concerted focus on improving sustainable resources at the provider level.

One proposed approach involves rate setting for publicly funded programs run by OCDEL and by the City of Philadelphia. Movement to setting the rate for public subsidy (Child Care Works) as well as PHLpreK and PA Pre-K Counts by a cost of quality care model would allow for more operating resources for providers who participate in these programs, leading to greater financial resources for all providers. If the cost model for Child Care Works differentiates by quality level, additional resources would be made available in a sustainable manner for programs as they rise in quality.

If this improved approach to rate setting is combined with Child Care Works paying by contract, rather than just PHLpreK and PA Pre-K Counts paying by contract, stability in favor of quality would be enhanced because providers serving children

from families with low incomes would have a guarantee for payment based on their capacity to serve these children. Further consideration should be given to moving to longer-term stable resources for providers, such as multi-year contracts for publicly funded programs (i.e., Child Care Works, PHLPreK, PA Pre-K Counts).

Another part of this solution that relates to concerns for more active focus on providers who are currently STAR 1 or STAR 2, would be to structure contracts that provide for resources commensurate with the cost of high-quality care for providers who commit to participation in quality improvement and are given access to higher operating resources at the outset in order to assist them in improving their quality.

Both public and private funders could specifically include financial resources to go to providers as part of their funding for quality improvement organizations and make this a standard part of their approach. Public funders can work to systematically increase resources to support quality improvement as they gain additional public resources so that as more resources are made available directly to improve family access and improve payment levels and methods for providers, an increase in the quality improvement system is also included.

Action Steps

During the stakeholder input meeting held in March 2021, participants identified the following critical action steps:

- Encourage a closer look at cost of care versus market prices to set rates.
- Encourage the public sector as well as private funders to commit to multi-year funding for providers.
- Use the hub to align services and strategies that are made available to providers and provide communication about what is available.

Leadership to advance this recommendation is needed throughout the early childhood stakeholder community,

including state and local government, providers, policy advocates, and private funders. Each has a role in advancing the various facets of this recommendation. For example, advocates can help to demonstrate why more public investment is needed to support quality, and how changing the rate strategy, committing to multi-year funding, and providing more stable funding through contracts all yield greater value to the public sector as well as to families, children, providers, and the broader community.

> " I APPRECIATE QUALITY INITIATIVES THAT OFFER CONCRETE RESOURCES. WHEN FUNDING GOES AWAY, WE NEED RESOURCES TO SUSTAIN QUALITY.
>
> – PROVIDER

CORE RECOMMENDATIONS

Breadth of content in quality improvement

Ensure that quality improvement encompasses a full spectrum of supports that cover a range of topics including teaching and learning; business practices; family engagement; racial, cultural, linguistic practices of the providers/programs; and trauma-informed practice.

Why

Like the stakeholders we heard from, we take an expansive view of quality improvement that includes, for example, business practice support as a critical component. Many who offer quality improvement supports believe that the need in each area exceeds what they can provide and note gaps in areas such as business practices; racial, cultural, and linguistic practices of providers/programs; and trauma- informed practice.

Solution

The proposed solution encourages funders, quality improvement organizations, and providers to work together to ensure that a full spectrum of quality improvement support is available. Working through the hub and provider council, quality improvement organizations can hone their expertise in one or more areas of quality improvement support and improve their approach based on input from the provider council. Working through the hub and the provider council (and using data that is discussed in the data recommendation), funders can see where more depth in offerings is needed. This solution also entails public and private funders coming together to share targets for the spectrum of offerings and distribution of supports in an equitable manner and how they will coordinate their investments in quality improvement to achieve the targets.

Action Steps

During the March 2021 stakeholder input meeting, participants identified the following critical action steps:

- Create the provider council.
- Define the full vision of high quality.
- Create the data system to allow for information sharing.
- Create the hub to make all available services public and visible.
- Identify the convener to move this recommendation forward.

The funders would take a lead role in assuring funding is available to quality improvement organizations to have staff with appropriate expertise to design and field this work. Current quality improvement organizations would be expected to incorporate the work on racial, cultural, and linguistic practices into their core expertise, but other organizations may also be needed to implement this work. While some existing organizations do currently address the topics of business and trauma-informed practice, they need greater resources to scale the work. It will also be important for advocates to help demonstrate why more public investment is needed for this population, and to persuade the city and the state to deepen their investments.

> " I WANT TO IMPROVE THE OVERALL QUALITY OF MY PROGRAM. IT COULD BE BUSINESS PRACTICES, IT COULD BE FOOD AND NUTRITION, AND IT COULD BE FUNDING.
>
> – PROVIDER

RECOMMENDATIONS

CORE RECOMMENDATIONS

Shared, equitable definition of quality

Create a shared, equitable definition of quality that is informed by all stakeholders participating in the Philadelphia Quality Improvement System and use it to drive the development and measurement of quality improvement initiatives across all funding sources.

Why

We heard strong support for a shared definition of quality and how quality is measured from all stakeholders. All who participated in the process indicated that racial and cultural equity had not sufficiently informed the definition of quality and shaped how the expectations for quality are supported or assessed. Philadelphia has a population of more than 1.5 million people: 44 percent is Black; 34 percent is White, non-Hispanic; 15 percent is Latino; and 8 percent is Asian. Just over 14% of the population was born outside of the United States. (Source: United States Census Bureau, Quick Facts, retrieved March 27, 2021, https://www.census.gov/quickfacts/philadelphiacountypennsylvania). Ensuring that the prevailing definition of quality, and supports for offering quality, addresses issues of racial and cultural equity is essential in the context of Philadelphia's community.

Solution

Currently, Keystone STARS provides the prevailing definition of quality for Philadelphia providers, as it is required for all child care providers participating in PHLpreK as well as Pre-K Counts and encouraged for all state-regulated providers. While there are various concerns with Keystone STARS, policymakers have embedded it across multiple publicly funded services and stakeholders are using it. STARS provides the basis for both the child care community's participation in Pre-K Counts as well as the local funding efforts for PHLpreK.

However, there is widespread recognition that STARS and its definitions have not been vetted from a racial, ethnic, and cultural equity perspective. Some stakeholders we spoke to suggested creating a local, supplemental definition of quality within PHLpreK to address this need. Since the City of Philadelphia funds approximately 10 percent of the providers through its PHLpreK program, the scope of such a definition would be limited. STARS is the broadest and most unifying of the efforts to define quality and we are recommending that STARS be amended to reflect a common, shared definition. The process of redefining quality must deeply engage

providers and families along with more traditional participants from the research, policy, funding, and advocacy communities.

Action Steps

OCDEL should take the lead and work in close collaboration with a broad coalition of providers, families, policy analysts, advocates, and quality improvement organizations to support this work.

Revisions of quality improvement approaches through a racial, ethnic, and cultural equity lens are not well established, so the foundation community could provide support for the effort — both the process to bring together the various stakeholders as well as the analytic work.

> " WHEN YOU SEE WHO OWNS CHILD CARE IN PENNSYLVANIA, YOU SEE IT IS AFRICAN AMERICAN WOMEN. THEN, YOU GET A LIST OF CURRICULUM AND ASSESSMENT THAT DOES NOT MATCH THE NEEDS OF OUR CHILDREN. WE NEED TO ADDRESS THESE ISSUES.
>
> – PROVIDER

RECOMMENDATIONS

CORE RECOMMENDATIONS

Parent and family engagement in quality improvement

Increase parent and family engagement in the process of improving the quality of the early learning and child care services they are using.

Why

Children and families are the ultimate beneficiaries of the early care and education programs and services in Philadelphia. They are key stakeholders, and should be treated as such, along with providers, quality improvement organizations, and funders. We recommend that the entire early childhood community be more intentional in creating opportunities for families to express their needs and concerns and participate in shaping quality improvement activities.

Solution

There are several solutions for consideration to more fully engage families in the process of improving quality.

A family council, similar to the provider council, could be established to work in cooperation with the provider council and the hub.

Quality improvement organizations and providers, working through the hub and in cooperation with the funding community, can routinely engage families at the outset of quality improvement work and seek their counsel as the work progresses to see whether and how families are experiencing changes for themselves and/or their children.

Families should also be an active part of the process of creating an equitable definition of quality. Consistent with this recommendation, family engagement should be two-way, providing for an active role in the planning and decision process.

Providers can review their services with families to determine what has the greatest value for their children, and then use this information to determine what quality improvement supports they would like to pursue.

Action Steps

- Incorporate family engagement in the creation of the hub.
- Either establish a separate family council or incorporate into the provider council.
- Actively engage families as key stakeholders in revising the definition of quality.

> TO IMPROVE THE QUALITY OF ECE AS A WHOLE, WE MUST MAKE IT BETTER FOR THE CHILDREN AND FAMILIES. FAMILY NEEDS ARE DETERMINED BY THE CHILDREN WE SERVE AND THE COMMUNICATIONS WE HAVE WITH PARENTS.
>
> – PROVIDER

RECOMMENDATIONS

CORE RECOMMENDATIONS

Common data system

Create a common data system that is used by all quality improvement organizations and providers, regardless of funding stream, to track what is being offered, who is receiving support, and results for both the provider and quality improvement organization providing supports.

Why

Funders and quality improvement organizations are particularly interested in having an integrated data system that is used across funding streams. They recognize that many of the previously discussed recommendations are not likely to be as effective without the support of an integrated data system.

Solution

An integrated data system should begin with input from providers as well as quality improvement organizations and funders so it is designed to meet their varying needs. There is common agreement that a quality improvement data system should include all quality improvement services that are available, regardless of who is funding them, and provide information on who is receiving them (by neighborhood, STAR level, and child and family demographics), as well as track the progress being made. Quality improvement organizations would have access to information so that they can better see where they should coordinate and potentially collaborate.

Providers should also have access to the quality improvement data system. Given that many providers are

not technologically savvy, user interfaces should be user-friendly and easy to understand. Providers are concerned about working with quality improvement specialists who are experienced and who can form excellent working relationships with them. Accountability contributes to that working relationship. Providers should be able to access information about the track records of the organizations and the individuals with whom they directly interact.

Action Steps

Study current data systems in use in Philadelphia and at OCDEL and the PA Key to assess if these systems can be aligned and are able to collect the needed data. If they cannot be used and a new quality improvement data system is required, we recommend combining private funds to develop the system and public funds to maintain it.

Identify the convener to move this recommendation forward.

> **" IT IS ALSO IMPORTANT TO HAVE A DATABASE IN WHICH WE CAN SEE EVERYONE WORKING WITH A PROVIDER AND WHAT RESOURCES THEY ARE GETTING FROM A QUALITY IMPROVEMENT ORGANIZATION.**
>
> **– QUALITY IMPROVEMENT ORGANIZATION**
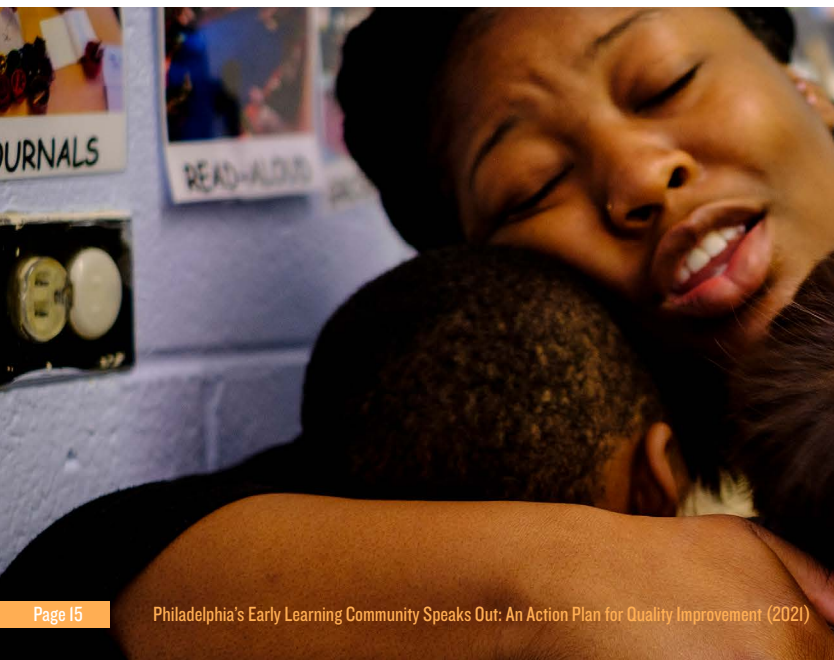
RECOMMENDATIONS

CORE RECOMMENDATIONS

Whole program focus for quality improvement

Provide quality improvement services across an entire program, not just for a room or two as currently is often required by specific funding streams.

Why

Providers expressed concern about quality improvement services that are frequently limited to the early care and education services of a particular funding stream (for example, the funding provided by the city for PHLpreK and the state for PA Pre-K Counts). Center-based providers noted in particular that they run entire programs and are committed to quality improvements for their entire center. Family-based providers noted that there is not enough support for their programs. A segmented approach is counterproductive to meeting their overall quality goals.

Solution

To ensure that an entire program is participating in quality improvements, several solutions are possible. First, public funders could broaden the scope of the quality improvement support offered through PHLpreK and PA Pre-K Counts so that services are offered to the entire program or all preschool

rooms rather than a part of a program. A second approach is to have public and private funders work together to bring in the necessary resources. Another approach is to prioritize quality improvement for the portion of the program that is not part of PHLpreK or PA Pre-K Counts and to ensure that an offer is made for the entire program and not just a part of it. The hub would play a critical role in assuring coordination if this approach were to be adopted.

Action Steps

- Public funders should work cooperatively to supplement resources so that quality improvement supports for the pre-K programs extend beyond the designated classrooms that participate in the state or city pre-K program.

> "PARTICIPATING IN QUALITY IMPROVEMENT DID HELP ME IMPROVE QUALITY. WHEN I ENDED, I WAS NOT THE SAME AS WHEN I BEGAN. IT GAVE ME A HUNGER TO WANT TO LEARN. I WENT FROM NOT WANTING TO GO TO COLLEGE TO GOING TO COLLEGE. AND GETTING A MASTER'S DEGREE.
>
> – PROVIDER

RECOMMENDATIONS

Quality improvement for all provider types and at all levels

Focus more resources and effort on providers (inclusive of family, group, and center providers) who are STAR 1 and 2 while continuing to focus effort and resources on providers who are STAR 3 and 4 so that all levels can participate in meaningful quality improvement.

Why

All stakeholders are deeply concerned about supporting providers—family and center-based —that are STAR 1 and 2 to engage and make progress with quality improvement. Increasingly, public and private funders are seeking to focus efforts with STAR 1 and 2 providers across all types of providers and in neighborhoods where quality services are scarce. At the same time, providers who are at STAR 3 or 4, and may be participating in the premier programs of Pre-K Counts, Head Start, or PHLpreK, do not believe that they have achieved everything that they have wanted to in terms of the quality of their work. They need continued investment to sustain the quality gains they have achieved. We heard that more work is needed to address the needs of providers at all levels so that they feel challenged and can continue to make progress. Quality improvement supports cannot be subtracted from any group of providers and work is needed to further pinpoint the services that will be most beneficial.

We also heard that providers may be asked to change quality improvement organizations as they make progress to a higher level of STARS. Providers sometimes felt that they had developed well-established relationships and might benefit from continued services through those same organizations as they continue to rise through STARS. While not all providers may benefit from continuity, they thought that this should be an option for them.

Solution

Investing sufficient resources in the quality improvement system to serve all providers type, and at all STAR levels, requires infusing additional public and private resources into quality improvement. But more equitable distribution could be achieved by having the public and private funders work collaboratively to look at their investments across the public and private sector and to coordinate their efforts and develop mutually agreed upon targets of support by provider type and provider engagement in STARS. This can then be reflected in their funding agreements with the quality improvement

organizations. Additionally, the hub, provider council, and data system can help inform implementation and course corrections as a targeted strategy is used until resources improve.

As part of this solution, it will be important to work with the provider council to see what universal and potentially less costly group supports are welcomed by providers and result in effective supports.

Action Steps

- Public and private funders convene to share their current targets.
- Public and private funders consult with the provider council as well as the hub before finalizing a shared strategy for distribution of their quality improvement resources.
- Advocates help to demonstrate why more public investment is needed to support quality and work with state and state leaders to realize greater investment.

Public funders and foundations could develop policies for the percentage of quality improvement supports offered at each STAR level, and foundations can do the same. It will also be important for those engaged in advocacy to help demonstrate why more public investment is needed for this population, and to persuade the city and the state to deepen their investments.

> "AS A FAMILY CHILD CARE PROVIDER, I WANTED TO BE A PART OF WHAT WAS OFFERED TO GROUP AND CENTERS; I WANTED TO PROVIDE QUALITY SO I COULD BE A BETTER ADMINISTRATOR AND EMBRACE THE WHOLE CHILD. I AM WORKING WITH THE FUTURE SO I HAVE TO DO THE BEST TO SERVE FAMILIES AND EMPOWER MYSELF.
>
> – PROVIDER

RECOMMENDATIONS

CORE RECOMMENDATIONS

Providers at the center

Create a standard practice, with implementation funding, that all quality improvement organizations serving a program, regardless of funding stream, would meet with the program to share information and work in cooperation.

Why

Providers indicated that they find it beneficial to engage with more than one quality improvement support at a time. Providers may benefit from receiving support for improved business practices at the same time they are working to enhance their teaching and learning practices. Providers also noted that when quality improvement support is tied to specific funding streams and may only be available to support a portion of their programming, engaging with different quality improvement supports is essential. While different funders may have narrower or broader definitions of quality improvements, providers see that support, whether directed to teaching and learning, business, or other areas, as part of an overall quality improvement continuum that supports their goals for their entire program.

It is particularly important to providers that they meet with the individuals who are assisting them and create a mutually agreeable plan of action. Some providers expressed concern that quality improvement organizations would meet without providers present, which they indicated would be disrespectful to them.

Solution

When a provider is involved with more than one quality improvement organizations, the organizations should meet with the provider. Funders for quality improvement can adopt this as an expected practice. The hub can play a critical role in facilitating this type of "case management" process, and the data system can help make it apparent when more than one quality improvement organization is working with a provider.

Action Steps

- Ensure funders incorporate expectations that all quality improvement organizations serving the same provider meet with the provider to assure effective coordination and communication.
- Include coordination of providers with quality improvement organizations as a hub responsibility.
- Implement the data system recommendation to enable transparency about what quality improvement services a provider is getting.

> " I SHOULD NOT HAVE TO BRING TOGETHER THE PEOPLE WHO ARE PROVIDING QUALITY IMPROVEMENT TO MY PROGRAM. QUALITY IMPROVEMENT PROVIDERS SHOULD BE WORKING TOGETHER TO SUPPORT EARLY LEARNING PROVIDERS.
>
> – PROVIDER

RECOMMENDATIONS

CORE RECOMMENDATIONS

Proactively integrate racial, ethnic, and cultural equity in quality improvement services

Provide support to all those offering quality improvement to become expert enough to proactively integrate equity issues regarding race, ethnicity, and culture into their quality improvement work. And, leverage the strengths of providers and share their expertise with their communities.

Why

Providers communicated concerns that quality improvement supports, which they generally believe are relevant and useful, do not always proactively incorporate race, ethnicity, and culture policies and practices. This focus on equity issues should be a key element for all quality improvement services. Furthermore, many ECE educators have deep expertise that they could share with others in their communities. They should be engaged more fully in providing support to their peers.

Solution

Professional learning opportunities should be made available to all the organizations, regardless of funding stream, to develop expertise so that they can integrate equity issues regarding race, ethnicity, and culture into their ongoing quality improvement work. One funder, or funders working together, could take responsibility for assuring that professional learning is available to all the individuals who are part of quality improvement service provision. As part of this, one or more quality improvement organizations could take ongoing responsibility for carrying this work out in the future. For example, the PA Key has been seeking to provide coaching training across multiple quality improvement organizations as infrastructure support. This same strategy could be replicated.

Another part of the solution is to call upon the providers, which could be done through the provider council, to assist with development and implementation.

Action Steps

- Funders work together to determine who has resources to invest in professional learning for all the quality improvement organizations.
- Funders, through the hub and in consultation with the provider council, learn about the best approach to implement these supports for quality improvement organizations.

Public and private funders could invest in developing a year-long, required professional development program for quality improvement staff that integrates equity, with a focus on race, ethnicity, and culture, into their work. The program could be delivered to small cohorts of quality improvement staff to allow for the intensity that the topic requires. Additional professional development on equity issues in the quality improvement system should be provided on an ongoing basis.

> "BLACK CHILD CARE PROVIDERS WITH EXPERIENCE REPORTED THAT INSTEAD OF RECEIVING OPPORTUNITIES TO BE COACHES, THEY HAVE BEEN OFFERED COACHING BY NON-DIVERSE QUALITY IMPROVEMENT ADVISORS WHO KNOW LESS THAN THEY DO. TO BE MORE EQUITABLE, QUALITY IMPROVEMENT SHOULD PROVIDE A PROFESSIONAL PATHWAY FOR EARLY LEARNING PROVIDERS WITH EXPERIENCE.
>
> – PROVIDER

RECOMMENDATIONS

CRITICAL SYSTEMS RECOMMENDATIONS NEEDED TO STRENGTHEN IMPROVEMENT SUPPORTS

Compensation

Address the most critical systems issue: compensation.

All stakeholders raised concerns that the substandard pay for the early learning community diminishes the opportunities to achieve and sustain quality. The failure to provide middle-class salaries and benefits undercuts the benefit of quality improvement interventions and makes providers feel disrespected and undervalued. To address compensation, more public investment is needed. The use of funding mechanisms such as contracts that require specific salary range is one way to address the issue and can apply to the city and state premier programs of PA Pre-K Counts, Head Start Supplemental, and PHLpreK. Likewise, Child Care Works can be converted to a contract payment system to address this issue and Keystone STARS can provide a vehicle for the wage scale and its implementation.

High levels of leadership are needed from the public sector, foundations, providers, and all stakeholders to systemically change compensation for the provider community. It will also be important for those engaged in advocacy to help demonstrate why more public investment is needed for this population, and to persuade the city and the state to deepen their investments. At the federal level, there are several proposals that address compensation for child care, so additional support to engage on this may be needed, with investment by philanthropy to support providers, advocates, and families to educate and advocate on this critical issue.

Private funders could support additional coaching, as well as materials and equipment to STAR 1 and STAR 2 programs to meet deliverables. Private funders could also fund coaching on implementation of best business practices over time and exploring additional funding opportunities, as well as grant writing.

> "WE ARE BUILDING A HOUSE ON A VERY SHAKY FOUNDATION. A PRIME EXAMPLE IS COMPENSATION FOR TEACHERS THAT IS STILL, ON AVERAGE, ONLY $24,000 PER YEAR. WE TALK ABOUT INSTRUCTIONAL QUALITY AND THE EDUCATIONAL ATTAINMENT OF STAFF, BUT WE PAY TEACHERS LESS THAN THEY COULD EARN AT TARGET OR AMAZON. THAT IS A FUNDAMENTAL FLAW IN THE SYSTEM.
>
> – FUNDER

CRITICAL SYSTEMS RECOMMENDATIONS NEEDED TO STRENGTHEN IMPROVEMENT SUPPORTS

Increase overall funding for the quality improvement system

Increase overall funding for the quality improvement system.

While there are an impressive number and variety of quality improvement supports offered in Philadelphia, there continue to be issues with scale. At the state level, quality improvement resources were shifted from the Regional Keys to the Professional Development Organizations. The Professional Development Organizations often focus on degree and credential attainment, rather than shoulder-to-shoulder work with providers at the program level. The new Early Learning Resource Centers are expected to improve the movement from STAR 1 to STAR 2 but have limited resources to provide services to help meet this goal. City programs are dependent on the quality improvement funding from the private foundations. The strong interest of the funding, provider, and quality improvement communities in supporting the movement of STAR 1 and Star 2 to rise higher is not likely to be realized unless more money is committed to quality improvement.

At the state level, OCDEL can consider the distribution of resources it has for quality and make adjustments to support quality improvement. The city can consider improving its investment in quality improvement. Providers and quality improvements must also push for more appropriate investment from the public sector. It will also be important for those engaged in advocacy to help demonstrate why more public investment is needed for this population, and to persuade the city and the state to deepen their investments.

> " INADEQUATE FUNDING IS AN ONGOING ISSUE, BOTH FOR QUALITY IMPROVEMENT AND FOR FINANCING OF THE EARLY CARE AND EDUCATION SERVICES.
>
> – QUALITY IMPROVEMENT ORGANIZATION

RECOMMENDATIONS

CRITICAL SYSTEMS RECOMMENDATIONS NEEDED TO STRENGTHEN IMPROVEMENT SUPPORTS

Create an infant/toddler program comparable to Pre-K Counts and PHLpreK

Create an infant/toddler quality program comparable to Pre-K Counts and PHLpreK that pays on a program basis and assures middle-class salary and benefits for the teachers.

Infant/toddler teachers typically receive less compensation than pre-K teachers, which causes inequity in programs and poor staff morale. The high cost of serving infants and toddlers, and the lack of support for these programs, has led to a shortage of desperately needed infant/toddler care. Over and over, quality improvement organizations and providers noted that the incentives provided by PHLpreK and Pre-K Counts are meaningful for growth and quality improvement, but that infants and toddlers have been left out.

This recommendation speaks to the need for a public program. Public funding is needed for a state level infant/toddler contract program and should not be dependent on a program participating in Pre-K Counts. Likewise, the city should broaden its efforts to include support for infants and toddlers.

Leadership to create a meaningful, high-quality infant/toddler program will require the leadership of all funders, providers, and the quality improvement organizations. Additionally, it will be important for those engaged in advocacy to help demonstrate why more public investment is needed for this population, and to persuade the city and the state to deepen their investments. Federally, there are no pending proposals to address this gap.

> "THE INCENTIVES PROVIDED BY PHLPREK AND PRE-K COUNTS ARE MEANINGFUL, BUT THE ENTIRE POPULATION OF INFANTS AND TODDLERS HAS BEEN LEFT OUT – THE HIGH COST OF SERVING INFANTS AND TODDLERS CAUSES PROGRAMS TO BE LESS LIKELY TO PROVIDE INFANT AND TODDLER CARE.
>
> – PROVIDER

RECOMMENDATIONS

CRITICAL SYSTEMS RECOMMENDATIONS NEEDED TO STRENGTHEN IMPROVEMENT SUPPORTS

Integrate and align the multiple city and state funding streams

Integrate and align the multiple funding sources at a state and city level to develop a more efficient system for funding early care and education services and decrease the administrative burden on providers.

We heard from many stakeholders about the management challenges resulting from accepting support from multiple funding streams. Significant time is spent managing each funding stream and its expectations and accountability demands. Small programs, especially, find it challenging to deal with many different funding sources. In larger programs, these management tasks use time and resources that could be better spent on programming.

This recommendation goes beyond shared services, which is one solution to help providers address multiple funding streams and requirements. Instead, we are recommending a deeper look at the state's funding streams of Child Care Works, Keystone STARS, PA Pre-K Counts, and Head Start Supplemental to see if they could be consolidated at the state level into one program and funding stream that would reduce management complexity. For example, to get to this long-term goal, having a single standard for family eligibility could be considered rather than different requirements for each program. Another option is moving Child Care Works to a program-funded contract that could be consolidated at the state level for any program also participating in PA Pre-K Counts or Head Start Supplemental to have one contract with one unified set of conditions for the work. Finally, combining PHLpreK and Pre-K Counts could also be considered.

The city and the state would need to display strong leadership to work with a multitude of stakeholders to determine what is needed, solutions, and a strategy to achieve the solution. Additional support from the foundation sector might be needed to help with staffing of this work.

> " THE DATA ENTRY IS SO CUMBERSOME AND COMPLEX. I CANNOT BELIEVE WHAT WE ASK PROVIDERS TO DO. IT IS ESPECIALLY DIFFICULT IF THEY HAVE ANY KIND OF BRAIDED FUNDING. THERE ARE SO MANY FUNDING SOURCES AND TYPES OF FUNDING SOURCES.
>
> – QUALITY IMPROVEMENT ORGANIZATION

RECOMMENDATIONS

CRITICAL SYSTEMS RECOMMENDATIONS NEEDED TO STRENGTHEN IMPROVEMENT SUPPORTS

Grow Pre-K Counts and PHLpreK

Ensure ongoing growth in Pre-K Counts and PHLpreK so that new providers who meet the quality expectations can participate.

Providers all acknowledge that it is highly desirable and important to participate in PHLpreK and PreK Counts as these programs pay at a higher level and in a more predictable manner. They are motivated to qualify for the programs and accept the STARS program requirements as necessary to participate. However, once programs meet the right STAR level, they often still cannot get in. This causes frustration and the belief that political decisions are driving the selection of participants in the PHLpreK program.

Public funders need to publish a document that clearly articulates eligibility for Pre-K Counts and PHLpreK including priority providers by geography, poverty level, etc. Private funders could fund outreach to priority neighborhoods that

are not being served by either program and provide assistance with proposal writing. It will also be important for those engaged in advocacy to help demonstrate why more public investment is needed for this population, and to persuade the city and the state to deepen their investments.

> " PRIOR TO STARTING OUR PHLPREK PROGRAM, WE HAD TO DO STARS 2. THIS FELT LIKE SUCH A HUGE HURDLE TO BE ELIGIBLE FOR PHLPREK, AND THEN IT FELT GREAT… THEN, WE HAD TO MOVE TO STARS 3. I FELT MORE EMPOWERED AND MORE INFORMED, AND THE COACHES WERE GREAT. THEY BELIEVED IN US AND THEY PUSHED US TO BE GREATER AND TO SEE OUR POTENTIAL.
>
> – PROVIDER

RECOMMENDATIONS

CRITICAL SYSTEMS RECOMMENDATIONS NEEDED TO STRENGTHEN IMPROVEMENT SUPPORTS

Coordinate state and city monitoring

Create a coordinated approach to the now separate monitoring processes at the state and city level.

At the state level, OCDEL has separate monitoring for Pre-K counts, STARS, and licensing. At the city level, monitors come from the city's Department of Public Health, Licenses and Inspections, and PHLpreK. Stakeholders noted that the lack of coordination can result in an abundance of monitors coming into programs and in conflicting expectations that bring providers into compliance with one requirement, and out of compliance with another.

Public funders need to coordinate the monitoring of at least the programs funded by OCDEL and PHLpreK in the city. This can start by committing the time and resources to a process and developing a clear agreement on the goals to be achieved.

> **EACH FUNDER HAS ITS OWN GOALS AND STANDARDS AND THEY DO NOT ALIGN. I HAVE HAD THREE DIFFERENT PEOPLE ON THE SAME DAY TO INSPECT THE KITCHEN — HEALTH DEPARTMENT, SCHOOL DISTRICT, AND FEDS.**
>
> **- PROVIDER**

CONCLUSION

Through our work on this project, we learned that the Philadelphia early learning community has many strengths, including a group of creative and resourceful quality improvement organizations, public and private funders committed to making investments that make a difference, and a cadre of caring providers who are driven by their passion and commitment to the well-being of young children and their families. And, most importantly, we found a community that is open to listening to each other and working together to build on existing strengths to continue to improve the quality of programs and services supporting children and families.

We recognize that implementing all the recommendations we offer in this report may be a long-range strategy. However, we are heartened to learn that some of those participating in our project have already begun to take steps to make these ideas a reality. We worked hard to make this project an interactive process and engage those who are on the frontlines of the quality improvement work. We are proud that a new level of energy and momentum seems to be a by-product of the process.

During this project we have kept the voices of providers front and center because we consider them to be the true experts on what is needed to improve quality. During our interviews, some providers shared that they have told the stories of their challenges in the past and nothing happened as a result. We hope that will not be the case with this work.

We hope all of you who are part of the Philadelphia child care and early learning community will see a role for yourself in moving these recommendations forward. It is not just the responsibility of the funders. It will take everyone working together to create the high-quality programs and services that will help Philadelphia's young children and their families thrive.

APPENDIX A
FINDINGS AND ANALYSIS OF EARLY LEARNING PROVIDER INPUT

Some details about our process

This project is firmly grounded in the belief that providers are the most knowledgeable source regarding their needs and the benefits they receive from the quality improvement efforts offered to them. And, frequently, their voices are absent when quality improvement programs are designed and implemented. Therefore, we sought provider input in a in a number of ways. We:

- Held 13 virtual focus groups reaching 64 providers.
- Provided a questionnaire to the invited providers who were unable to participate in the focus groups.
- Administered an online survey to providers throughout the city.

As a result, we collected views from a diverse group representing the full range of early learning providers and STAR levels.

Our provider outreach was conducted in October and November 2020. All participants received small gift certificates in appreciation of their participation. Initially, we separately analyzed the data collected from our three forms of outreach and then combined our analysis for this report.

Descriptive statistical analyses were performed of the closed-ended survey items. Open-ended survey items and focus group data were systematically coded for key themes using an online system. As themes emerged, illustrative quotes were selected to represent larger themes. The key themes from analysis of data from both surveys and the focus group were combined to present a cohesive narrative.

The sample of early learning providers completing the city-wide survey differed somewhat from those who participated in the focus groups and follow-up survey, but each sample included individuals representing the range of provider-types and STAR levels.

Citywide survey of a random sample of early learning providers

We obtained qualitative and quantitative data from early learning providers through a survey of a randomly assigned sample of providers. Drawing on the expertise of a research methodologist, we established a sample size that would be sufficient to generalize to early learning providers throughout the City of Philadelphia. Of the 1,199 early learning providers in Philadelphia 724 (60 percent) are child care centers, 341 (28 percent) are family child care homes, and 134 (11 percent) are group home providers.

We sampled 181 child care centers, 159 family child care providers, and 99 group homes. We oversampled family child care providers and group homes to increase the likelihood that the final sample would be representative of all provider types. The survey was distributed to the sample between November 5 and November 30, 2020, drawn from the state's open data base of certified providers. A total of 266 providers agreed to complete the survey for a response rate of 61 percent and a completion rate of 34 percent.

Focus groups and survey of focus group providers

A total of 13 focus groups were held, reaching 64 participants. An additional 42 people who could not attend participated by filling out a questionnaire. Focus group participants were informed that participation was voluntary and that their information would be kept confidential.

Focus group participants were identified by referrals from the quality improvement organizations. The organizations were asked to recommend individuals who have had both positive and challenging experiences with them. Additionally, two of these organizations broadcasted the opportunity more broadly to the provider community.

We developed the focus group protocol and an associated PowerPoint slide deck that was used to elicit information from focus group participants. The focus groups were facilitated by Adrienne Briggs, Sherilynn Kimble, and Sharon Neilson and notes were taken by Harriet Dichter, Gail Nourse, Diane Schilder, and Deb Stahl. The meetings were recorded and selected recordings were reviewed to verify information documented in the notes.

Input gathered from providers

Both the citywide survey and the focus group discussions and survey focused on questions about:

- Provider characteristics.
- Funding received.
- Receipt of quality improvement services.
- Input and feedback about the quality improvement.
- Benefits of the quality improvement.
- Whether quality improvement met providers' needs.
- Challenges of quality improvement.
- Equity issues.
- Types of quality improvement that providers would like to see in the future.

Description of providers

The providers we reached out to are diverse in many ways:

- They represent center-based, family, and group care settings.
- They represent a wide range of roles including center director, site leader, owner, and teacher.
- Their experience ranged from one to 45 years.
- They are racially and ethnically diverse – the survey respondents were more likely to be Black/African American and Latino than White. The focus group participants included providers who self-identified as Black/African American, Asian, Latinx/Hispanic, White, and Other.
- Early learning providers who completed the survey reported accessing a range of funding sources.
- The top funding sources for those completing the survey were Child Care Works, tuition/private payments, the Child and Adult Care Food Program and PHLpreK and PA Pre-K Counts. Focus group participants were not asked explicitly about funding but a number volunteered that they also receive funds from these sources.
- They represent all STAR levels.
- They primarily characterize their work in the child care as a profession or a personal calling.
- They most commonly access quality improvement programs from Early Learning Resource Center and First Up, but have accessed all of the programs represented in this report.

More details on these provider characteristics are provided in the exhibits at the end of this appendix.

Key themes

There were several key themes that emerged from all three of our sources of input:

- Providers have a variety of strongly held ideas about what constitutes quality.

- The quality improvement efforts providers currently participate in provide them with many benefits.
- Providers report that the quality improvement efforts they have participated in met or exceeded their expectations.
- Providers face some challenges with current quality improvement offerings.
- Equity is a concern for many providers who feel that the current system reinforces structural racial inequities.
- The Covid-19 Pandemic has created huge challenges and influenced how providers serve children and families.
- Providers have some concrete ideas for improving quality improvement efforts in the future.

Definitions of quality in early learning

When we asked early learning providers about their definitions of quality, a majority of participants provided answers that described "process quality" that leads to benefits for the children, their families, and their communities. Process quality definitions offered by providers included a focus on creating and reinforcing community, offering services that benefit children and families that are inclusive, support classrooms and teachers, exceed basic health and safety standards, and involve continuous improvement. Others described specific content, such as literacy instruction. Several indicated that they view quality as going above and beyond the provision of services that exceed basic health and safety standards.

A few described specific constructs that are assessed and measured in the STARS program but only a few specifically mentioned STARS or other pre-existing definitions of quality. STARS is seen as a baseline indicator of quality and an enabler to access supports, resources, and other funding streams such as Pre-K Counts and PHLpreK.

And, quality was defined as excellence, as one provider summed up:

"Quality is defined in my child care by excellence. We have established small group settings that provide the appropriate child-to-adult ratio that encourages development in young children. The learning environment is full of materials that build on learning through play with a focus on creativity and individuality. Teachers are trained in early childhood education, and always participate in professional development for growth. We thrive on creating a culture around family partnership. We believe that participating in quality improvement programs has helped us improve quality as well as maintain it for our families."

Providers commented on several other aspects of quality:

Quality involves connections to children and families:

"Quality is a close, collaborative relationship and it involves interaction."

"Quality is connecting with children and parents."

"It is not just [offering services] to the child but to the community and, also to staff. [it is important to] expand the definition so it is not just academic. It needs to reflect family values – responsive and intentional."

Quality involves connection to community and providing comprehensive support and services:

"[Quality means offering] comprehensive support and services in all areas: nutrition, parent support, education, social services."

"Quality is creating and reinforcing a sense of community and offers comprehensive services."

Quality includes cultural, linguistic and racial/ethnic responsiveness:

"Quality is providing inclusive services that reflect cultural, linguistic and racial competence."

"I entered into quality improvement because I was the only Hispanic female business owner in South Philadelphia. We had a lot of children in the community who were mixed race and they included Hispanic, African American, etc. The community was not diverse enough for them. That was important to me to create the all-inclusive environment."

"We are founded by refugee and immigrant leaders. So, we are also looking at our community and working to address the community needs. We have to understand the inequities in our community. We see this as two sided. We want to be a culturally responsive and culturally sensitive program and that is important to us as we define quality."

Quality includes connections between children and teachers:

"Quality is offered at the classroom and teacher levels. "

"The quality in the classroom is going up if the teacher is engaged with the children.

"Interactions are different but still quality."

Quality includes health and safety:

"Quality for me is health and safety; that is the main goal."

"[Quality means] a program that meets health and safety requirements as minimum."

Quality means continuous improvement:

"Part of being quality is you have to continually improve. You want to continue to be challenged. . . want to be ahead of the curve, want to make sure policies are not punitive."

Quality includes and goes beyond the definition offered through STARS:

"Quality goes beyond STARS and means that children and families consistently receive all of the services they need that allow them to grow and thrive. "

While many accepted STARS as a quality definition, others said, "What we think doesn't always line up with the state's definition."

Covid-19 has influenced the definitions of quality:

"Covid forced us to do things not in best interest of the child but we are trying to be supportive of our family choices. Intention is good and we are building community."

"Covid has had an impact on quality. [It means] juggling children [and creates] staffing and ratio challenges."

"Quality is consistency. Covid has made us change things. Teachers have to stay home with their own children and we have reduced classroom sizes. Enrollment is very low, but we still need more teachers because of health protocols. We have to be flexible during this time. It affects quality."

Providers benefit from the quality improvement supports they receive

Providers who participated in quality improvement initiatives reported benefits. Over 80 percent of citywide survey respondents who answered the question about benefits reported that they had learned something new, had applied what they learned to their program, and reported that the quality improvement helped their program. High percentages also reported that they shared what they learned with others and over half reported that they experienced an "aha moment." Almost nine percent reported that they received no benefits.

In the focus groups, providers gave additional details about the benefits they have experienced. They noted that some key components of quality improvement were more beneficial than others and that some formats and types of quality improvement that met their needs led to benefits. Specifically, providers reported the most beneficial types of quality improvement:

- Support their growth and professional development by being tailored to their needs, learning styles, and community.

Exhibit 1. Benefits of quality improvement reported by early learning providers

Benefit	Percentage	Count
I learned something new	86%	64
I learned something I shared with others in my program	82%	61
I applied what I learned to my program	86%	64
It helped my program quality improve	86%	64
I experienced one or more "aha" moments	72%	53
I experienced no benefits	9%	7
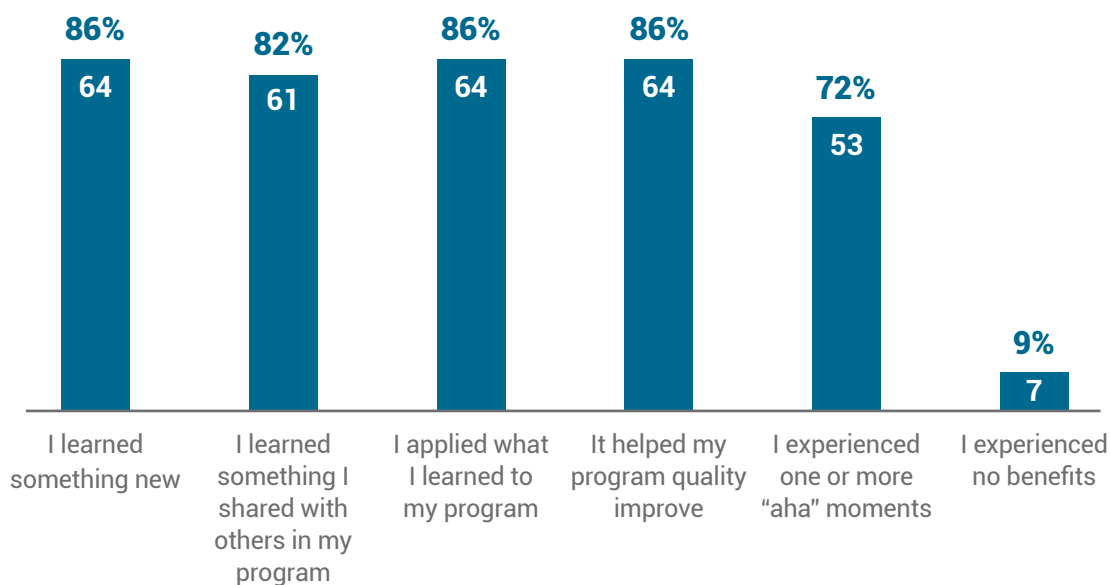
- Have as a foundation strong, respectful relationships.
- Are offered by individuals from the community "who look like me" and who have in-depth knowledge of the child care business and child care quality.
- Reflect cultural, linguistic, race equity awareness and competence.
- Are holistic and represent a pathway, as opposed to piecemeal.

Moreover, early learning providers reported that quality improvement with these features can have myriad benefits for their program as a whole. For example, the supports can contribute to personal professional growth and development, enhance teaching skills and improve classrooms, establish stronger business practices, help with obtaining grants and funding, and increase access to materials and supplies. These supports ultimately benefit the children and families they serve as well as their community.

During the focus groups, several individuals reported that through engaged, respectful relationships with coaches and technical assistance providers, they were supported to set up their programs with a strong business foundation. For example, coaches helped them with a range of tasks including obtaining business cards, setting up a budget, securing funding, and accessing different credentials and courses. Many noted that the coaching helped them go beyond learning one narrow skill to applying what they learned to improve their program overall, giving them a strong foundation and the ability to offer quality services.

One provider reported she used to do her own payroll and experienced a big challenge, "with taxes and everything." Her coach helped her find an accountant to free her up to better support the children and families she serves. She also said that many parents in her program were allowing their young children to spend too much time on digital devices. She learned from her coach how best to give parents information about how to reduce screen time and use devices to support their children's learning and development.

Providers noted that participating in ongoing quality improvement that offered a career pathway yielded personal benefits as well as benefits to their program and community. A provider who recently retired said :

"Participating in quality improvement did help me improve quality. When I ended, I was not the same as when I began. It gave me a hunger to want to learn. I went from not wanting to go to college to going to college and getting a master's degree. When you don't know something, you can't move forward. When you do learn more, you do better."

Teachers receive multiple benefits from quality improvement opportunities

Providers reported several benefits for teachers including access to courses, credentials and other learning supports, access to content that they can apply in the classroom, and access to curriculum, assessments and other materials.

Several reported specific content knowledge that teachers gained such as learning to implement specific curriculum, increasing knowledge of early literacy, and learning how to engage with children in a way that is developmentally appropriate and supports all aspects of children's development.

For example, one focus group participant reported, "Teachers are growing from their implementation of the curriculum and from their engagement in the educational system. Many went back to school and became certified teachers."

Another educator reported that through the quality improvement program, her program received resources, learned about T.E.A.C.H.®, and support from the coach to help her, "look at environment – to make sure it was developmentally appropriate and the teachers were using best practices." She said that the ongoing relationship with the coach and her experience meeting with other directors was especially beneficial.

Providers report benefits for families and children

Many providers reported that families benefitted from their participation in quality improvement initiatives.

"The quality improvement efforts support the needs of the families I serve. We inform the parents of all quality improvement initiatives before they begin in our program. We also ask the parents for input. During the process, we survey the parents on our progress in providing quality and meeting their needs."

"We use a strengths-based . . . model and develop shared goals for families based on their individual needs and we also identify trends and offer group family engagement network meetings to bring families together to share challenges and successes."

One focus group participant noted that because of improved understanding of child development, she is able to better support the children who attend her program. She stated, "This really gave me a broader perspective on what to offer. I have very young children and they have a quick attention span. The program helps me … put things out there for the children."

Providers report quality improvement efforts met or exceeded expectations

Given that many providers reported benefits, it is not surprising that about 60 percent of citywide survey respondents reported that the quality improvement supports they participated in met their expectations "a lot" or "very much." Exhibit 2 shows details on how expectations were met.

Providers in the focus groups noted the key features of the quality improvement initiatives that met or exceeded their expectations.

Good quality improvement provides:

Strong and respectful relationships:

"[My best experience is . . .] when I have a coach who is my partner as opposed to thinking they are going to tell me what to do."

"[Names of coaches] didn't look down on you. They helped you along. I really appreciated it."

Exhibit 2. Early learning providers report on whether quality improvement met expectations

Not at all	A little	A moderate amount	A lot	Very much
4% / 3	11% / 8	26% / 19	30% / 22	29% / 21
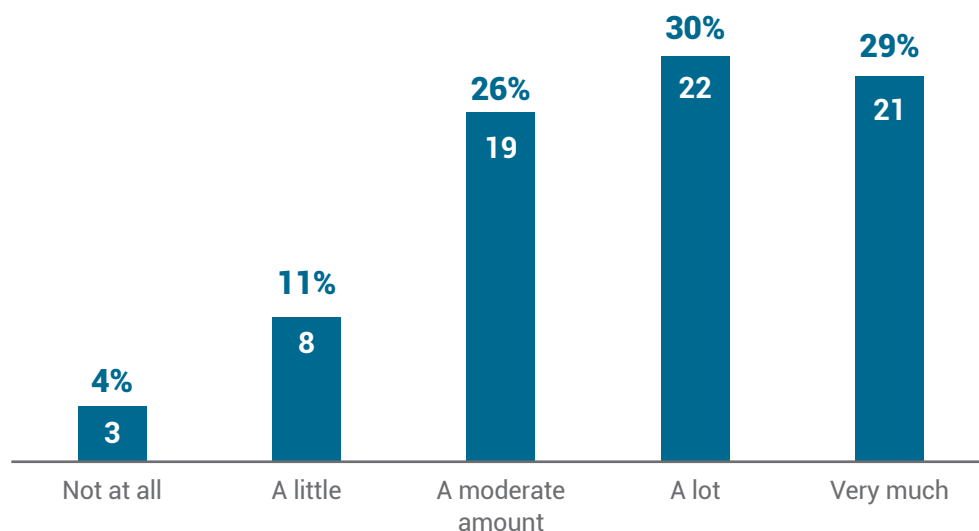
Services offered in the providers' neighborhood:

"I had met her in the neighborhood . . . and she helped me at the program."

"[My] coach came to my neighborhood."

Efforts specifically designed to meet provider and program needs and goals (not simply pre-packaged):

"What I love is when I get a coach who knows what my goals are, my world of thinking about my business is and what I want to do."

Learning tailored to the unique learning styles of the provider:

"This was really hands-on—there was actual interaction and they went into my class with me."

"I learn from other people – hearing stories may impact future families."

Support for networking:

"I need a network and this will help me form some partnerships. Networking is key to building quality."

Services that are comprehensive and part of a pathway:

Several focus group members reported that they have benefitted from approaches to quality improvement that are tiered and offer a pathway, rather than separate workshops that are not tied to services provided directly at their family, group, or center child care program.

Direct funding and resources:

"I appreciate quality initiatives that offered concrete resources. When funding goes away, we need resources to sustain quality."

"The STARS money is great."

"I would love the family engagement kits you'd get."

Learning content that benefits children and families:

Several focus group participants reported that they valued quality improvement that offers them specific content knowledge such as how to address problem behaviors proactively and how to teach early literacy.

Providers report challenges with current quality improvement initiatives

Although the providers reported many benefits from the quality improvement supports they receive, they also experienced challenges.

Survey respondents reported experiencing between two and three challenges, with the biggest challenges being costs to their program and conflicting requirements. Exhibit 3 (see next page) provides more detail on the challenges.

Exhibit 3. Citywide survey respondents who reported challenges with quality improvement

Category	Percent	Count
Costs to my program	34%	27
Conflicting requirements	32%	25
Time commitment	30%	24
No challenges	28%	22
Scheduling changes	25%	20
QI not responsive to my program's need and disrespected my/my staff's experience	9%	7
Did not ask for feedback	5%	4
Did not help my program improve program quality as we define it	3%	2
QI did not meet my program needs	3%	2
QI not culturally responsive to needs of my program or staff	3%	2
QI not provided in language we speak at my program	1%	1

Providers in the focus groups provided more detail on the challenges they face.

Providers lack opportunities to provide input into the creation of quality improvement initiatives and to provide feedback during delivery:

Specifically, many reported that they strongly believe their input is important but that they do not have many opportunities to provide input and feedback. Moreover, several reported challenges with the format, the delivery, and the content of some of the quality improvement.

Some providers feel quality improvement efforts are disorganized and poorly delivered:

"They are always throwing together something at the last minute and it doesn't align. A lot of organizations seem to be going after the grant money. I don't want any more quality improvement about aligning standards when most of us are already aligning standards. We are needing you to use that money for something else. This is a challenge with the powers that be. They write the grant and get the money and it isn't for the purpose of educating children and supporting families."

Quality improvement initiatives do not always match providers' needs:

"As an early childhood educator working in a family child care home, I have a problem with them coming in with tools that have no business in a family child care setting. Even though some of the principles of CLASS are good, it is designed for a preschool and I have to create a training for my staff to explain what happens in a center. It is hard enough to comply with [all of the licensing and other standards]. I want them to allow a

family child care home to be a family child care facility and not make it be a child care center."

"Sometimes the quality improvement is not good for us. We have already done something and are ready for the next level. That can be frustrating as we might be more advanced too."

"I get tired of signing up for the same things every year. How about [they] talk to us and find out what we need?"

"[I get frustrated] when they want to bring someone to teach me Creative Curriculum, when I'm trained to fidelity and I train on this."

"We have to pay out of pocket to get this training [on ERS, CLASS and leadership classes.] This is what I need, but instead I get a watered-down version when someone else goes to these trainings."

Providers sometimes feel a lack of respect from coaches, parents, and the overall system:

"One of the challenges working in child care and education is the lack of respect that is given to educators. . . They [parents and the public] just don't understand the respect we should be getting. "

"PHLpreK providers know that what is happening to us is reprehensible. There is no way that anything can be talked around or talked about that could make us feel better about this particular situation. At the end of the day, they decided not to pay us. They said, it is okay, they have other funding streams until we can figure this out. You have no idea how this is affecting us. I know some centers are hurting because people can go to other jobs. It is hard. At the end of the day, you have to tell employees you can't pay them because the city decided not to pay us. This is a lack of respect for who we are and what we do. This is a bit of a challenge."

Paperwork, standards, and monitoring that lack alignment create undue burden and inefficiency for providers:

Challenges with lack of coordination were reported by about half of those who participated in focus groups as well as those who completed the focus group questionnaire.

"Each funder has its own goals and standards and they do not align. I have had three different people on the same day to inspect the kitchen – the health department, the school district, and the Feds."

"[I am] suggesting a common application for the quality initiatives. We should not have to keep answering the same questions."

"Back in the day, all of the organizations met monthly. We coordinated efforts so we didn't duplicate efforts. Everyone who had interest or funding was at the table. To coordinate - we need the communication!"

Some providers are required to participate in quality improvement activities to obtain needed funding:

Although a majority of focus group participants reported that they participated in quality improvement out of a desire to improve the services they offer to children and families, a few noted that they were required to do so. These providers reported that to obtain access to funding and supports, they were required to participate in some activities. Although some of the required activities were beneficial, several reported that often the quality improvement did not match their needs.

"Prior to starting our PHLpreK program, we had to do STARS 2. This felt like such a huge hurdle to be eligible for PHLpreK, and then it felt great. . . Then, we had to move to STARS 3. I felt more empowered and more informed, and the coaches were great. They believed in us and they pushed us to be greater and to see our potential."

Lack of operating funds creates challenges to sustaining and improving quality:

Providers reported that they experienced challenges when they did not have sufficient funding to pay teachers a living wage and for needed changes to improve and sustain quality. This was true regardless of STAR level. At all STAR levels, providers discussed their lack of sufficient financial resources.

"Most of this help becomes available at STAR 3 rather than at STAR 1 and STAR 2. We get more now that we are at a higher level. Before we hit STAR 3, we were in a negative cash flow and I really had to put money out of my own pocket to get us to STAR 3."

"People cannot pay for the purchases that they need to get to the next STAR level. Interactions may be high but materials can be low. It is frustrating for initiatives not to be offered to programs that are STR 3 or STAR 4."

"Smaller centers are often overlooked and these do not get the same attention as larger centers. I had to make myself stand apart to get attention. Once you are able to make yourself known, then you get attention. Small centers do not hear about opportunities."

"[It is] hard to move up in STARS. [They] stopped giving bigger funds to centers who are 3 and 4 STARS and we need those funds to sustain quality. [It] will be hard to sustain."
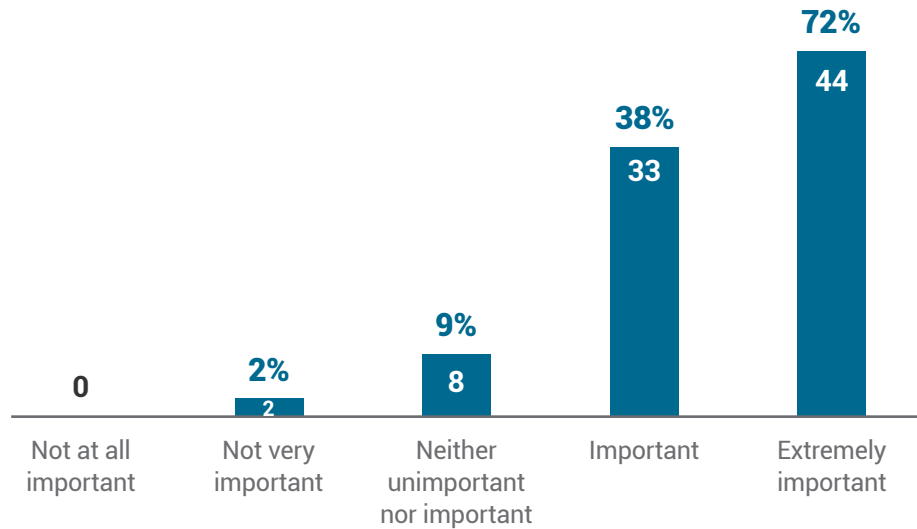
"Are there any initiatives around that are increasing salaries? That would help - teachers need financial support."

"[I am] worried about sustaining quality. I have to replace materials and equipment plus you want to keep adding things. STAR 3 and 4 still need funding help. We want to keep improving. If a center does not get funds from subsidies, you are not getting extra funds from anywhere."

Most providers believe their input is important to the design of quality initiative, but it is not sought:

Early learning providers reported in the citywide survey that providing input is important (see Exhibit 4).

Exhibit 4. Importance of being part of quality improvement decisions

Category	Value
Not at all important	0
Not very important	2% / 2
Neither unimportant nor important	9% / 8
Important	38% / 33
Extremely important	72% / 44

During the focus groups providers also noted that they had not been asked for input in the creation of quality improvement initiatives. Some reported that they sat down with their coaches to consider goals as they were starting with a quality improvement initiative. They considered this to be a form of input but none of the focus group participants reported that they were involved in designing the quality initiative.

Multiple individuals reported that they complete surveys after participating in quality improvement but felt some of the surveys were duplicative. A few questioned if the survey data were used to make changes.

"They ask for feedback, but do not always respect ideas. If you are asking for feedback, at least show respect for feedback. . . more reporting than asking opinion."

"We are asked for feedback as it relates to what the funder wants to know. [It is] not what we can make better. It is more about grant objectives. . ."

"One-time people came down from City Hall and they hadn't spent time in a family child care home. They said, this is amazing. This is the type of thing that is needed. If people come down, they could see from a different perspective and see what we offer."

"I appreciate platforms like this [focus group]. Not having a voice makes us disgruntled sometimes. No one ever asks us. It is unequal and it leads to inequity. These organizations must recognize that we exist. We aren't going anywhere because our children are not going anywhere."

"This group is awesome. I used to advocate. It's all about who makes the most noise. We are too silent. We need to go to the state and make the noise and make the phone calls. We have numbers but not enough force. We need to wake up the sleeping giant that we are."

"[I recommend that they] have more focus groups to hear providers' voices and make sure the Governor's Office and other decision makers hear these voices. Make sure women's needs are articulated and that we hear from women. It is women who are providing child care in these difficult times."

Equity is a concern for many providers

Equity issues were raised in several ways during the focus groups. Some providers voiced their concerns that the existing allocation of quality improvement services, which favor higher STAR level programs, is not equitable and reinforces structural inequities. Many felt that the system is designed by those in power and does not address existing inequities. Providers

stated that to address inequity, providers need to be brought to the planning table to inform the decisions about what quality improvement supports are offered to them.

One theme that emerged is that equitable, culturally responsive quality improvement supports start with a "getting to know you process" that empowers providers to inform coaches that they are to be taken seriously.

"I had a TA come into my office and call her peer who had worked with us and ask her what we needed. (Instead of asking me.) Not okay!"

Others noted that the examples of high quality need to feature Black, Asian, and Latino settings.

"I would like more classrooms that look like mine used in examples when showing what a 'high-quality' child care facility should look like. In books and in videos, all I see is huge classrooms with Caucasian children representing what a 'high-quality' childcare facility should like. It's so bad that when I was trying to create centers in my small space, it was so hard for me because I did not see any examples of centers in a small space. Simply put, it's just always bad for our little poor Black centers!"

Some providers voiced concerns that the quality improvement staff are not sufficiently diverse by race and ethnicity.

"When I look at the administrative team that offers quality improvement, it isn't very diverse. They say the individuals have to have a master's degree and it must be in ECE. Then when I look at who is in these nonprofit organizations, I wonder how much background they have to make the decisions they are making. . . It is not diverse. There isn't equity and diversity. When you see who owns child care in Pennsylvania, you see it is African American women. Then you get a list of curriculum and assessment that does not match the needs of our children. We need to address these issues."

Black child care providers with substantial experience reported that instead of receiving opportunities to be coaches and to receive intensive training, they have been offered coaching by non-diverse quality improvement advisors who know less than they do. To be more equitable, they recommended that quality improvement itself should provide a professional pathway for early learning providers with experience and associated experiences.

Focus group participants also noted concern about the intersection of race, ethnicity, and neighborhood. Some felt that premier programs are distributed by zip code, especially

PHLprek. A number believe that the areas of the city that are predominantly poor and Black communities lack access to important quality improvement efforts. One focus group participant reported that prior to the pandemic, she would be required to attend quality improvement sessions in parts of the city that were inaccessible and when she arrived, she had difficulty finding the building. She reported that the experience made her feel she did not belong and that she should go back to her own neighborhood.

Covid-19 has created specific challenges for providers

During focus groups, early learning providers noted the specific challenges that Covid-19 has created for them and for the children and families they serve. They noted that since the pandemic, they have specific quality improvement needs.

Quality improvement should provide more support for healthy and safe environments:

Providers requested additional policy examples of how to actually implement healthy and safe environments. Several focus group participants reported that they were developing their own guidance after searching on the web. Several noted that they need to build trust with families and have credible information to share with parents to rebuild trust that their facility is safe. And, multiple providers reported that it is difficult to foster relationships with parents and the community while social distancing. Finally, several pointed out that as community-based child care providers, they lack the personal protective equipment that is needed and health insurance that school-based teachers have. Further, they are required to work whereas unionized teachers are not put at risk. A few providers pointed out that this inequitable distribution of resources exacerbates structural racial inequities.

Additional examples of the types of challenges faced by providers:

"I would like to see support with ways to keep the pandemic out of our daycare. Also, help with keeping the daycare cleaned and disinfected along with wage pay for 24-hour care overnight also known as night-time differential pay."

"[We need] resources to help to build partnerships with parents and community during Covid-19 times."

"Staff are scared and we are trying to keep everything clean, safe and classrooms equipped with supplies for activities."

Recommendations for the Future

A number of recommendations for the future emerged from our provider discussions and from the surveys:

Engage providers in the design of quality improvement initiatives:

Providers believe that they should be asked for early input into the design of quality improvement initiatives, not just for feedback after they are participating in the initiative.

Create an umbrella organization where providers can learn about all quality improvement organizations and get connected to them:

While providers reported many positive experiences with quality improvement, they are aware that there are multiple funders and many organizations that are offering services. They would like it to be easier to know about quality improvement. Some advocated for having a single application that would be accepted by any quality improvement initiative to avoid a heavy load of paperwork.

Provide more financial supports as part of quality improvement supports:

Providers indicated that quality improvement should come with concrete resources. Examples of the types of resources that providers find helpful include funding for supplies, needed facility repairs, and substitutes. In addition, funding is needed for staff members to act as mentors and coaches within their own program and for other programs.

Tailor quality improvement to the unique needs of each program, including its experience:

Providers report that they benefit most from quality improvement that is respectful and tailored and meets their specific needs. Quality improvement support that is pre-determined or "off-the-shelf" is not as helpful. For example, some providers need basic orientation and supports whereas others need business planning and still others, specific content. One focus group participant reported she would benefit from more business training that includes information about long-term planning, savings for retirement, engaging a financial advisor, and setting up the business for sustainability. Another reported that she receives the same curriculum every year, a waste of money when she needs other materials and supplies.

Offer comprehensive quality improvement supports:

Providers had a broad-based definition of quality improvement supports that included a focus on children's learning, working with families, and business practices. They support this broad range of quality supports and believe a comprehensive approach is essential. They also noted a lack of focus on racial and cultural practices and would like to see this gap closed.

Provide quality improvement support in formats that providers like and want:

Providers prefer site-based supports that include coaching and other forms of on-site technical assistance. They also like mentor-to-mentor or peer-to-peer supports. Providers also reported that they appreciated having virtual sessions but once programs are fully enrolled, such sessions need to be offered at times that directors and teachers can participate. Offering virtual sessions when providers are caring for children undermines quality.

Include peer-to-peer networking:

Providers learn from one another and indicated that the quality improvement system needs to provide for peer-to-peer networking at the neighborhood level.

Address the underlying systems problem of compensation and other structural inequities:

To address structural inequities, many early learning providers believe addressing the foundational issue of low compensation and the disrespect faced by providers is essential. It is imperative to offer funding for staff salaries, staff education, health care benefits, and supplies needed to stay healthy and safe. Several providers noted that over the past decade, their wages have not increased and they have experienced difficulty in hiring and retaining qualified teachers. Some recommended that the funding devoted to quality improvement would be better spent if it were allocated to increased wages for child care directors and teachers. This would result in retaining a qualified workforce that would feel respected for the important work that they provide to children, families, and the community.

Additional Exhibits – Provider Input

Exhibits 5 through 10 provide details of provider characteristics derived from the citywide survey while focus groups and Exhibits 11 and 12 provide information on the use of current quality improvement initiatives.
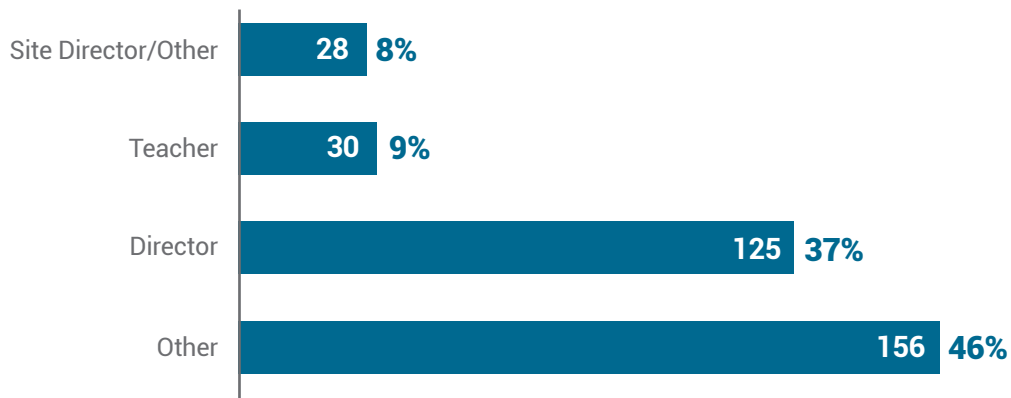
Provider types

Early learning providers represented each provider type and a range of roles. Exhibit 6 (next page) shows the total number of participants in each type of data collection who reported the type of provider they represent. (Note that some providers did not answer the question and some providers participated in multiple data collection activities.)

Exhibit 5. Number of early learning providers by type

	Citywide Survey	Focus Group Participants	Survey of Providers Invited to Focus Groups	Total
Child Care Center	45	55	26	126
Family Child Care	82	39	10	131
Group	44	11	6	61

Exhibit 6. Titles of providers completing the citywide survey

Site Director/Other	28	8%
Teacher	30	9%
Director	125	37%
Other	156	46%

Provider titles

Providers were asked to describe their title and were allowed to select all that applied. Providers who worked in centers reported a range of titles from child care center director, site leader, and owner, to chief executive officer. Providers who represented child care homes and large group homes reported the titles owner and teacher. Exhibit 6 presents information on the titles of those who completed the survey.

Provider experience

The providers we heard from ranged in experience from one to 45 years. Those who responded to the citywide survey reported higher levels of experience than that of the typical child care provider. Survey respondents reported an average of 18.4 years of experience with a range of less than one year to 45 years. Focus group participants reported that they had been working in child care or as an early learning provider from between six months and over 30 years. One participant reported that she had just started at her program in the past few weeks.

Race and ethnicities of providers

The providers who completed the citywide survey were more likely to be Black/African American and Latino than White. See Exhibit 7.

Exhibit 7. Racial/Ethnic characteristics of providers who completed the citywide survey

Asian 2%
Latinx/Hispanic 23%
Other 2%
White 23%
Black/African American 64%
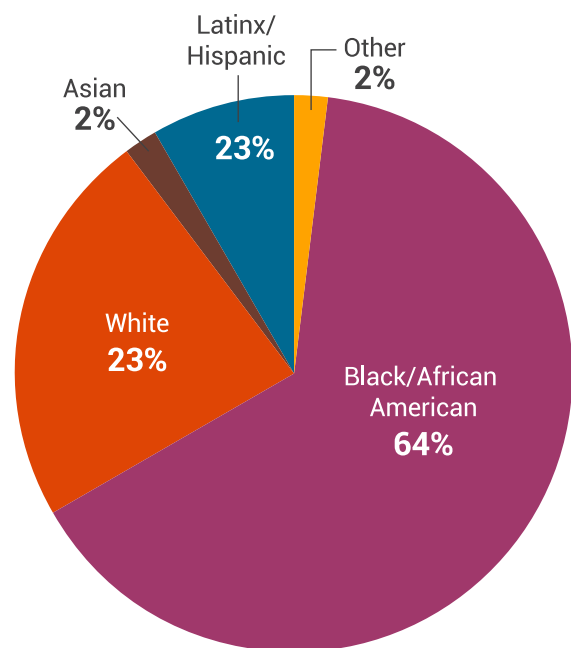
Note: Total is less than 100% due to rounding.

Participants in the focus groups appeared to be racially and ethnically diverse. Participants included providers who identified as Black/African American, Asian, Latinx/Hispanic, White, and Other.

Providers access a range of funding sources

Early learning providers who completed the citywide on-line survey reported accessing a range of funding sources. Providers were asked to select all that applied. The most frequently accessed type of funds were from Child Care Works and tuition/private pay. See Exhibit 8.

During several focus groups, participants volunteered information about the funding that they access. Focus group participants reported they received funding from Child Care Works as well as tuition/private pay. Funding was also derived from participation in PHLpreK and PA Pre-K Counts.

All STAR levels represented

Early learning providers who completed the citywide survey represented each STAR level. Analysis of data from those who answered this question reveals that a high percentage represented STAR levels 1 (41 percent). (We note that most of those who began the survey did not answer the question about their STAR level.) About 15 percent reported they were STAR level 2, 11 percent reported being STAR level 3, and 23 percent reported being STAR level 4. See Exhibit 9 below.

Participants in the focus group and those who completed the post-focus-group survey also included early learning providers who represented each type of provider. Nearly 60 percent of focus group participants reported that they were STAR level 4, about 10 percent were STAR level 1, and the remainder were nearly evenly distributed between STAR 2 and 3.

Exhibit 8. Funding sources of providers completing the citywide survey

Child Care Works	Tuition/ Private Pay	Child and Adult Care Food Program	PHLpreK	PA Pre-K Counts	Other
171	168	105	35	18	31
73%	72%	45%	15%	8%	13%

Exhibit 9. STAR level of providers completing the citywide survey

	Star 1	Star 2	Star 3	Star 4	Dont know
Percent	47%	17%	13%	26%	10%
Count	36	13	10	20	9
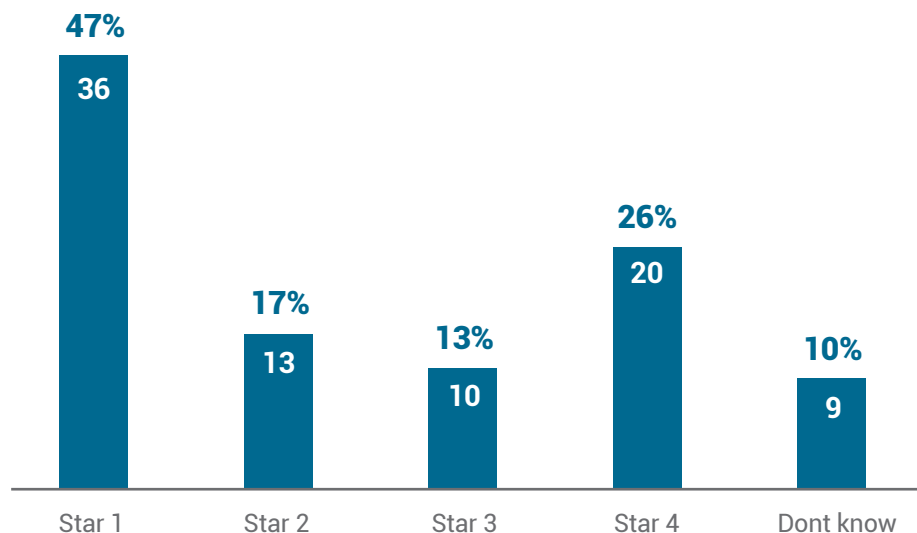
Early learning providers view child care as their profession and a personal calling

Exhibit 10 presents the results from the citywide survey and shows that most who answered the question reported that their work in child care represents their career or profession or a personal calling. Seventy three percent indicated that child care was their career and 49 percent cited it as a personal calling.

During focus groups, many participating providers voiced that they believe child care is their career and personal calling. For example, two different focus participants specifically used the word "passion" when describing why they were participating in quality improvement initiatives.

"This is a passion for us."

"Money is an issue but we do this out of passion."

Several noted that over the course of their careers, they have obtained degrees and credentials and feel that they are called to support children and serve their communities. Yet, many noted that the very low compensation and lack of respect creates ongoing stress. This issue is described more in the section on equity, below.

ELRC and First Up are the most commonly accessed quality improvement organizations

About 87 percent of survey respondents in the citywide survey reported accessing quality improvement in recent years. Most early learning providers reported participating in between 1 and 4 quality improvement initiatives. The range was 0 to 10. About 13 percent reported accessing no quality improvement. The most commonly accessed quality improvement supports are those offered through the Early Learning Resource Center (ELRC), First Up, PHMC and the Reinvestment Fund. See Exhibit 11 below.

Exhibit 10. Most early learning providers responding to citywide survey view child care as profession or personal calling

	My career or profession	A stepping stone to a related career	A personal calling	A job with a paycheck	Work to do while children are young
Percent	9%	3%	49%	1%	3%
Count	65	3	44	1	3
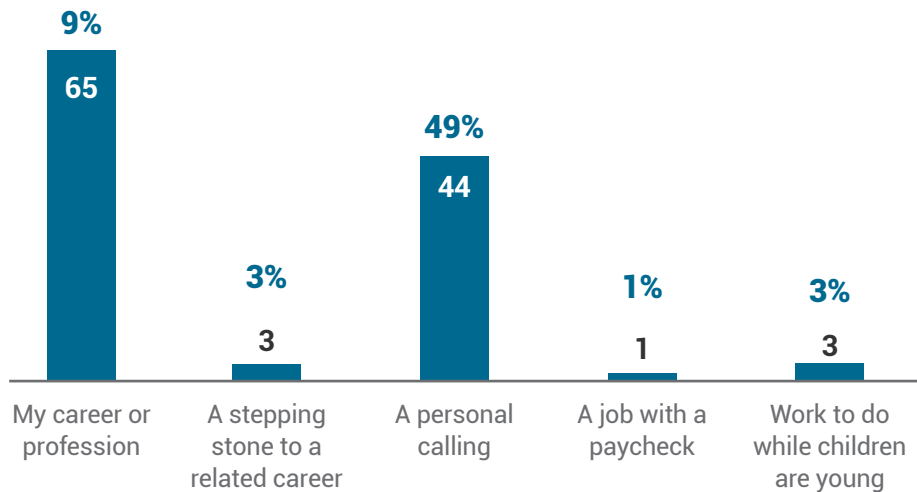
Exhibit 11. Most commonly accessed quality improvement initiatives

	Early Learning Resource Center	First Up	Public Health Management Corporation	Reinvestment Fund	PA Key
Percent	55%	46%	37%	30%	23%
Count	117	103	82	68	51
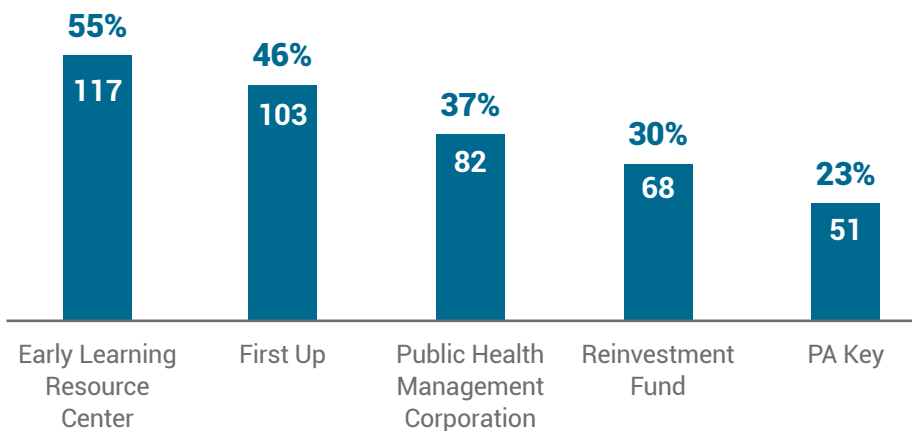
The least commonly accessed quality improvement supports are those that are offered in a more targeted manner – such as the supports offered by Drexel and Children's Hospital of Philadelphia. See Exhibit 12 below.

Exhibit 12. Less commonly accessed quality improvement initiatives

Initiative	Percent	Count
Philadelphia Department of Public Health	16%	36
1199c	13%	29
Other	10%	20
School District of Philadelphia	7%	16
Free Library	8%	16
Greater Philadelphia Urban Affairs	7%	13
AFEL	3%	6
CHOP	3%	7
Smith Memorial	2%	5
Children's Scholarship	1%	2
Jumpstart	0%	1
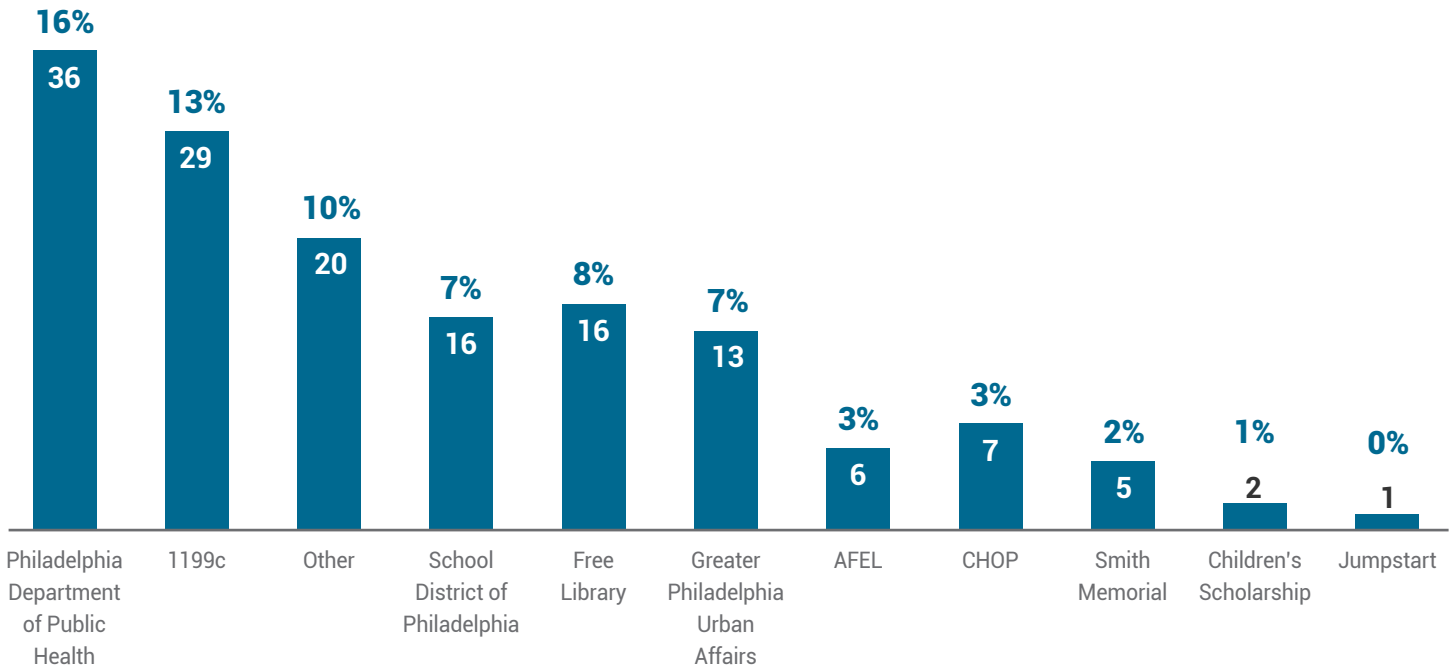
APPENDIX B

FINDINGS AND ANALYSIS OF QUALITY IMPROVEMENT ORGANIZATION INPUT

Sixteen quality improvement organizations providing 40 quality improvement projects were interviewed in September and October 2020 to document and understand the project intent, approach, reach, and results, as well as to gather ideas for quality improvement. The foundations, as well as the Pennsylvania Office of Child Development and Early Learning and the Philadelphia Office of Children and Families, identified the quality improvement initiatives and organizations that they fund.

Each organization was asked the same set of questions that covered the following areas:

- Purpose
- Outcomes
- Measurement
- Successes
- Challenges
- Planning and coordination
- Recommendations

A standard interview protocol was used; interviews took from one to several hours. Interviews were conducted by Gail Nourse, Harriet Dichter, Diane Schilder, and Deb Stahl.

Purpose, Outcomes, and Measurement of Quality Improvement Services

How quality improvement organizations determine need

Quality improvement organizations propose quality improvement projects based on their assessment of provider needs which they determine through individual provider conversations, focus groups, data, Communities of Practice, and landscape analysis. Often, the decision to offer an initiative is determined by the funding source.

Public funders and private funders differ in their funding approach, impacting what quality initiatives are funded and offered. Four of the quality improvement organizations only receive public funding to support quality initiatives; nine only receive foundation funding; and three receive both public and private funding.

The chart, Snapshot of Philadelphia's Major Quality Improvement Initiatives, included at the end of this appendix, provides information on the funding sources for each quality improvement organization we interviewed.

The public funders—the Pennsylvania Office of Child Development and Early Learning, and the Philadelphia Office of Children and Families—primarily fund quality improvement activities based on their assessment of the supports needed. Funding decisions are based on competitive applications in which the goals and requirements of the quality initiatives are defined. Quality improvement organizations apply and provide the initiative as described in the request for proposal (RFP). Public funders also contract with a limited number of organizations to provide specific services determined necessary.

In contrast, quality improvement organizations reported working collaboratively with the private funders, the William Penn Foundation, and the Vanguard Group to develop initiatives. Over half of the quality improvement organizations reported approaching the foundations about a project they believed would impact quality. In at least three of the initiatives, however, either William Penn or Vanguard approached the quality improvement organization to develop a specific initiative based on foundation priorities.

The chart, Snapshot of Philadelphia's Major Quality Improvement Initiatives, included at the end of this appendix, provides a summary of the purpose, content, approach, targets, and resources affiliated with each of the quality improvement services currently offered by the organizations.

How quality improvement organizations address equitable impacts and outcomes

The majority of the quality improvement organizations described four ways in which they develop quality initiatives that equitably serve diverse children and families. These include:

- Focusing their quality improvement efforts in communities where there are fewer resources and that historically have been marginalized.

- Hiring staff that are diverse and reflect the children and communities they are serving.
- Providing equity and diversity training.
- Collecting disaggregated data to understand who is being served and who is not.

Four organizations specifically mentioned recruiting bilingual staff and two discussed hiring staff from all socioeconomic levels including those from impoverished communities who understand the "lived" experience. One also emphasized efforts to ensure there are books and materials available that represent people from a variety of backgrounds and are written by authors from a variety of backgrounds. And finally, with the recognition that many of the operators and staff of early learning programs are women of color, many articulated concerns about compensation and the lack of health benefits. There were not solutions offered other than the need for a better funded system.

How quality improvement organizations obtain provider input and feedback

The majority of the quality improvement organizations stated they have formal and informal feedback processes in place. The informal feedback consists of regular contacts with directors/owners and early learning staff to assess how the coaching and technical assistance is working. There are also a variety of monthly meetings with providers and partners, which offer an opportunity for feedback. Among the formal feedback strategies listed most often were surveys for directors and teaching staff, evaluations after trainings, focus groups, and interviews with directors and staff for the purpose of an annual evaluation. One quality improvement organization gathers program and family satisfaction surveys, another uses ERS scores, and a limited number of the initiatives have an external evaluator. PHLpreK sends surveys to obtain feedback on coaching supports. A Pre-K Counts advisory committee offers an opportunity for feedback on the supports offered to Pre-K Counts programs. Two of the organizations stated that they would like to get better at eliciting feedback and are interested in instituting more formal feedback loops.

Successes and Challenges of Providing Quality Improvement Services

In this section we explore how representatives from the quality improvement organizations described what they see as their greatest successes in offering quality improvement as well as what they perceive as the greatest challenges they face.

Greatest successes of quality improvement

The greatest successes in the provision of quality improvement services, as described by quality improvement organizations, fell into the following three categories:

- The processes used to support quality improvement.
- The overall program improvement.
- Specific improvements in the classrooms.

Half of the organizations indicated their greatest success was building positive relationships with providers, which created trust and enabled change. They emphasized the importance of active listening as part of relationship building and key to success. Two of the organizations developed leadership opportunities for staff to mentor others. The development of cohorts was described as a positive strategy and was used by organizations as a means of peer support for programs in such areas as implementing the Creative Curriculum and raising STAR levels.

More than half of the quality improvement organizations stressed the importance of community partnerships and working with other programs across the city. Four stated their greatest success was helping the majority of the programs they worked with to achieve higher STAR levels. Others said their success was in meeting all their deliverables, which sometimes meant meeting higher STAR levels.

On a classroom level, they saw positive changes in the classroom environments, enhanced intentional teaching, and improved parent engagement. Creative Curriculum has now been purchased for all PHLpreK providers, which has allowed for in-depth instructional support across all providers using it. Coaches have been able to improve their coaching skills because they are more familiar with the instructional system every provider is using and have been able to develop a body of expertise.

Greatest challenges with quality improvement work

The most common challenge listed by over half of the organizations is insufficient funding for early learning programs and the resulting impacts quality improvement work. These include low teacher salaries, lack of benefits, unavailability of substitutes, and high teacher turnover. Their own words say it best: "Low wages, no benefits, and high turnover are frustrating and can be debilitating." And in another example, "Compensation is crushing – sometimes I cannot handle how we are treating the workforce in this sector."

Additional challenges noted included:

- The lack of coordination among systems and quality initiatives.
- Shifts in city and state agency structures.
- Cumbersome and complex data entry.
- Multiple funding sources.
- Trauma and violence in communities impacting children,

families, and providers.
- Covid-19 impacts.

These are discussed in greater detail below.

Lack of coordination. The lack of coordination in the quality improvement system was stated as a barrier. For example, it is difficult for coaches to know all the partners involved in a child care program, which results in confusion for programs.

Shifts in city and state agency structures. It has been a challenge for coordination among system actors in the sector when department and agency structures shift, service delivery approaches change, and both content and context expertise is less established. The volatility of leadership at the state and city level has had an impact. The organizations feel that clearly defined objectives and goals are lacking, thus making it hard to progress.

Complex systems: data collection and multiple funding sources. One quality improvement organization expressed the following: "The data entry is so cumbersome and complex. I cannot believe what we ask providers to do. It is especially difficult if they have any kind of braided funding." Another commented that there are so many challenges with the numbers of funding streams with different guidance and regulations.

Community issues. Two of the organizations emphasized that teachers and families are living in communities that have been affected by years of social and economic and racial injustice. Families are dealing with these huge issues that have an impact on quality improvement. It takes time to build trust with providers who are also dealing with the reality of trauma and violence in their communities.

Covid-19 challenges. The majority of quality improvement organizations began this discussion by emphasizing all the Covid-19-related difficulties endured by providers and their remarkable resiliency despite the hardships. Six of the quality improvement organizations described the major Covid-19 challenges as difficulty in recruiting programs to participate in their quality initiatives, especially new initiatives, and transitioning to virtual trainings and virtual coaching. The quality improvement organizations had to learn how to provide services remotely. One commented that virtual contact is not the same quality as in-person contacts for providers or for young children. Services and interactions became virtual, creating a substantial learning curve. Interactions with providers increased and were focused on dealing with anxieties over health and safety concerns, financial worries, completing government forms for funding, and staff issues. They recognized the need to develop strategies to support so many in the early childhood field who are experiencing trauma

including providers, families, and the QIO staff themselves. Details follow:

Virtual services. The quality improvement organizations mentioned how virtual services allowed them to maintain contact with providers, in some cases, more than they had been able to pre-Covid. Regular meetings occurred to keep providers informed of federal and state policies and procedures, as well as for emotional support. One worked with T-Mobile to get tablets into classrooms to be able to Zoom with the coach and enable it to receive services. Others voiced questions about the ability to build relationships virtually and wondered if the relationships would be as strong as ones built in person. On a positive note, it was mentioned that now trainers and coaches have skills in virtual and face-face-face trainings and coaching, and that both kinds of services can be offered in the future. Early childhood mental health services were also made available virtually. "Holding Spaces" was created via 12 calls focused on relationships, regulation, resiliency, and reassurance; 700 people attended including families, directors, and providers.

Financial, health, and safety concerns. Covid-19 has shown how precarious programs are, especially their business operations. Funding is inadequate. Programs make quality improvements but are still not funded in a sustainable way. According to one, programs could put all their time into making quality improvements and still be told they are not defined as quality. Covid-19 has shown show how financial issues are critical and that more technical assistance is needed in this area. Quality improvement organizations referred providers to organizations that helped with business practices and assisted in applying for federal funds as well as finding PPE supplies. Many of the quality improvement organizations conducted regular meetings with providers focused on everything from self-care for teachers to reopening plans, remote learning, and enabling peer providers to hear from each other.

Provider anxiety. Nine of the organizations spoke to the need to deal with the trauma experienced by providers and families as a result of Covid-19. Providers are requesting an increased need for support on implementing trauma-informed care. There is an acute focus right now on caring for the children with providers seeing behaviors that are much more intense than they were pre-Covid. Quality improvement organizations are receiving requests for help for the children as well as their staff. Teachers now see the need for certain types of technical assistance including reducing challenging behaviors, transitioning back, and a need to get control over their environment. Covid-19 has

emphasized the need for physical activity as an outlet; one organization is thinking about the connections between physical health, mental health, and wellness. Another emphasized the need to be present to support provider mental health including focusing on self-care needs of providers.

Workforce issues. One quality improvement organization described some of the workforce issues that were echoed by others as follows: "There is a lot of fear and stress among centers and staff. There is fear of catching or infecting other people, stress over whether staff can carry out health practices safely, fear of losing their job, and a fear of getting sick." Another stated, "Providers are more anxious about providing services – they want to do the right thing for their children and families they serve and also for their own families." These are issues the quality improvement organizations are dealing with in their work with providers. Also mentioned were increased staff turnover and hiring issues. And finally, one mentioned the issue of the ECE workforce in general: "ECE staff are women, women of color, with fewer options. Standards of labor in child care would not be allowed in other systems."

Systems Perspective on Quality Improvement

We asked quality improvement organization representatives to share their perspective on systems issues in quality improvement, focusing on identifying areas of strength in the Philadelphia quality improvement system as well as needs. We probed about the following areas: a) strengthening infrastructure; b) lack of funding; c) scaling; d) improving coordination and communication with others doing quality improvement work; e) improving coordination and communication with providers; f) improving coordination and communication with the funders of quality improvement; g) improving data sharing and with whom; h) identifying strategies to track current and future needs, both within their own organization and across multiple organizations that offer quality improvement; and i) gaps in quality improvement services in the city that need to be filled.

Increasing provider access to quality initiatives

Nine of the organizations discussed limited provider access to quality improvement initiatives as a barrier. One organization was appreciative that there is more focus on family child care, but most were concerned that there is not enough access to quality improvement services. Access barriers, and some of their thoughts about solutions, included the following:

- Piecemeal approach of technical assistance (TA) that is assigned by classroom rather than for the entire program. This results in providers receiving multiple supports and

different classrooms receiving different supports.
- Lack of knowledge by many providers of what TA is available, resulting in the same programs being served and many programs not being served.
- Need for streamlining sources for provider resources. There is information from many different places, which is overwhelming.
- Need to get better about quality improvement organizations reaching providers who are serving the most vulnerable children. Providers serving the most vulnerable populations are receiving the least amount of financial incentives and quality improvement supports. The quality improvement delivery system has to do better.
- Need for increased outreach to STAR 1 and 2 programs.
- Need for more access to place-based quality improvement initiatives.

Strengthening infrastructure

Eight of the organizations discussed strengthening infrastructure needs. Some expressed appreciation for work done to address infrastructure during Covid-19. One was very complimentary of both OCDEL and the city in this regard. Others were grateful for grants from the William Penn Foundation intended for responsive grants to providers, as this showed recognition that providers would be the ones most affected by the pandemic. "It speaks to the city's culture of ECE. Responsiveness is great when big things like this happen."

But, infrastructure for quality improvement mostly drew concerns, with quality improvement organizations noting the following challenges that have yet to be overcome:

- "Lack of a clear definition of infrastructure and what we want the infrastructure to be."
- "Siloed state funding."
- "Competitive yearly funding makes sustainability and organization of services a struggle."
- "Lack of a relationship of quality improvement to certification at a local level."
- "Lack of investment in infrastructure – need a common application for enrollment of programs into quality improvement initiatives."
- "Few efforts to bring centers together to work on similar issues and benefit from each other's knowledge and experiences."

Lack of funding

The majority of organizations mentioned inadequate funding for quality improvement initiatives and provider operations in general as considerable challenges. The specific issues mentioned include:

- Inadequate funding is an ongoing issue, both for quality

improvement and for financing of the early care and education services.

- There is no acknowledgement from the government that funding is inadequate to make sustainable quality improvements that stick.
- One quality improvement organization mentioned that money saving ideas get short shrift compared to expansion of slots. "For example, I have been pushing for a common application and enrollment process [for families]. A family could fill out a common enrollment form and get enrolled. It would cut down on the number of vacancies. I was hoping some of that funding from the sugary soda tax would be invested in infrastructure improvements like a common application and enrollment system that would benefit the whole sector, but that has not yet materialized."

Scaling needs

Very few of the organizations commented directly on scaling needs. Two of the smaller initiatives would like to grow their programs. One commented about the need to connect with STAR 1 sites and offer them more services. The section above, on lack of funding, provides the overall perspective that there is inadequate funding to scale these services, and that scaling of quality improvement without additional operating investment in the early care and education programs would be problematic.

Improving coordination and communication with others doing quality improvement work

Eleven of the organizations described the need to improve coordination and communication with others doing the quality improvement work, as follows:

- There is neither clear communication about the availability of quality initiatives nor one central place to look up all quality improvement initiatives. There is lack of clarity about what the state's quality improvement initiatives are.
- The quality improvement initiatives are not streamlined or aligned. From a provider perspective, they feel piecemeal. There are no mechanisms to support improved communication, let alone coordination or alignment, between QIOs at the local level. Organizations offering quality improvement are concerned that there could be duplication of effort by quality improvement organizations.
- Better communication could help identify all organizations working at a program so that schedules could be coordinated and avoid an overlap of coaches coming at the same time.
- No entity seems to own the responsibility of ensuring that the needs of all families and children are being met

by the available services. There are conflicting areas of emphasis on the inputs necessary to deliver "quality" from different funders.

- Quality improvement organizations should be meeting with providers to hear what they want and need. The organizations need to find out what is not being addressed.
- Improved collaboration could allow the organizations providing the quality improvements to learn from each other.

Improving coordination and communication with providers

Although eleven of the organizations discussed the importance of increased communication and alignment among initiatives, only five focused on the issue of improving communication with providers. Among the five, there is agreement that communications with providers need to be coordinated and amplified. There should be direct communications with providers, especially in the communities where programs are located. One organization is thinking about how to communicate more effectively and has listed" improving overall communication" as an objective in its strategic plan. Another spoke about the benefits of developing a shared language when communicating with providers. There was also discussion about the benefits of speaking to providers and making connections with them.

Improving coordination and communication with the funders of quality improvement

The majority of organizations commented on communications with funders, particularly private funders. Two believe communication with private funders is a real strength in Philadelphia but most agreed communication should be less piecemeal and better coordinated. They particularly noted a disconnect between the state and local government funders and the foundation funders, and a plea for the public and private funders to work together.

There was a suggestion that funders participate in meetings with providers and quality improvement organizations at a local level to learn about need.

Finally, quality improvement organizations noted that there are many different organizations charged with monitoring the direct provision of PHLpreK and Pre-K Counts, and that information from these monitors is not shared with them.

Improving data sharing

There is general consensus among all the organizations that improvement is needed in how quality improvement data—regardless of the funder of the quality improvement—

is collected, shared, reported, and analyzed. An effective data sharing and collection system could lead to improved quality and efficiency in the quality improvement system. One expressed a concern that there are many data sharing issues, and that focusing on data sharing for quality improvement is low on funders' priority lists. As discussed below, the organizations noted the reasons to have an improved data sharing system and some ideas of what is needed to improve the quality improvement data system.

- The creation of a database in which all quality improvement organizations, regardless of the funder of the quality improvement service, in conjunction with a provider, could see what resources are being provided. This could improve coordination, efficiency, and collaboration to prevent providers from being overwhelmed with so many initiatives and receiving conflicting messages. For example, the ELRC could certify when benchmarks are met.
- There is current work to build upon. There is a database for PHLpreK providers in the city and a database at the state level that will include the professional development registry and Keystone STARS. At the same time, some question why current PHLpreK data is not shared with quality improvement organizations.
- At a systems level, a shared database should include:
  ◦ Utilization of quality initiatives by provider type and by STAR level.
  ◦ The number of quality improvement supports a provider is receiving.
  ◦ Utilization (percentage/number) of quality initiatives by zip code, child demographics, teacher demographics, etc. to give a full picture of the quality improvement system and its penetration level.
- One organization thought a shared database could contribute to best practices in quality improvement. Another emphasized that data sharing is critical, but that it is also important to improve the interpretation of data – learn how to use the data.

Identifying strategies to track current and future needs

Quality improvement organizations chose not to respond specifically about strategies to track current and future needs, except for one that said it would like to get better at it. To some extent, the organizations thought a shared data system could help in this area.

Gaps in quality improvement services

The gaps mentioned fall into the following areas:
- Lack of coordination of quality improvement initiatives across the city.
- Lack of funding to support the workforce.

- Equitable access.

They are described below.

Lack of coordination of quality improvement initiatives. The quality improvement organizations noted that there used to be some places where people came together to discuss quality improvement, but that there is currently no one convening all the quality improvement organizations to work together, regardless of their funders. For foundations, they noted that the board schedules of William Penn and Vanguard do not align with the academic year and their calendars are not aligned. If they fund in January, the timing does not align with the school year and the gap in funding means that staff can have gaps in employment. If funders commit to quality improvement, efforts could be more aligned with the needs of families, school, and work and there could be greater efficiency.

Lack of funding and resulting workforce issues. The quality improvement organizations believe that the inadequate compensation of the teachers, and their limited access to higher education, are impediments to an effective system of quality improvement. There is no clearly funded pipeline through which teachers can improve their skills and know where to obtain resources. Without addressing these issues, the workforce will continue to lack stability, which undercuts the impact of quality improvement.

Lack of equitable access. The quality improvement organizations noted several concerns about lack of equitable access to quality improvement, and sometimes to access to the improved funding streams available through Pre-K Counts and PHLpreK in particular, as apparent in the following direct quotes:

- "Overall biggest gap anywhere is access to different resources. We constantly feel tension because we cannot serve every preschool. Some just do not have access to resources and the quality is all over the place."
- "The definition of quality is questioned – we do not always give credence to client definition of quality. There is a chasm between institutional definition of quality and how parents define quality."
- "Does the STAR 1 designation become a barrier to participating? STAR 1 payment does not give programs enough to improve."
- "PHLpreK has a series of workshops to help programs complete the application and they help them through this. But at the same time there is an issue of proposal writing and development as well as marketing of the organization. The support from PHLpreK does not assist with that. There is a gap to help the programs do marketing and packaging so that they can get into the funding streams."

Planning and Coordination

Coordination with other organizations offering quality initiatives

The discussion on coordination with sister quality improvement organizations brought varied responses. On the one hand, the quality improvement organizations listed which organizations they have had effective coordination with, but many pointed out that there is a lack of a coordinated system of quality initiatives that is transparent and easily accessible. It was also pointed out that even when organizations' managers meet to coordinate services, these meetings do not necessarily involve the coaches.

Throughout the interviews, there were concerns voiced about the lack of a coordinating body for the technical assistance funded by OCDEL or PHLpreK. These bodies existed in prior years. Quality improvement organizations noted that previous efforts, which included state funding stream coordination, were no longer in place. When the regional keys existed prior to the ELRC, they received funding to coordinate TA providers and plan together what was needed in the field. There was a central point to offer technical assistance and monitor results. When OCDEL changed the funding structure and created the Professional Development Organizations, funding to purchase TA was removed from the ELRC. At the city level, there was no quality improvement coordination.

Comments were made that it would be helpful to be able to go to a website and find connections to all quality initiatives. There is agreement that a coordinated approach is a core value but it is up to each organization to determine its own pathway to coordinate. Coordination is not required by funders nor do the public and private funders have any mechanisms in place to coordinate across their separate funding streams.

Below are a few examples of collaboration occurring in some of the key organizations.

ELRC coordination. The ELRC meets regularly with many of the city and state initiatives on an individual basis and believes this is effective. It has regular meetings with the following organizations:

- Coaches at the PDO managed by PHMC, which has created relationships with the PDO to work with providers; a CDA cohort is being created as part of this work.
- PQA team at the PA Key. Covid-19 presented a unique opportunity to strengthen this relationship. They had Friday hangouts with the coaches and assessors, allowing for deeper exploration of the different tools that are used to measure quality; PA Key SE supervisor conducted trainings for coaches.

- PHLpreK. Monthly collaboration calls are occurring, but coaches are not involved.
- PA Pre-K Counts. Manager-to-manager collaboration is occurring, but finding time to get the coaches can be challenging.
- EQUIP at First Up. This coordination has worked very well.
- AFEL. Likewise, coordination with AFEL has gone well. Coaches are assigned by zip code and it is easy to work as AFEL serves a single zip code.
- South Eastern Pennsylvania Early Childhood Coalition, managed by First Up. ELRC attends these meetings to hear from providers.

Hub meetings. Collaboration, as described by one of the PHLpreK hubs, can be seen in the following:

- Every week there is a meeting with PHLpreK and PHMC that provides a way to plan and trouble shoot together as the PHL preK system.
- The PHLpreK hub agencies meet bi-weekly to share information and make policy decisions.
- There are quarterly meetings with First Up, which provides professional coaching for providers. Case review meetings take place to share information about centers they serve in the hub.
- There is collaboration with Keystone STARS to ensure partnership in the quality rating improvement system.

In addition to many of the quality improvement organizations working together, smaller quality improvement organizations listed partners including Read by 4, Greensgrow, the Academy of Natural Sciences, Devereaux Center for Resilient Children, and the Children's Literacy Initiative.

Problems in alignment and coordination for the quality improvement system

The lack of coordination among quality initiatives in Philadelphia was again mentioned by the majority of quality improvement organizations as a major problem. Issues cited included the lack of joint planning; no systematic way or central place for providers or quality improvement organizations to see what quality improvement services are available and how to access them; inadequate, ever changing, data systems in which data is not shared; and no clear pipeline by which quality improvement services might build on each other.

According to one organization, a core source of misalignment are the conflicting areas of emphasis by different funders on the inputs necessary to deliver "quality." In addition, no entity seems to own the responsibility of ensuring that the needs of all families and children are being met by the available services. This lack of coordination across funders results

in programs dealing with multiple coaches with little role differentiation or definition; coaches arriving at the same time to programs; and multiple monitors asking similar questions. This is a result of multiple funding streams, each with its own set of requirements. One organization commented that there is so much focus on meeting compliance requirements that it takes away the bandwidth to focus on quality. There is also concern that with the state's new TA system, providers are falling through the cracks.

Role of providers in planning what kinds of quality improvement should be provided

Seven of the organizations spoke to the importance of including providers in the planning of initiatives from the beginning, but they acknowledged this is generally not happening. The majority spoke of providers being listened to once an initiative has started, but as one put it, "We do not bring them to the table enough to begin with, but respond to the requests of programs who are participating in the initiatives and their requests for continuation." Providers often do not feel it is their role to inform the creation of quality improvement supports. However, there is an understanding that the provider brings the understanding of the community and the needs of the community and, therefore, it is important for the providers to voice their needs and be heard. Organizations noted the concern that often, when asked, providers raise issues of wages and turnover that are infrastructure issues beyond the scope of quality improvement organizations to address.

Five of the organizations had specific ideas about how provider voice could be heard in the planning of quality improvement services. They include creating a "single point of entry" that would make it easier to hear from providers along with a formalized structure which gives providers a role in the design of quality improvement initiatives.

- "If Philadelphia had a single point of entry, it would be easier for the providers to weigh in about what they want and need and what is useful to them."
- "Ensure that we are hearing from a diverse group of providers and be careful not to get stuck in the loop of hearing from the same three people who you have a strong relationship with. We need to keeping pushing to hear from more and varying types of people."
- "Bring providers together in the beginning to ask what they need – ask them how much coaching they would like."
- "Co-create the quality improvement initiative with providers."
- "Invite providers to the planning process for developing quality improvement services and pay them for their time."

Recommendations

The quality improvement organizations offered several recommendations for improving the quality improvement system, which are discussed below:

- Improved coordination and collaboration.
- A common, shared data system
- Financial and business resources and supports.
- Short-term recommendations, both lower and higher cost.
- Public funder recommendations.
- Private funder recommendations.
- Systemic recommendations outside of quality improvement.

Coordination and collaboration

Suggestions for improving coordination and collaboration include:

- Create a single point of intake for providers to fund all quality improvement initiatives, regardless of whether publicly or privately funded. This will help providers to better understand the system and help minimize duplication of effort and ensure that everyone has the fullest understanding of the resources available.
- Convene regular meetings to bring together the quality improvement organizations serving Philadelphia—regardless of the source of funding—to plan and lessen duplication of services.
- Improve coordination between Pre-K Counts specialists and PHLpreK staff to leverage each other's expertise and take advantage of both systems supporting one provider.
- Create learning communities for providers in the same communities. Working with each other in communities they serve would be a great way to support not only provider change but also neighborhoods.
- Offer an annual conference or gathering that would provide an opportunity for quality improvement organizations to hear and learn from people across the country who are doing similar work.
- Create a clearly articulated pipeline for STAR 1 and 2's to become STAR 3 and 4's and then enter into PHLprek or Pre-K Counts.
- More clearly embed health and business supports as part of quality improvement.
- Clearly define the different types of coaching so providers understand different roles.
- Improve coordination with Early Intervention and Behavioral Health.
- Develop supports to support TA's, coaches, specialists, etc. who are supporting providers.
- Develop pipeline system of quality initiatives so programs can go from one to another in an organized way.

A common, shared data system

The quality improvement organizations had several recommendations regarding the creation of a shared data system:

- Create a shared data system for use by all quality improvement organizations, regardless of the source of the funding, that would list all the quality improvement initiatives and show which programs are receiving which QI services. This data would need to be monitored and updated regularly.
- The shared data system would include clear descriptions of all the initiatives, who is eligible, if there is a cost, and contact information.
- The shared data system would collect demographics from the programs participating to ensure an equitable distribution of supports.
- The shared data system would be open to providers so that they could learn about initiatives that would help them and could benefit their program.

Financial resources and supports

There were several suggestions regarding funding to support quality improvement efforts:

- More funding is needed for neighborhood-based educational opportunities. Long hours for the providers and other home duties are barriers to leaving the neighborhood and going to Center City or elsewhere to earn degrees or credentials.
- More funding is needed to support CDAs.
- More funding is needed for supplies and materials for programs participating in quality improvement services.

There were also suggestions for incorporating business TA into the concept of quality improvement as these supports assist with sustainability:

- The ECE sector needs consistently available business consultation. Business consultation is most well-received at the moment the provider identifies a need. It is at the moment of need that the ECE quality supports infrastructure should be prepared to deliver supports.
- Strong business practices and participation in business consultation should count more heavily toward STARS quality designation. Good business management stabilizes services to children, enhances the employment experience of the ECE workforce, and safeguards public investments.

Short-term recommendations

Quality improvement organizations provided some ideas for both short-term low-cost, high-impact ideas as well as short-term higher-cost, high-impact recommendations.

However, two of the quality improvement organizations commented that low cost, high impact, and short term are contradictory goals especially in marginalized neighborhoods. "You cannot do quality for a low cost – it is short lived and disappears." Ten quality improvement organizations, however, suggested possible ideas for low-cost, short-term ideas that could have high impact. It is questionable how low cost some of the ideas, below, offered by the quality improvement organizations are. They are divided into the following categories: marketing campaign, parent and provider voice, program coordination to support providers, and streamlining funding. One organization listed high-cost, short-term ideas and they are included as well.

Marketing campaign

- Develop a citywide early education campaign for parents, providers, corporations, and legislators to emphasize the importance of high-quality ECE, how to access it, why it is important – and that it is not babysitting and is part of a successful cradle-to-career education pipeline that must be made accessible to all children in the city.
- Promote the ECE community as critical to the economy. Engage in advocacy to have ECE educators recognized as certified professionals, as K-12 teachers are.

Parent and provider voice

- Develop a mechanism to include parents/caregivers in decision-making processes so that their voice, priorities, concerns, and realities are equally considered.

Program coordination ideas to support providers

- Coordinate with ELRC to streamline STARS paperwork processing.
- Align the assessments that are required. Create a universal assessment that can be used across quality improvement programs so that data can be shared.
- Improve coordination of braided funding. Create an overarching system with one source of funding, universal assessment, and singular reporting.
- Develop a pipeline for quality improvement initiatives.
- Provide an incentivized peer mentor program for new, low-STARS providers who are looking to improve their quality but need mentoring.
- Improve connections between child care programs and school systems by creating quality bridge programs for pre-k to K. The District needs to provide flexible access to K classrooms and K teachers in the community and simplify the registration process.
- Implement all programs from a trauma-informed lens.
- Whenever possible, make supports, technical assistance, etc. place-based by coordinating at the neighborhood level.

- Create leadership development for early childhood directors.
- Support the health and wellness of the workforce through support groups, mental health consultation, trainings, etc.
- Scale up Coaching to Success.
- Systemize the adoption of Creative Curriculum among all providers.
- Develop a system for common ways to collect the data that "we collect a million times over."
- Assist providers in learning the business skills needed to perform quality improvement including helping them when they are writing their applications for Philly Pre-K or Pre-K Counts. Grant-writing and marketing skills are needed.
- Provide small grants to help providers with targeted trainings such as behavior management, ways to improve facilities, and resources to help providers improve their sites. Identify and address obstacles.
- Provide more mentors to work individually with providers. This is always needed.

Streamlining funding

- Review funding streams from state-level entities, i.e., OCDEL, to allow for multi-year funding to providers to promote stability and long-term quality impact and to collect better longitudinal data and conduct longitudinal research to know how best to support our children.
- Simplify the funding/subsidy process for parents/caregivers as much as possible.
- Require that family subsidies for child care be used only at high-quality or rising STARS sites.
- Support/reward providers who form a shared-services model, to leverage their buying power with supplies, food, etc.; streamline administrative tasks (payroll, time sheets, general accounting, etc.).
- Create true shared services with regard to business services. Pay into a model that would reduce cost enough to benefit a program. Any centralized procurements could help such as a fiscal hub or curriculum bank – specialized business and pedagogical supports.
- Develop fiscal agent hubs to provide a range of supports to providers.
- Develop a resource of professional services for ECE providers such as bookkeepers who know the ECE field.

High cost, short-term

- Every family needs subsidy and more funds need to be devoted to child care. Working virtually is more time intensive and more funds are needed.
- Child care centers need stipends to offset the costs.

- Child care centers need to be able to expand enrollment quickly and need funds to stabilize.

Recommendations for public funders

Eight of the quality improvement organizations made recommendations for the Pennsylvania Office of Child Development and Early Learning and the Philadelphia Office of Children and Families to consider. The recommendations, below, fall into three categories: 1) alignment between OCDEL and PHLpreK; 2) systems improvements for both OCDEL and PHLpreK; and 3) improvements for the quality improvement delivery system.

Alignment
Concerns were raised about the lack of alignment between the city and the state. It was recommended that PHLpreK be better coordinated with OCDEL and that institutional channels be clarified. When providers receive funding from OCDEL and PHLpreK, they receive conflicting messages.

OCDEL systems

- Improve alignment within OCDEL.
- Incentivize delivery of the most effective services to the most vulnerable children, recognizing there is inadequate funding to meet need.
- Provide clear communications to contractors and providers.
- Enhance data sharing to enable tracking progress for individual children.
- Increase cross-systems work with the Office of Children, Youth and Families, the Office of Mental Health and Substance Abuse Services, and the Department of Health to strengthen trauma-informed supports.
- Require programs to incorporate key business practices into their work such as generating financial statements, use of a standardized chart of accounts, engaging the services of accounting professionals, and use of business software.
- Combine the funding for Child Care Works, Pre-K Counts, and Head Start Supplemental into one funding stream. The level of coordination for providers, especially smaller providers, is not tenable. At the same time, funding levels must be sufficient to render the services that are being financed.

PHLpreK systems

- Develop an intervention model and communicate it through documents and charts. Explain the Theory of Change – and define outcomes. Include providers in developing the model.

OCDEL quality improvement supports

- Throughout the interviews more than half of the organizations discussed the need to fund coaching and TA in the ELRC structure as it was funded under the regional key structure.
- Programs benefit from coaching. The current quality coaches, previously the Keystone STARS Specialists, do not have the bandwidth or the training to do coaching. Caseloads are very large. This limited capacity means work is focused more on administrative supports than quality improvement.
- Be more responsive to the type of TA and coaching that programs prefer. Ask programs what model works best for them. For example, would programs prefer a single TA assigned?
- Speak to disengaged providers, not just STAR 3 and 4 programs.
- Listen to providers.

PHLpreK quality improvement supports

- Conduct a pre-assessment with each program to determine what it needs; not all providers need the same things. Institute a tiered approach to supports for PHLpreK providers. Understand that providers resent so many people coming into their programs.
- Listen to providers.

Recommendations for Private Funders

The quality improvement organizations expressed appreciation for the private funders: "Funders should be thanked and without them we would be lost. We are grateful that the funders have identified ECE as a priority and have tried to fund innovation and fund the gaps."

Recommendations for the private funders fall into the following categories:

- Coordination/alignment.
- Provider inclusion in the planning process.
- Funding opportunities.

Improved coordination and alignment

- Convene meetings of quality improvement organizations to understand the scope of the quality improvement work privately funded in to avoid duplication and build a more cohesive quality improvement system.
- Develop a pipeline of supports for providers that is clearly communicated.
- Support a single place where all the quality initiatives are listed with descriptions, eligibility criteria, and contact information.

Inclusion of provider voice

- Pay providers (an annual amount of $50,000 was suggested) to come to weekly meetings to help inform the funding work to increase early childhood quality and access. As one organization expressed, "This could go a long way to getting real people who work in this field every day to spend the time and energy in making the sector better; right now, all of their energy is in keeping their early care site operating. With that incentive, these on-the-ground, frontline early care experts could hire an assistant or do whatever it takes to give themselves the time to help inform the work of funders."

Funding

- Support the creation of a user-centered design for provision of public ECE supports. This will bring ECE businesses and providers into alignment with the goal of meeting the needs of children and families.
- Incentivize high-fidelity implementation of interventions that are most effective for our most vulnerable children.
- Demand that public funders obtain and utilize information on actual cost of scoped ECE services to break the cycle of maintaining statewide service delivery targets by using exploitative labor practices and inadequate reimbursement rates for services delivered in our most vulnerable communities.
- Fund communities that support children and families.

Systemic issues

While the focus of this report is on improving quality improvement, the quality improvement organizations repeatedly called out systemic issues that go well beyond quality improvement services. Their recommendations follow.

The systemic issues noted include the lack of adequate program funding, multiple funding sources, and underfunded Child Care Works subsidy services. The most common issue, cited repeatedly, is inadequate compensation for the workforce and the resulting turnover. "We can continue to work on quality. It is a vicious trap. We improve their credentials and then we lose them to better paying jobs." Another organization stated the following: "Sometimes I want to cash-in all of the QI funding and pour it into increasing teacher salaries. This is a level 1 need. And then we could build out additional QI after we fully fund pre-K teacher salaries and have stabilized the workforce." Another stated, "I just want to see funders invest in people. It is always tougher to measure than other things, but to move ECE forward it is critical to invest in people. Compensation is critical and only made possible through additional resources." Another organization passionately expressed: "We need to address

the equity issues around pay. Women of color represent approximately 20 percent of the US population but comprise 40 percent of early childhood workforce in the United States. Low wages in ECE disproportionately impact women of color. Structural and historical racism impact Black women and other women of color who are child care owners and early childhood staff. That is a racial justice issue. We are tired of having to justify why teachers are so grossly underfunded as expectations and qualifications grow each year. We hope funders are thinking about the long-term solutions."

One of the organizations mentioned the issues of dealing with the complexity of multiple funding sources, which in addition to being difficult to manage, often create multiple quality improvement coaches and monitors in the same program, sometimes at the same time. Another recommended redesigning the procurement protocol for Child Care Works subsidy services. The contracting process does not allocate the delivery of sufficient funding to the children who require the most supports and the providers that are willing and qualified to serve them.

There were also suggestions regarding the need to conduct a public awareness campaign as a result of Covid-19. Covid-19 has revealed the incredible importance of early care and education for restarting the economy; there is a renewed appreciation of the critical role that providers play in this endeavor. They believe this would help the public see the importance of adequately compensating the workforce.

Snapshot of Philadelphia's Major Quality Improvement Initiatives

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
1199C **Philadelphia Family Child Care Collaborative**	Purpose: To provide professional development and resource hubs for all family providers QI Services: Through 6 community hubs, outreach out to all family child care providers and TA services to support move up to STAR 3 and 4.	Family and Group All STAR levels	6 community hubs. Outreach to all 641 providers. Increase 170 providers to STAR 3 or 4 (adding to current 67).	1/2020 – 12/2022	William Penn Foundation	$750,000
1199C In-Kind Quality Improvement from Union	Purpose: To support family child care providers seeking to improve quality as measured by licensure and STAR level. QI services: Provide in-person and virtual licensing supports such as fire safety training and lead paint certification and STAR level supports such as reviewing the FCCRS and providing implementation guidance.	Family and Group All STAR levels	Offered to 641 providers with an estimated 20+ percent of providers accessing per year.	1995-present	In-kind services from Union	Not available
1199C Early Childhood Career Pathway: CDA	Purpose: To provide CDA training for current providers in support of improved quality through STARS. QI Services: CDA course and case management designed to help providers implement improvements in practices associated with the CDA and to obtain services needed to complete the CDA.	Family, Group and Center All STAR levels	In 2020, three cohorts of providers or approximately 80 individuals participated; over half obtained credentials.	2020-present	Philadelphia Works Inc.	Approximately $90,000 or $30,000 per cohort

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
1199c **Early Childhood Education Career Pathway: CDA to AA and AA to BA** **First Up** **University of Pennsylvania/ Penn Literacy** **1199 C Union**	Purpose: To provide a career pathway for early childhood providers to move from CDA to an AA degree and from an AA to a BA to increase provider quality as measured by STARS. QI Services: Coursework and case management focused on implementing improvements in practices and providing services to complete their degrees.	Family, Group and Center All STAR levels	Current: 90 providers - AA program 12 providers- BA program	Pathway program began in 2020; see next column	Department of Labor, 2020-21, $500,000; Kellogg Foundation, 2019-20, $129,596 & 2020-21, $144,370; Drexel University, $20,000; Vanguard, 2019-20, $132,205; William Penn Foundation, 2019-22, $838,307; Office of Child Developmt & Early Learning (OCDEL) through the Professional Developmt Organization $147,950	See previous column
Children's Hospital of Philadelphia (CHOP) **Public Health Management Corporation (PHMC)**	Purpose: To integrate Positive Behavioral Instructional Support in centers to reduce suspension and expulsion and improve social-emotional supports. QI Services: Introduction to PBIS framework and support for centerwide implementation.	Center STARS 3 and 4	11 child care centers 825 children 187 staff	2017-2021	William Penn Foundation Vanguard	$1,365,479 (combined)
Children's Scholarship Fund of Philadelphia (CSFP) **Parent Ambassadors**	Purpose and QI Services: To provide training, support, and motivation for parent leaders to enhance the links between family, school, and the Children's Scholarship Fund.	Parent Ambassadors identified at pre-K programs situated in private school settings.	35 Ambassadors at 34 schools	10/1/17-9/30/20	William Penn Foundation	$491,150

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
Drexel University Action For Early Learning (AFEL)	Purpose: To a) build awareness about how high-quality early childhood education increases children's lifelong success; b) improve the quality of child care providers and links Pre-Ks to Kindergartens to ensure seamless transitions for families; c) support Pre-K and K-3 literacy instruction; d) create a family support pipeline. QI Services: Support for STARS quality improvement; onsite quality coaches and specialists; neighborhood PQAS-certified training and workshops and Communities of Practice; educational resources; networking; and family engagement support; CDA (in partnership with 1199c).	Family, Group and Center Focus on STAR 1 and 2 Continuous support for STAR 3 and 4	25 child care providers 200 directors, teachers, and assistants 1000 children	2013 and ongoing	Caring People Alliance, Common-wealth Universal Research Enhancements, Lenfest Foundation Office of Child Developmt and Early Learning, PNC Foundation Drexel School of Education, United Way, US Departmt of Education, Vanguard, William Penn Foundation	$5.9 million from inception to present
Early Learning Resource Center	Purpose: To support all providers to attain and maintain STAR 3/4. QI Services: 12 coaches for provider support and connection.	Family, Group and Center All STAR levels	12 quality coaches to provide support for all with a focus on move-up of STAR 1 and 2	7/1/2020-6/30/2021	Office of Child Developmt and Early Learning	$7.2 million (one year, not contract period)
First Up **Instructional Coaching for Creative Curriculum for lead teachers**	Purpose: To support best practices in the implementation of the Creative Curriculum. QI Services: Program coaching to meet Creative Curriculum fidelity.	Family, Group and Center contracted with PHLpreK STAR 1 and 2 for centers All STAR levels for family and group	46 programs 65 providers	7/2020-6/2021	PHLpreK	$402,971

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
First Up **Family Child Care**	Purpose: To support a network of home-based child care providers in jointly identifying and applying best practices for high quality and efficiency. QI Services: Professional development; advocacy training; support for early intervention and inclusion policies; peer learning circles; support for development of FCC shared-services alliance.	Family All STAR levels for family Members of Advisory Council are STAR 3 and STAR 4	30 providers through Advisory Council 10 to 150 providers participating in various activities	1/2019 - 12/2021	Vanguard	$300,000
First Up **Aspire to Inspire: Improving Quality in STAR 1 Programs**	Purpose: To support programs moving from STAR 1 and to establish a cohort of STAR 2 to achieve STAR 3-4. QI Services: Personalized coaching and mentoring; monthly support via networking webinars; professional development; and technical assistance.	Family, Group and Center STAR 1	30 programs	3/1/20-2/28/22	William Penn Foundation	$400,000
First Up **STAR 2 Quality Improvement Coaching Model** **EQUIP. Early Childhood Quality Improvement Project**	Purpose: To support movement from STAR 2 to STAR 3 or 4. QI Services: Coaching; support for funding opportunities; Community of Practice.	Family, Group and Center STAR 2	40 programs	9/1/19-6/30/22	William Penn Foundation	$1,896,153

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
First Up **SELECT**	Purpose: To eliminate exclusionary or punishment responses to challenging behavior and to prioritize nurturing and responsive relationships with children and their families. QI Services: Support use of the Teaching Pyramid Observation Tool (TPOT™) for Preschool; introduce and reinforce high-quality social-emotional practices.	Family, Group and Center All STAR levels	10 programs Zip code with high percentages of families living in poverty, health disparities, and high ACES scores.	9/1/2020 – 8/31/2021	William Penn Foundation	$226,360
First Up **Trauma-Informed Early Childhood Initiative**	Purpose: To increase trauma awareness among ECE professionals and families participating in ECE. QI Services: Webinars and Communities of Practice	Family, Group, and Center All STAR levels Directors, staff, and parents of young children attending their programs	Not available	7/20 – 6/21	United Way	$935,000
Free Library of Philadelphia (FLP)	Purpose: To support child care providers and teachers to improve their engagement with literacy and language development for children birth to five. QI Services: On-site coaching, professional development, books and other manipulatives and play materials, furniture (rug, shelving, etc.), and family engagement sessions. Special focus on coaching. Includes DLL component.	Family, Group and Center STAR 1 and 2	Current: 31 programs with 95 classrooms; growth to 44 programs. Services currently in four neighborhoods with expected growth to seven neighborhoods. North (4) SE PHL SW PHL West	7/1/18 – 6/30/22 (includes 1 year extension due to Covid-19)	Vanguard	$3,002,350

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
Jumpstart **Jumpstart for Young Children**	Purpose: To expand the pipeline of qualified teachers pursuing careers in early childhood education in North Philadelphia. QI Services: Provide workforce development for college students at Temple by engaging them in a service learning course alongside current ECE teachers; training to ECE teachers.	University students at Temple in the Early Childhood Education and Human Development, and Community Engagement degree programs and early education teachers serving children from underserved communities.	8-10 students – over 9 months, 40 hours of training and coaching, 30 hours of coursework, 1 hour weekly mentorship. As of 1/19: 7 students, 20 hours of coursework 4-6 early education teachers – over 12 months, 12 hours of professional development, 15 hours of coursework, and 1 hour of monthly coaching As of 1/19: 3 teachers 40 children As of December 2020: 28 children	1/1/20- 12/31/21	Vanguard	$175,000
PA Key **Building Capacity for Coaching**	Purpose: To provide support for internal coaches (i.e., staff employed by an early care and education facility serving in a coaching role). QI Services: Coach mentoring from Better Kids Care; resources, materials, webinar support; access to learning modules; Community of Practice facilitated by Fred Rogers Center.	Family, Group and Center STARS 3 and 4	16 Philadelphia coaches	2018-19 2019-2020 (program concluded in June 2020)	Office of Child Developmt and Early Learning (OCDEL) through PA Key	$28,000

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
PA Key **Coach Approach**	Purpose: To shift a mindset for those providing support services from directing and telling providers what to do to facilitating their decision making. QI Services: Virtual and in-person training sessions through a two-day course.	Certification staff, Pre-K Counts specialists, Early Intervention Technical Assistance, OCDEL staff, ELRC Quality Coaches Family, Group, and Center All STAR levels	Current: 8 individuals in Philadelphia 38 in Southeast region, which could include Philadelphia 288 statewide	2018 and ongoing	Office of Child Developmt and Early Learning (OCDEL)	$375,000
PA Key **Early Childhood Mental Health**	Purpose: To reduce expulsions and suspensions; build capacity of caregivers to support children's social-emotional development; and link and bridge systems on behalf of children and families. QI Services: Individual coaching to teachers and directors; linking families and programs to services, and providing professional development trainings; supports to PHLpreK ECMH consultants.	Family, Group and Center All STAR Levels	Annual: 23 new requests 55 cases opened 17 unduplicated facilities STAR Level Requests 2018-19: Star 4 and Accredited 41% Star 3 22% Star 2 23% Star 1 8% No Star 4% Missing Data 2%	Ongoing	Office of Child Developmt and Early Learning (OCDEL)	$535,640.00 for the five county SE region
PA Key **Pre-K Counts**	Purpose: To monitor compliance and to provide TA supports to Pre-K Counts providers. QI Services: Mentoring and coaching to PKC programs to maintain STAR levels and continue to increase quality; support for collaboration with partners.	Centers STAR 3 or 4	150 programs 5 Pre-K Counts specialists	Ongoing	Office of Child Developmt and Early Learning (OCDEL)	FY 19-20, $527,000 FY 20-21, $534,000

Philadelphia's Early Learning Community Speaks Out: An Action Plan for Quality Improvement (2021)

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
Philadelphia Department of Public Health **Let's Get Moving** **First Up**	Purpose: To increase physical activity time in child care settings. QI Services: Group training and resources.	Family, Group, and Center All STAR levels	20 programs per year	11/2019-7/2021	Vanguard	$379,435
Philadelphia Department of Public Health **Board of Health Beverage & Screentime Recommendations for Child Care**	Purpose: To improve practices for serving water and eliminating juice, increasing serving of fruits and vegetables, and reducing screen time. QI Services: Provision of information, and upon request, individual training and consultation.	Family, Group, and Center All STAR levels	All programs Up to 20 can receive individual consultation/ training	Ongoing	Philadelphia Department of Public Health	Not available
Philadelphia Department of Public Health **PHLpreK Support**	Purpose: To improve nutrition and screen-time practices. QI Services: Provision of newsletter, provider meetings, and, upon request, individual training or consultation.	All providers in PHLpreK Family, Group, and Center STAR 3 and 4 Programs participating in PHLpreK so could include some lower STAR level	Universal resource	Ongoing	Philadelphia Department of Public Health	Not available
Public Health Management Corporation (PHMC) **The City of Philadelphia Child Care Facilities Fund (CCFF)**	Purpose: To provide support to ECE providers for the maintenance and improvement of facilities to maintain a high-level STAR rating. QI Services: Provision of outreach, applications, funding, and monitoring of expenditures.	Family, Group, and Center STAR 3 and 4 STAR 2 moving to STAR 3 if involved in TA supports from the ELRC or EQUIP and 65% of enrolled children receive a subsidy	53 licensed providers FY 2019: 497 general slots 4,036 high-quality slots preserved Total: 4,533 slots	Ongoing	City of Philadelphia	$700,000 FY 21

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
PHMC **Developmentally Appropriate Practice and Environmental Health and Safety**	Purpose: To regularly assess all sites and delivery of targeted supports in response to identified health and safety issues and reported DHS Certification issues, and to support overall environmental quality and developmentally appropriate practice in PHLpreK classrooms. QI Services: Support for developmentally appropriate practices.	Family, Group and Center STAR 3 and 4 Programs participating in PHLpreK so could include some lower STAR level	Not available	Ongoing	PHLpreK	Not available
PHMC **Challenging Behaviors**	Purpose: To help families navigate Early Intervention and behavioral health process and to provide child-specific consultation to child care programs. QI Services: Family navigation to support access to Early Intervention and behavioral health with warm handoff; consultation services for programs based on the Pyramid Model for Promoting the Social-Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning).	Family, Group, and Center STAR 3 and 4 Programs participating in PHLpreK so could include some lower STAR level	2 Enhanced Early Childhood Mental Health Consultant 1 Family Navigator Other metrics not available	Ongoing	PHLpreK	Not available
PHMC **Child Care Health Consultation**	Purpose: To connect child care programs with Child Care Health Consultants. QI Services: Consultation on health-related issues and policies such as allergy management, medication administration, and health and hygiene practices; policy templates, trainings, and connection with city agencies and community partners.	Family, Group, and Center STAR 3 and 4 Programs participating in PHLpreK so could include some lower STAR level	Not available	Ongoing	PHLpreK	Not available

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
PHMC **Fund for Sustaining Quality**	Purpose: To support planning and implementation of long-term sustainability plans for high-quality child care serving sizable low-income populations. QI Services: Support on sound business practices and operational efficiency including strategic planning, business planning, staffing, child enrollment, data management, marketing, leadership development, or succession planning.	Centers STAR 3 and 4	17 Legal Entities (38 licensed provider locations)	8/2017 – 7/2021	Vanguard	$1,500,000
PHMC **Philadelphia Inclusion Innovation Initiative (PIII)**	Purpose: To pilot effective models of inclusive practice in 5 high-quality early childhood education (ECE) centers, providing increased access for children with specific needs. QI Services: Ongoing TA and resources to sustain or increase organizational capacity to serve children with IDEA-qualifying special needs in inclusive programming; promotes citywide, sustained adherence to OCDEL's announcement for Inclusion of All Children in Early Childhood Programs in Pennsylvania.	Centers STAR 3 and 4	5 Legal Entities (32 licensed provider locations)	8/1/19-7/31/21	William Penn Foundation	$300,000
PHMC **Interaction Focused Coaching**	Purpose: To develop and pilot an in-classroom instructional coaching model for PHLpreK. QI Services: On-site coaching sessions, follow-up emails and Communities of Practice to help teachers use the Magic 8 high-quality practices by Dale Farren.	Family, Group, and Center STAR 3 and 4 Programs participating in PHLpreK so could include some lower STAR level	43 teachers	11/1/17-6/30/21	William Penn Foundation	$1,896,153

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
PHMC **Philadelphia Early Learning Instructional Excellence Initiative (Curriculum Fund)**	Purpose: To provide support to purchase curriculum materials and related professional development to improve the quality of instruction in early childhood programs. TA Services: Provision of funding for curriculum, facilitation of peer learning, and pedagogical consultation to develop and refine instruction.	Family, Group, and Center STAR 3 and 4 STAR 2 programs moving to STAR 3 that are involved in TA supports from the ELRC or EQUIP and 65% of enrolled children receive a subsidy	45 licensed providers 20 to 25 annually	11/1/19 – 10/31/21	William Penn Foundation	$1,300,000
PHMC **Early Childhood Education Fiscal Hub** **Reinvestment Fund** **Children's Village** **Co-Metrics**	Purpose: To provide support to improve business management practices and financial operations. QI Services: Individualized TA to with strategic plan for sustainability and operations plan that supports high-quality services; resources and assistance with developing fiscal policies.	Family, Group, and Center All STAR levels	32 legal entities (51 licensed provider locations)	8/1/17-3/1/2021 (anticipate no cost extension and additional phase proposal)	William Penn Vanguard	$956,876 $616,745 Vanguard
PHMC **ChildWare**	Purpose: To help ECE programs raise quality by making it easier to manage administrative tasks and stay on top of licensing and accreditation requirements. QI Services: State-specific software and technical assistance.	Family, Group, and Center All STAR levels	137 PHLpreK providers	Ongoing	Fee for Service other than PHLpreK	Not available

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
PHMC **Quality Assessment**	Purpose: To perform quality assessments by assessors trained to reliability, provide in-depth feedback to enhance quality practices, drive improvement plans, and inform research and evaluation. Includes ERS, CLASS, PAS, EduSnap, TPOT, certified playground safety inspection. QI Services: Provide local access to a variety of assessment tools for targeted aspects of early learning experiences, provide data points and measurable CQI feedback.	Family, Group, and Center All STAR levels	587 Assessments completed in FY20	Ongoing	Fee for Service Funder contracts, e.g., United Way, 1199C, PHLpreK, First Up, PA Key	Not available
Reinvestment Fund **Fund for Quality** **PHMC**	Purpose: To expand the availability of quality early childhood education and care opportunities for low-income children and families. QI Services: Business planning support and help with facilities financing.	Centers STAR 3 and 4 Programs must serve high numbers of children with low incomes	2600 new seats from 2014 to 2020	Ongoing since 2014	2014, $4.6M, William Penn & 1.5M in loan capital TRF; Vanguard, $3M, 2017; William Penn Foundation, $15M, 2016	See previous column
Reinvestment Fund **Philadelphia Revolving Loan Fund**	Purpose: To create and operate a revolving loan fund that helps to maintain high-quality early learning providers. QI Services: Help to leverage on-the-ground support from other programs like EQUIP, remove barriers to accessing credit; TA to get through the underwriting process such as budgeting and operations planning.	Family, Group, and Center STAR 2 and above	Annual: Average 10 providers 500 children	1/1/18-12/31/23	William Penn Foundation	$3,111,600

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
Reinvestment Fund **Repositioning Fund – Coaching to Success**	Purpose: To plan and pilot development of formal collaborations among child care businesses to enhance fiscal and programmatic operations, including Covid focus as of 2020. QI Services: Communities of Practice, peer networks, coaching and consultation.	Family, Group, and Center All STAR levels	15 programs	2/1/2020-3/31/2021	Vanguard	$282,699
School District of Philadelphia	Purpose: To support school- and contracted community-based providers to maintain pre-K quality through geographical networks. QI Services: Instructional support specialist, a family service coordinator, and mental health support system offer services to maintain quality in both school pre-K sites and contracted community-based pre-K sites. Separately, city contacts with the district to offer coaching and professional development to support selected PHLpreK providers.	Center STAR 3 and above	100+ center providers Approximately 14,000 3- and 4-year-olds and their families	2011 and ongoing	Title 1, Head Start, PHLpreK, Office of Child Developmt and Early Learning (OCDEL) through Pre-K Counts, foundation including Vanguard and William Penn Foundation	Not available
Smith Memorial Playhouse **Slide Into Success** **First Up** **Parent Infant Center**	Purpose: To help providers attain STAR 3 through use of a nature-based approach to teaching and learning. TA Services: Monthly workshop for all teachers; teachers and children go on-site for workshops for children and observation by teachers; on-site coaching to assist with integrating learning from workshop and Smith Playground on-site; focus on African American providers.	Family, Group, and Center with focus on center STAR 1 and 2	10-12 programs per year 10-12 teachers/center directors North Philadelphia	10/2018-12/2020 (timeline extended due to Covid-19)	Vanguard	$528,634

Organization(s) and Project Name	Purpose and Quality Improvement (QI) Services Offered	Beneficiaries (Provider type and STAR level)	Scope and Reach During Funding Period	Duration	Funders	Amount During Funding Period
Temple University **Text to Talk – Preschool**	Purpose: To strengthen implementation of an evidence-based language and literacy curriculum, Story Talk TA Services: group training and coaching to help teachers improve reading practice and language interaction.	Family, Group, and Center STAR 1 and 2	Cohort 1: 5-6 community or family child care classrooms increasing to 12-18 North Philadelphia	11/1/19-10/30/22	Vanguard	$573,623
Urban Affairs Coalition **Business Technical Assistance**	Purpose: To increase provider skills in business practices. QI Services: support for budgeting, hiring, developing policies and procedures.	Family, Group, and Center STAR 1 and 2, with move up includes STAR 3 and 4	Current: 30 programs Goal: 900 children	11/2016-6/2021	City of Philadelphia	Not available

Notes: Information collected through quality improvement organization and funders Fall 2020. Organizations identified by Mayor's Office of Children and Families, Pennsylvania Office of Child Development and Early Learning, Vanguard, and William Penn Foundation.

APPENDIX C
FINDINGS AND ANALYSIS OF PUBLIC AND PRIVATE FUNDER INPUT

During the months of August and September 2020, interviews were conducted with the major public and private funders of quality improvement efforts in Philadelphia. Interviewees included:

- City of Philadelphia - Sean Perkins, Chief of Early Childhood Education, Mayor's Office of Children and Families
- Commonwealth of Pennsylvania - Tracey Campanini, Deputy Secretary, Pennsylvania Office of Child Development and Early Learning, Departments of Education & Human Services
- The Vanguard Group - Rashanda Perryman, Program Officer, Vanguard Strong Start for Kids Program; Crystal Shannon, Principal, Vanguard Strong Start for Kids Program
- William Penn Foundation - Kellie Brown, Program Officer, Great Learning; Elliot Weinbaum, Program Director, Great Learning

An interview protocol was used. Ninety-minute interviews were scheduled but follow-up discussion to complete the entire list of questions was required for several. Funder interviews were conducted by Harriet Dichter and Deborah Stahl. Each organization was asked the same set of questions that covered the following areas:

- Motivation and intent.
- Projects, goals, and measurements.
- Successes, challenges, and lessons learned.
- Plans and recommendations for the future.

Although each of the funders expressed a unique point of view on the specifics of their quality improvement work and the impact they feel it is having on the Philadelphia early childhood community, several common themes emerged across the interviews. This summary lays out some of those common themes.

Motivation and Intent

Overarching strategic goal

All funders interviewed shared their overarching strategic goals, as noted below.

The **Office of Children and Families, City of Philadelphia** stated two major goals for quality improvement efforts. Although there are additional goals, these provide the framework for the city's investments.

- Children are able to read at grade level at the testing grade (3rd Grade).
- Children are prepared for entry into elementary school.

The city invests in two key areas to support these goals:

- PHLpreK seats for 3- and 4-year-old children to complement the additional revenue stream options that

are available to parents and guardians, particularly the state subsidy.
- Enhancements to ensure high quality to meet the goals of the program.

The Office of Child Development and Early Learning (OCDEL), Commonwealth of Pennsylvania places a priority on working with providers serving a high enrollment of Child Care Works children with the goal of moving them up in the Keystone STARS system, from STAR 1 or 2 into STAR 3 and 4.

Quality investments are made through the Early Learning Resource Centers (ELRC). Most of the work is focused on a coaching model supporting the strategy to move providers up in the STARS level. The Child Care Works payment serves as a base for the participants in the program. The quality add-ons for STARS 2, 3, and 4 have grown over time. In 2019-2020, the state provided $15 million to Philadelphia for add-ons to support the program. For STAR 1 and 2, an additional $3.3 million provided resources for MERIT grants to help gather the resources, professional development, equipment, and supplies needed to move up to STAR 3 or 4.

Although the ELRC is focused on child care supports, there are also opportunities in Pre-K Counts and the Head Start Supplemental to support quality as well as quality improvement. Resources embedded in those programs permit providers to seek professional development and other enhancements through the contract.

For the **Vanguard Group**, the overarching goal is aspirational. It wants more low-income families far from opportunities to experience high-quality services. The company sees areas without total buy-in to the state's quality improvement system and feels that the strengths of some programs, particularly in the area of cultural competency, are overlooked. It seeks to

capture all elements of quality that exist between providers and children from low-income families and to engage and acknowledge the work of providers that are currently lower rated in the STARS system. Moving providers up through the state's STAR system to levels 3 and 4 is a long-term goal. That means providing incentives and supports for providers to remove the barriers they face in delivering high-quality care.

The **William Penn Foundation's** overarching goal is focused on two major outcomes – kindergarten readiness and third grade reading proficiency. The foundation is focused on the overall goal of creating a pipeline for support for quality improvement. High-quality early learning contributes to the overarching goal by preparing children for success in school. Its current projects focus on STAR 2 to STAR 3 movement and it has begun to also focus on STAR 1 – STAR 2 movement. Like Vanguard, the foundation is working to better understand quality from an equity perspective and support equitable strategies that meet the needs of all children. It seeks to provide support that reaches all provider types serving under-resourced communities, whether home based or center based. Another goal is to help measure progress of the sector (through projects like the Child Care Map) that look at the sufficiency of the child care supply and measuring how far it has moved the needle on improving quality.

Motivation and impetus for supporting quality improvement

The motivation for the city's **Office of Children and Families** is to provide high-quality learning environments for children and families that did not exist previously, in line with the research on the impact of investments in pre-K seats, and make positive impact on the lives of children and families.

For the state's **Office of Child Development and Early Learning (OCDEL)**, the impetus for creating these quality improvement efforts was the recognition that providers need support to move through the quality structure. The motivation is optimal learning and development for children while they are in early childhood education settings. OCDEL is interested in best practices for children and staff, individualized for everyone who is part of the process.

Vanguard's motivation for its quality improvement strategy has evolved over the past four years. Having started with the goal of expanding existing quality while working with providers who are lower rated to improve their internal practices, the strategy has expanded to include a more intentional focus on equity. That means moving beyond thinking of quality only through the lens of White dominant culture and acknowledging that the way many cultures raise and care for children isn't always recognized as quality by our current systems. It also

means taking a more specific look at how community relates to quality.

In 2015, the **William Penn Foundation** looked back at its efforts to determine where it saw the most opportunity for improvement. It also looked at emerging research on brain development, learning, and education. All of that led to a focus on children's earliest years, from birth to age eight. From there the Foundation mapped out the drivers that would increase its dual goals of kindergarten readiness and early literacy. It landed on six strategies focused on those outcomes – engaged families, literacy-rich environments, quality early childhood education centers, strong K-3 literacy instruction, qualified educators, and advocacy and public information.

How quality improvement projects relate to other early childhood programing

For **Philadelphia**, The PHLpreK program relates to child welfare and services for vulnerable populations. In recent months, Sean Perkins developed partnerships with Philadelphia Department of Public Health (PDPH) and the Department of Behavioral Health (DBH).

William Penn's quality improvement portfolio has natural synergies with other foundation programs within the Great Learning program area. Their parent engagement and informal learning strategies overlap at times given both are situated in community. At times, there is overlap in the high-quality early childhood education, qualified educator, and advocacy work as well. The Foundation looks for opportunities to coordinate and complement the work of these various programs which are all pointed toward the goal of achieving higher quality.

Projects, Goals, Measurements

Ensuring equitable impacts and outcomes

In the initiatives supported by the city's **Office of Children and Families**, the seats, which make up 75 percent of the budget, are in communities targeted to serve families with extremely limited access using 10 health and life factors. So, by definition, they are providing higher quality seats in areas of low access. They are working to provide improvement funding for STAR 1 and 2 programs and, in FY 2020-2021, will provide quality improvement funding to support lower functioning providers to come into the system and participate in the program. Providers serving families from communities that historically have been negatively impacted by racism are getting additional priority to open and serve those communities.

Another feature of the city's equity strategy is working to identify children to serve through Child Find and behavioral health connections. This effort includes a focus on the needs

of children with delays and disabilities. Going forward, the city plans to develop more policies and strategies for inclusionary processes.

The state's **Office of Child Development and Early Learning (OCDEL)** is prioritizing those who are actively serving the low-income population by shifting a lot of support into the STAR 1 and 2 programs. OCDEL is also prioritizing based on Child Care Works enrollment.

OCDEL is looking at race and ethnicity, comparing census data with Child Care Works participation. Child Care Works is exceeding, by significant numbers, the participation level of Black and Indigenous people and people of color. It also plans to make that comparison based on poverty levels, combining the race and poverty data.

OCDEL's ELRC initiative is charged with identifying how they would be responsive to communities on race and ethnicity. The people in Philadelphia ELRC 18 are supposed to have an administrative team that represents Black and Indigenous people and people of color, especially Black and Latinx. There are women of color in the management structure and ELRC seems to have a staff that is skilled in multiple languages.

OCDEL is also working on its focus for children whose first language is not English and it is seeking to develop resources to share with others who are doing this work.

The **Vanguard Group** considers itself to be on a journey with its equity goals. In some of the older grants, equity concepts drove the selection of communities in which programs would be implemented but equity was not explicit in the grant's goals. The Foundation is beginning to name and build in equity goals and outcomes more intentionally. In some grants, like the Smith Memorial Playhouse and Playgroup, the Vanguard Group has been more explicit about equity. Recognizing that decisions about programs should not be made in a vacuum but should involve community voice, the Smith Memorial grant and the Reinvestment Fund provided funding for a stipend to pay people to be at the table. The company wants to build these kinds of ideas into every grant. Although people are becoming more comfortable talking about equity and representation, Vanguard feels there is still work to be done on developing the right language and helping people understand equity and how to improve it.

At the **William Penn Foundation**, the grant applications include questions related to the demographics of those who will be impacted by the work (i.e., race, ethnicity, varying needs, percent that are at or below 200 percent of the federal poverty guidelines). It also asks questions related to the target populations, during conversations with the potential grantee. The Foundation is beginning to think more intentionally about how to highlight equity in its grantmaking strategies. The Great Learning program was recently given approval by the Board to focus on an equitable grantmaking project that targets support for Black-led and Black-centered non-profits that are advancing work that aligns with the Foundation's strategies.

Amplifying the voices of all early learning provider types regarding decision making and access to resources is also important. For instance, from working with home-based providers, the Foundation sees the need to embrace the idea that these providers are sometimes voiceless and don't feel they have a seat at the table. As a funder, the Foundation doesn't always get to hear feedback from the providers or the communities in which the work is situated. Projects such as the home-based provider hub help to increase opportunities for providers' voices to be heard. This effort not only helps providers to feel validated as an important part of the decision making, but can play a role in equitable outcomes. Programs like Action for Early Learning (AFEL) also use equitable approaches to provider engagement. There are opportunities for modeling and instructing with the expectation that providers will lead the work themselves.

Measuring success

For the city's **Office of Children and Families**, success will be measured by workforce enhancements, i.e., providing the workforce a wage high enough to represent the training and expertise it brings. For **OCDEL**, success is currently measured by movement across STARS levels. While there is positive movement, there also are programs dropping out or sliding out of their level. Thus, the current overall status is stable rather than progressing. In Child Care Works, the majority of children are in STARS - 35 percent are in STAR 3 or 4 programs and 65 percent are in programs with lower STARS levels. There are some internal targets on which they have made some progress, moving from 31 percent to 35 percent in the past few years.

An issue of concern and discussion in the community has to do with base rates for those at STAR 1 and 2. OCDEL believes that if there is not some base rate movement, it is hard for the STAR 1 and STAR 2 programs to move up. If the state doesn't provide more funding for those at the bottom of the scale, they will not have the resources to move up the STAR ladder.

Vanguard has been very interested in how the impact of this quality improvement portfolio will be measured. The Vanguard Foundation has invested $42 million so there is urgency regarding the return on that investment. As it continues to evolve the work, it is collecting data to show progress. Vanguard has a unique internal audience to answer to since its employees contribute to the Foundation's charitable work.

Vanguard has had to pivot from Kindergarten readiness as a frame by which to measure success. It recognizes that not every child is being measured in a consistent fashion if at all. It has shifted its frame to high-quality experiences, looking at behaviors and routines that happen in centers and homes.The Foundation is developing a definition of quality and related measures that is more inclusive than the STARS ratings. It wants the lower-rated providers to see themselves in their quality improvement programs and keep track of interim successes.

At **William Penn**, the overall goal of the Quality ECE Center's portfolio is to increase access to and enrollment in high-quality early learning programs for children who may not otherwise have access due to the opportunity gap, i.e., ways in which race, socioeconomic status, and other factors contribute to lower achievement for certain groups of children. The goals for each of their portfolios are based on research as well as feedback from the sector. It is intentional about developing learning goals that help to inform its strategies as well as the sector as a whole. In addition to research and data projects that are designed to help them learn more about the overall goals, each project has its own set of formal and/or informal measurement tools that add valuable learning as well. The strategies that are outlined in William Penn's Quality ECE Center Theory of Change involve efforts to improve, expand, coordinate, and sustain high-quality Early Learning primarily in Philadelphia. To measure the progress toward the goals, it does an annual review and develops goals for the following year, based on what is outstanding or what it has learned from the previous year. The Foundation feels that it does not have a way of taking a snapshot of how it is doing overall. It would like a way to determine how much all of its investments in quality improvement initiatives are moving the needle collectively.

Successes, Challenges, and Lessons Learned

Changes seen to date/early wins

The city's **Office of Children and Families** has a list of early wins that includes:

- Administrative oversight of the program. There is funding for accountability management. Although it will separate quality improvement from accountability in the future, having accountability has been important.
- The program is not income based and that is a positive for the program.
- The equity strategy is working in terms of where the seats are placed.
- Actual enrollment numbers have been steady with the growth of the program.

- The movement strategy has worked by which STAR 1 and 2 or not-yet-rated program have been included and have been successful in moving into STAR 3 and 4.
- Using a third-party evaluator has been helpful in looking at CLASS results.
- Deploying a high-quality curriculum is a requirement.

The state's **Office of Child Development and Early Learning (OCDEL)** also has a list of early wins, most of which relate to its quality improvement initiative, Keystone STARS.

- Keystone STARS provides a common language across multiple stakeholder groups and helps providers understand quality.
- Families, while not 100 percent of the focus, have received useful information from the consumer education site that helps them understand that STARS ratings equal quality. While they may not make decisions based on STAR level, they definitely are talking about STARS and quality.
- STARS has helped PHLPreK identify partners and meet quality standards.
- Research supported by the William Penn Foundation shows a statistically significant difference at the STAR 3 and 4 level in quality outcomes for children.
- High quality matters; our evidence is dated, but we need to continue to move the progression.
- Prior to the pandemic, OCDEL was seeing movement from STAR 2 to STAR 3 with pre-pandemic support strategies. The new STARS standards sought to increase to STAR 3 and STAR 4 with the supports available. OCDEL has tried to shift people's focus a bit to those at the STAR 2 level with readiness to move up. This model of supports is designed to help lower quality programs take the next step. The **Vanguard Group** lists these early wins:
- The library work focused on targeting STAR 1 and STAR 2 centers within the neighborhood of libraries is an early win. Engaging and recruiting centers to participate has gone very well. Centers are given an early literacy coach to build a relationship and to go into the center regularly to provide materials and resources in professional development to build quality literacy instruction. However, results have gone well beyond that: the literacy specialists have become like case managers helping providers meet a wide range of needs. They have become navigators to different resources. For example, there is an increased interest among teachers to sign up for CDA trainings. More parents are attending parent engagement events. The trust they have built has helped them achieve things not in the original scope of the project.
- Vanguard also considers it a win that it is now capturing results like those described above and thinking about them as intangible elements of quality. In the Smith

Playground project, it put money on the table for monthly Thursday night dinners to build stronger relationships among the providers. Some of these informal changes are bringing Vanguard closer to better defining relationship-based quality. Although mentoring and networking are common in the business world, Vanguard feels we need to do more of it for providers in early childhood programs. These issues become more important when looking back at the data point discovered by the Success by Six project: quality improvement initiatives result in fewer than 50 percent of the programs moving up in the STAR ratings. That result may be due to some of these informal quality improvements not being captured.

The **William Penn Foundation** has also seen some early wins, even with Covid-19.

- The steady increase in STAR 3 and 4 seats is among its biggest wins. It realizes that the STARS system does not tell us everything but thinks it is a necessary and sufficient marker of improvement. There has been tremendous growth in quality seats in Philadelphia – and not just from William Penn's investments.
- It has also seen progress in how high-quality providers are expanding and replicating.
- Although a lot of the quality improvement projects are reporting a need to change their timelines due to the pandemic, many have built strong relationships with providers. These trusting relationships are important in a crisis like Covid-19 so that there is a community of support for the providers that includes both peers and the organization.

Impact and challenges of the Covid-19 pandemic

Covid-19 has made the city's **Office of Children and Families** prioritize funding and focus on what is needed most. It has undertaken a significant analysis of program success and is making changes, some not yet public, based on that analysis. It is also looking at the actual enrollment and attendance policies of PHLPreK to determine who benefits from these. The Office of Children and Families is trying to make it for both. As of late August 2020, sites can have one day of virtual learning without a waiver or request a waiver for more than one day. Families also have to give approval. Currently, 79 of 138 programs filled out a waiver to have a "Virtual Friday." Sixteen asked for more than one day and some wanted to start the program year with a fully virtual program. The city may choose to reallocate based on under-enrollment, but not due to a Covid outbreak.

Data analysis related to Covid, both qualitative and quantitative, is occurring and there are new touchpoints. A survey with the Reinvestment Fund is being conducted more often and is now capturing parent and guardian feedback to detail health and safety and child development needs, and parental interest and use, especially in a virtual environment.

One overall impact of Covid: it has exacerbated the need for publicly funded care for children aged 0-3.

During Covid-19, the state's **Office of Child Development and Early Learning (OCDEL)** is prioritizing health and safety supports and focusing on the uncertainty and fear. For the teams it controls – certification representatives, preschool specialists, and coaches at the Early Learning Resource Centers (ELRC) – it has created five modules on health and safety and suggestions for answering questions and conveying a "no-wrong-door approach." It is trying to be consistent and convey the message that "we are all on the same page, so you can be too." Since OCDEL cannot use the ERS suite (as counseled by the Frank Porter Graham Center) during the pandemic, it has to shift away from individual assessment to embed health and safety and CQI in other ways.

STARS is continuing to function and programs can still get on board. OCDEL is asking people to self-assess with involvement of the coaches and has created alternate ways of showing evidence. When counties moved into the green phase related to PA's Covid-19's plan, the ELRC could either use virtual support or it could, in agreement with the provider, enter into the facility. This has primarily remained virtual. Programs can move up during this period but are told that at the end of the pandemic they might have an external assessment. Certification inspections are happening for new centers and on-site visits are happening if a complaint is filed.

The pandemic has caused the **Vanguard Group** to think primarily about survival of programs. The Foundation recognizes that providers are under tremendous financial pressure that is spilling over into their personal lives. The risks providers are taking are having a huge impact. They believe is it crucial to be responsive to needs and enable survival. Many of Vanguard's grants are with big quality improvement organizations, so it is trying to be creative about how to support providers themselves. It has not yet figured out a plan but hopes to provide dollars to incent providers and help them weather this storm.

Vanguard is concerned that, six months into the pandemic, many programs are still closed and opening slowly. Some have only 30 percent capacity. One foundation leader acknowledged, "In this moment, I feel like the reach of philanthropy is so small. I almost feel that our biggest play is how we use our voice in a totally different way. We have to reimagine how we think about quality in this current world."

The Foundation sees as a threat that while programs are closing, the market might respond primarily to middle-income and higher-income families who need services. It wants to ensure that the voices of providers of color are represented in the rebuilding of the quality infrastructure. The infrastructure was already inequitable, pre-Covid, and we have to be careful that we rebuild in an equitable way. We need models of quality that are not disconnected from their communities. Middle-income and higher-income families can pick up the slack for their children in this pandemic. It is the low-income families who are really getting hurt.

For the **William Penn Foundation**, the idea of virtual coaching has taken hold during Covid-19. It is exploring ways of creating better coaching models to record real-time observations and feedback. However, that strategy raises a challenge because not all providers are comfortable with technology and many struggle because they don't have the right equipment and materials.

William Penn also feels that conversations about equity have taken on more urgency in light of Covid-19 and the social unrest it has reignited. The Foundation and its stakeholders are talking about how quality is defined and whether it is equitable. They are considering who determines quality and if it speaks to the diversity of cultures in our populations. Covid has highlighted the disparities children, families, and early learning providers have faced in marginalized communities for decades. The Foundation feels that the recovery effort should include the goal to achieve equity and social justice.

Covid has shifted the conversation from high quality to high safety. While health and safety have always been important factors, they are now more important than ever. The Foundation feels that it has to find a way to focus on health and safety and, simultaneously, focus on the other critical components of quality, such as teacher-child interactions, language, and literacy. It has to deal with this moment without taking a step backward from all of the hard work invested in professionalizing the sector.

The pandemic has also sharpened the need to provide business supports to providers. Coaching and empowerment programs and peer coaching programs can help providers survive this difficult time.

Wished-for-changes not yet realized

The city's **Office of Children and Families** would like to see a citywide collaborative approach to strategies, policies, and improvements that would include any of the public funding agencies as strategic partners. It would also like the opportunity to convert seats — a child in center-based care

who qualifies for PHLPreK would be counted as part of the PHLPreK program.

Also included on the wish list: inclusionary classrooms, meaningful partnerships between kindergarten teachers and staff with providers of PHLPreK to ease the transition from Prek to kindergarten, and publicly funded care for children aged 0-3.

OCDEL would like to engage more providers in seeking STARS levels 3 and 4. Unlike the Pennsylvania child care certification regulations, STARS is voluntary. It does not have a way to require a broad group of child care providers to get to STAR 3 and 4. It would like a better understanding of what supports for the field would accelerate the move up and what the optimal mandatory requirement levels should be.

It would like to see a scaled participation at a higher level for those providers participating in Child Care Works. However, it needs to have the money to support this, and this means it has to provide a stronger floor to get that done. If it had the money to move the base rate and add in the requirement to quality, that would be a primary goal.

OCDEL has done very minimal work on the certification regulations but feels it should be strengthening the certification regulations to add additional elements of quality.

It would also like to place more focus on racial equity; getting greater clarity in the data it collects is key to achieving that goal. On the surface, the data seems to show it is serving a lot of Black children in Child Care Works. However, the percentages change when the poverty level is factored in. This is relevant for a city like Philadelphia when talking about quality opportunities for all children. It also needs to do more thinking about the dense urban areas like Philadelphia. Families who do not have as much flexibility in their decision-making process will benefit.

Increased investment in early childhood mental health consultation is also a wish not realized. Although the initiative has resulted in many good outcomes and supports, there consistently are waiting lists. If it had more resources, it would increase the investments in the ECMH consultants available.

When **Vanguard** considers wishes not yet realized, it focuses on changes at the system level. It believes there needs to be a local Philadelphia measure of quality that is specific to the city and incorporates all the work that is taking place. Its current portfolio is a start but, at the system level, it needs to define quality, what it means to Philadelphia specifically, and how children will benefit.

Vanguard entered some of the projects it is currently funding thinking that it needs to test and learn and then figure out how to scale. Now it has to factor in the disruption of Covid-19 as well. It has not yet discovered the key to bringing these programs to scale, or if it is even possible to do so. Some of the initiatives are so intensive and there are a lot of providers in the city. It is still wondering about the limits of philanthropy and its ability to get to scale.

It wants to think further about how some of the things it is doing can become demonstration projects for state buy-in. But it also understands that state budgets are in such disarray that it may take years to dig out of this predicament.

Vanguard also thinks that provider voice is an area in which it is not doing enough. It believes that providers currently feel the state is not giving them a lot of thought. It wonders how it can build a system that includes provider recommendations.

William Penn worries that the amount of funding that programs are working with is far too little. It feels it is "building a house on a very shaky foundation." A prime example is compensation for teachers that is still, on average, only $24,000 per year. William Penn is concerned about the gap between talking about instructional quality and the educational attainment of staff when the pay for teachers is less than they could earn at Target or Amazon. That is a fundamental flaw in the system.

The Foundation is also thinking about how it can sustain the work it is doing. It gets excited about initiatives but also wants to know if they are going to last. Philanthropy cannot fund indefinitely. It is seeking ways to connect to a system with a plan in place for longer-term funding and figure out how the sector can work together to define the goals. If the goal is to create a pipeline of quality strategies, how long will philanthropy support the work until public funders take it up? Sometimes the Foundation feels it is missing opportunities to communicate to sector leadership about what is happening and what is next in order to keep it going and sustain the momentum.

Another issue is the "retail nature" of the quality improvement work. The progress is program by program. Despite the incentives that may have been built into the system, like tiered reimbursement or eligibility for privately funded opportunities as programs move up the STAR levels, they are not sufficient enough for many providers to see the benefits to improvement or to see a clear path toward how to make improvements.

Implementation challenges

In Philadelphia, there are conflicting interests among government policy makers, teachers, staff center directors, and families. Examples include the number of seats and which

providers get them; the conflicting interests of intermediaries such as a school district - the biggest Head Start grantee and also the distributor of state Pre-K Counts funds; differing policy opinions about the conversion; and disagreements about where to place vacant Head Start seats in the School District of Philadelphia.

Other implementation challenges:

- Creating program growth - there is not a lot to incentivize new providers to come to the PhlpreK program.
- Managing the Covid-19 pandemic, in general, creates a big challenge.
- Serving children with developmental delays and disabilities. There has been a reduction in inclusionary rooms since the beginning and that creates equity issues.
- Meeting the compensation and benefit needs of the teachers and staff.
- Training and retaining the workforce.

For **OCDEL**, one implementation challenge is keeping connected to Philadelphia to understand what is operating within the city. Philadelphia has a large population of children participating in child care. Private funders and the city each have a lot of priorities, and they are not always the same, creating coordination issues. To maximize all the investments, better communication and coordination is necessary. The level of trust regarding the Commonwealth coming into the city is also an issue. The state's external liaison serves as the emissary and is not always included in city meetings. Private funders and the city may use the contractors to OCDEL instead of working with OCDEL directly, and this can create its own challenges.

Also, OCDEL and the Commonwealth's priorities are not always the same as those for the private funders, the advocates, and the city. This can create the idea that OCDEL is not supportive and always seen as the opposition. OCDEL attempts to be clear about the state's priorities but experiences challenges when the local priorities are not the same. In the past, when the private foundations across the state were united in their priorities, cooperation was the norm. Currently, it does not seem that the funders across the state are very cohesive or agree amongst themselves. This is an impediment to moving a shared agenda. The priorities are not always aligned locally either, from foundation to foundation, and that is another impediment.

On the other hand, the statewide agenda is clear: adding more for rates for quality and growing Pre-K Counts. There remains a disconnect on the base rate issue.

One implementation issue, according to **Vanguard**, is overwhelming the providers. While the Foundation tries to be

targeted and specific, it feels that the sector keeps putting more on providers' plates. The providers are saying, "Thank you but give me some money or compensate my staff."

Sometimes the technical assistance is not well received. Providers think, "Who are you to give me advice?" It helps to be from their community. It is not acceptable to just walk into someone's business and say, "Let me show you how to do this right." Philadelphia can be a hard place to break into, and lack of trust and credibility can be a barrier. Some organizations figure that out quickly. For example, Parent Child Plus has a model for hiring skilled community people who look like the providers and families they serve. That has helped them get to their goals in four years. Racial equity is built into the model. As an outsider, Vanguard feels it has to be more intentional about breaking in and being transparent about goals and motivations, making sure the program intersects with needs of providers. It has to be a two-way street.

Philadelphia is a city with lots of political posturing. Vanguard saw this in the rollout of Pre-K. There are political forces at work and that can influence implementation.

William Penn sees implementation challenges as individualized but there are themes that run throughout the grants. Supports related to business strategy have been particularly challenging because providers do not come to this work with basic business skills like accounting and marketing. It may also take an extended period of time to see a significant improvement in the quality of business strategies.

Another implementation challenge has been a lack of coordination. It is not clear that providers have any sense of progression across the various quality improvement strategies that are offered to them or any sense of why they are participating in one rather than another.

Staff retention issues also present implementation challenges. Some staff learn a lot from quality improvement initiatives and then leave. William Penn wants to figure out how to invest more in the staff committed to the long term and less in those who leave.

Lessons learned

For the **city**, one of the lessons learned is that relationships matter. Another lesson is that there is a short runway for some initiatives, like moving programs up to meet the minimum STAR level, and a longer one for others, like providing business technical assistance.

Another lesson learned is that family child care and in-home care has felt neglected and that their voices have not been heard and represented.

For **William Penn**, one lesson learned is that infant/toddler-specific content is missing from the quality improvement offerings. Foundation leaders also perceive a disconnect between early childhood education and professionalism, especially as it relates to the infant/toddler population. Whether with regard to quality improvement or early intervention, there is something lacking when it comes to infant/toddler care and education.

Another lesson learned is that while it is good to have a great idea, some ideas make an impact only for a certain period of time. Sometimes it is good to "hit it and quit it." But there are also projects that need a long-term plan for scalability and sustainability. Providing a resource, but not providing it at the scale that is needed, is like dangling a carrot. It might be written into the grant that there will be a sustainability plan, but it is often an afterthought. Also, some programs need ongoing support. For example, a director may attend a great business training and still need ongoing help to track income or make smart investment decisions. There is a need to think about building skills for the long term – providing more of an ongoing medication rather than a single inoculation.

Another lesson learned is that it would be great to have better coordination amongst foundation funders. Having a very close relationship with other funders is important. William Penn feels it should be more engaged in philanthropy networks. As a large funder, there often are not peer funders to share the work. It would be nice to have more of a collective discussion to strategize about investments and creating similar strategies. Working together, funders could extend projects a little further.

Significant partnerships, alignment, and coordination with other funders

The **Office of Children and Families** lists key partnerships with the Early Learning Resource Centers (ELRC) and OCDEL and School District of Philadelphia (SDOP) and the intermediaries including Public Health Management Corporation (PHMC), Urban Affairs Coalition (UAC), 1199c, SDOP, and others.

ELRC and OCDEL alignment includes working together to meet the needs of families with a focus on supply and demand and looking at trends. It also means working with the state as regulations shift and adapt, to be sure the regulations are appropriately implemented.

Philadelphia's private funders are good partners, especially William Penn, Vanguard, and United Way. All of these funders care about children and their success and are working together.

What does alignment look like? Providers have had financial asks that are outside the scope of government but, at the

same time, the private funders have their own objectives. The city plays an important role in meeting objectives and providing advice about their work. United Way wants more family engagement strategies so PHLPreK has created more touchpoints with families, such as virtual roundtable discussions, allowing funders to attend. During the pandemic, the foundations have been important partners in emergency work such as fielding surveys and providing personal protective equipment and emergency stabilization funding.

The foundations also value their partnerships with those who have been doing the work the longest and continue doing it, such as providers, both center and home based.

For **OCDEL**, the partnership with the City of Philadelphia and the coordination of PHLpreK is critical. It is working with the city on data sharing on the registry and the Early Childhood Mental Health (ECMH) data system. The city is looking at additional investments in ECMH, making it a growth opportunity. Covid has provided an opportunity as well for building the relationship with the city.

Historically OCDEL has had ongoing conversations with William Penn and Vanguard and is represented in bodies such as the Early Learning Council, the Early Learning Investment Commission, and the ELRC. It receives and hears administrative updates from the office on the statewide priorities. The information sharing tends to be one-way from the state to the funders. The two foundations are supporting the work, but there could be deeper communication and cooperation.

The School District of Philadelphia is an excellent partner because the leadership is so focused on multiple delivery models for pre-K, Head Start, etc. and committed to providing feedback.

Vanguard works closely with William Penn. Some of the initial Vanguard grants were made on top of what William Penn is doing and that is now being reciprocated. Vanguard also thinks about its grantees as partners and calls on them to play a part in its campaigns. It is having conversations with those who do the work and trying to build partner relationships that go beyond the paternalistic role that funders often play.

What it feels is missing is a robust statewide early childhood funders group, like the one in North Carolina. There is some history of statewide collaboration. Pre-K was seeded by state collaboration and 10 to 15 years ago the quality rating and improvement system (STARS) came from statewide collaboration. Vanguard feels that in the last few years, partnerships on the state level have disintegrated a bit and they don't have what other states have in statewide funder collaboratives.

The **William Penn Foundation** has formed partnerships with all its key early childhood stakeholders. First Up has been key in terms of advocacy, communicating with the provider community and providing professional development and coaching. Also, Philadelphia Health Management, through the PDO, has been really helpful in forming relationships. It values being able to call someone and ask "Did you hear about that meeting? What did you think about that project?" That kind of loose partnership has been very helpful.

The Foundation feels that what is sometimes missing in these relationships with stakeholders is reciprocity. It does not get similar inquiries and is not sure why. It could be that the projects are not well coordinated among themselves.

William Penn feels it may be helpful to have a convening, not initiated by funders, that engages sector leadership. It may provide a space for more authentic feedback, strategic planning, and collective impact.

William Penn has a strong partnership with Vanguard. The two Foundations are like-minded; it helps that Vanguard's program officer was formerly at William Penn and that they can have candid conversations. William Penn used to meet quarterly with statewide funders but has not done that lately.

Plans and Recommendations for the Future

What funders would do differently; new gaps

For the city, one thing funders would do differently would be to allow conversations, i.e., programs could convert state pre-K or Head Start slots to PHLpreK slots. They also would make the PHLpreK Board a working group instead of a decision-making body. They also would think more about the future of the program and strategize to realize that future, consider workforce investments, and consider facility assessments.

When thinking about gaps and new opportunities, **OCDEL** is having an internal conversation about who is being served. It is now seeing a greater confidence level in group and home-based services and it is looking at how it can better enhance regulated family and group settings.

OCDEL is also aware of the children who are enrolled in relative provider homes and is seeing this choice continue. It is starting to think about what it is doing for the relative providers outside of PA's Promise. (Pennsylvania's Promise for Children, known as PA's Promise, is a campaign to help families make good choices about their child's early learning and choose quality early learning programs that are right for their family.) It is thinking about what it is doing to help the families who are using a relative provider supported by Child

Care Works and feel a need to improve. OCDEL is seeing that the children are mostly going to the homes of the relative providers but that now, families are asking if they can have someone come into their home for child care services. There are just under 4,000 families of the 57,000 families in Child Care Works in relative care, so less than 10 percent of the total. A total of only 100,000 children are being served in Child Care Works. OCDEL lost about 10 percent of the children in the system overall due partly to continuity and employer issues.

OCDEL's professional development organizations (PDO)just started in October and were just coming out of planning when the Covid pandemic hit. Now OCDEL is trying to figure out how it can use the structure of the PDO and the collaboration with the ELRC to add value. How can it support quality and qualifications development for the field? This will be another opportunity to meet the needs of enrolled adult students. OCDEL has to adapt to the demands of distance learning and recruitment. It is as if the PDOs "are in the way of the waves at the beach"; they keep getting knocked down.

Vanguard sees its quality improvement work as a learning experience and an evolving process. It does not feel it has made "out and out mistakes." It has approached quality improvement with an open mind and has always been conscious of letting community voice and experts be its guide. It has tried to be humble in how it approaches the work and make it an iterative process. Because it is not a family foundation, it feels it can evolve differently and be open to its own evolution.

The William Penn Foundation sees a gap in quality improvements for children with special needs. Although some of the Foundation's work on inclusion is a beginning, it does not embed inclusion enough in all of the work it does. If it could start again, it would keep an eye toward early intervention, not as a separate project, but rather as a strategy running through all of its work. It would also be more intentional about using equity as a filter to select the work it does.

The Foundation also expressed a need for more model programs, widely recognized as beacons of quality for programming for infants and toddlers through pre-K, to hold up as examples so that others can learn from them and gain inspiration.

Another gap relates to data, particularly data about who is receiving quality improvement support. More effective tracking and measurement of results would help funders better understand how to target their quality improvement investments. More clarity on what competencies the quality improvement organizations are targeting and the

competencies the providers need to strengthen would also help. Advancement in STAR ratings, as important as it is, does not capture everything that is needed.

Areas for improvement

We asked funders to share their perspective on systems issues in quality improvement, focusing on identifying areas of strength in the Philadelphia quality improvement system as well as needs. We probed about the following areas: a) increasing early learning program and quality improvement organization understanding of existing quality improvement service options; b) increasing provider access to quality improvement supports; c) strengthening infrastructure; d) increasing scale; e) improving cross-program coordination and communication to strengthen service delivery; f) improving data sharing; g) establishing more efficient triage to meet needs – increasing early learning programs' participation in identifying and prioritizing needed supports; h) identifying strategies to track current and future needs; i) strengthening feedback loops to the Office of Children and Families to communicate local quality improvement services and to the Office of Child Development and Early Learning to adjust the state's professional development tracking systems.

The city saw these areas as most important:

- (a) Increasing early learning program and quality improvement organizations understanding of existing quality improvement service options. Having policies for a citywide accountability system would help achieve this. For example, if providers are expanding and increasing slots, they still need quality improvement services as they expand.
- (d) Increasing scale. It is important to scale quality improvement so it is fully available.
- (f) Improving data sharing.
- (g) Increasing early learning program participation in identifying and prioritizing needed supports. Greater input and engagement from providers on their needs and the supports that they want is necessary. This has a strong connection to the accountability system mentioned above.
- (h) Identifying strategies to track current and future needs.
- (i) Strengthening feedback loops to the Office of Children and Families to communicate local quality improvement services and to the Office of Child Development and Early Learning to adjust the state's professional development tracking systems. It does not have to be through OCF itself, but there does need to be a citywide, coordinated feedback loop.

Next in importance is:

- (a) Improving cross-program coordination and

communication to strengthen service delivery. This is very important, especially with the core quality improvement organizations.

Topics of medium importance are:

- (b) Increasing provider access to quality improvement supports. The city would like to have a better, data-driven approach to lead providers to quality improvement supports and to better assess provider needs. It currently provides all things on an equal basis and realizes that may not be equitable. Those that are further behind might get more support. Providers might have needs that they do not recognize, such as business TA; a strategy is needed to ensure the offer of support is accepted.
- (c) Strengthening infrastructure. More coordination of all the quality improvement efforts is needed.

OCDEL saw these topics as important:

- (a) Increasing early learning program and quality improvement organization understanding of existing quality improvement service options. There are a lot of different tables in Philadelphia. The ELRC has a requirement for a regional leadership council. There needs to either be a consolidated table, or some way to better bring people together into one consolidated table and to recognize the limited time and resources. The state needs a more coordinated way to share an agenda and have updates that are meaningful to Philadelphia. The current approach is rather fragmented and not clear.
- (b) Increasing provider access to quality improvement supports. There are attempts at this now. There is an effort to talk about coordination and not provide double or triple support to providers with the limited resources that are available, with either PHLpreK or the ELRC taking the lead. Agreement is needed on who is the primary support for the entity, unless there is a need the other cannot fulfill. This can spread out the limited resources. This would also include places like 1199c or the supplemental grants going to PHMC or other private funders. It might be good to start with the idea that there is one quality improvement service going into a program at a time. This could raise some concerns for PHLpreK and Pre-K Counts as they have a specific focus on the 3- and 4-year-old population. There is an issue regarding infant/toddler supports or school-age supports when they are in the mix.
- (c) Strengthening infrastructure. There could be a better understanding of the licensing process. The PHLpreK pre-licensing is unique to Philadelphia. There are licensing issues between the ELRC, the city, and OCDEL. There seems to be an open-door policy of letting anyone in at the city level, creating issues regarding the OCDEL certification. OCDEL is wondering if there is an issue

about providers getting into the city system, which puts pressures on the state to certify once the city has done its process. Resource investments are important; the state can do more if it has more. The state been trying to work smarter with what it has.

- (d) Increasing scale. The opportunities in Philadelphia with multiple public and private funders to support quality improvement are not found across the state. There is some limited investment from other sources in Allegheny County and possibly in Erie. There are limited opportunities elsewhere. Philadelphia does more on this issue to increase scale than others, and there are lessons to be learned. The regional ELIC commissioners want to be more targeted in their supports.

Family child care support and targeted work is also important. 1199C and PHLpreK is one relationship but 1199C has its own responsibilities and work in this area. Scaling family child care support is an important growth area –including certifying groups, families, and relatives through Child Care Works.

The CHOP home visiting model, the child care navigator for home visiting supports, is a good strategy, especially for consumer education. This is a potential opportunity for scaling if it is working out. Robust home visiting and connection to child care is also a potential scaling opportunity. CHOP did a study that looked at the home visiting data and showed that children receiving home visiting services had a higher level of injury. This helped it look at serious injuries and fatalities of those who were in unlicensed care. This could help quite a bit.

- (e) Improving cross-program coordination and communication to strengthen service delivery. This is also important for the reasons listed above.
- (f) Improving data sharing. OCDEL has been working on this with the City of Philadelphia. Data sharing and its related agreements have tightened up. There is more consistent scrutiny on data sharing at the state level. People have to take this into account.

OCDEL discussed a question about using the workforce registry as a place to put in the quality improvement data. The current registry is only about the workforce. Technical assistance and early childhood mental health are not part of it. OCDEL would need to work on whether the registry is the right place to incorporate these issues. The registry was not intended to have deep folios with case notes about these kinds of programs. Child care providers will have the opportunity to select what they want. There are programs that are going to include non-credit offerings, and the PDOs have to look at credited programs. Therefore, OCDEL is not sure that the workforce registry can perform this function.

On the other hand, there is also interest in other state offices for shadow systems. OMHSAS is interested in it for professional development for its staff as well. There are a lot of issues to work out if the registry were to be used for quality improvement purposes – such as user roles, what people need, maintaining case notes, negotiating if a provider is receiving support from more than one quality improvement organization, what information would be accessible, and who would have access. The current version of the registry is new and adding in quality improvement is not part of the intended focus. Currently there are no user roles in the registry and that would need to be worked out.

If local funders are interested in moving this along, there are limited counties with the range of organizations that are available in the Philadelphia and, to a lesser degree, the five-county area. Also, there is some depth in Allegheny County and some in Erie. In the rest of the state, there are not as many ongoing funders—whether state, local, or foundations—of quality improvement. Funding is a real concern since there might not be a statewide benefit due to these issues. One question is whether private funders would pay for the needed enhancements.

- (g) Increasing early learning program participation in identifying and prioritizing needed supports. This is important for reasons previously stated.
- (h) Identifying strategies to track current and future needs. The level of coordination needs to improve beyond where it is now. A charter would be a good tool to help outline the priorities and goals, and coordinate and collaborate across the various funders and the quality improvement organizations. This would help people see where priorities are the same and where they differ. This could address not only triage, but also future direction. This would be worthwhile, but OCDEL would have to get the right number of people to do this, and we would need to assume good intentions. There is some history that could make this a problem.
- (i) Strengthening feedback loops to the Office of Children and Families to communicate local quality improvement services and to the Office of Child Development and Early Learning to adjust the state's professional development tracking systems. This is important for reasons already discussed.

Vanguard saw these areas as important:

- (a) Increasing early learning program and quality improvement organization understanding of existing quality improvement service options. The approach to quality improvement is fragmented and everyone,

including providers, is confused. Cohesion is needed. We need to understand who the anchor in this work is. It shouldn't be philanthropy. We need to localize some structure to keep this work enduring and provide a backbone.

- (b) Increasing provider access to quality improvement supports. This is critical.
- (c) Strengthening infrastructure. This also gets to the point about backbone. We had a Running Start committee and its goal was to put those pieces together. The city has a pre-K committee that has a goal solely focused on PHLpreK. It leaves out so much more that is critical.
- (d) Increasing scale. Vanguard sees this as a secondary need. If we build out a quality improvement program and get it functioning, then scale is secondary. And, scaling does not mean just scaling one model. It means scaling the idea of localized models that are targeted to specific needs and figuring out how to support the delivery where it is needed.
- (e) Improving cross-program coordination and communication to strengthen service delivery. Vanguard has a strong cross-sector approach to its homeless children's work and the people's emergency center. It would like to see a similar approach - cross-sector, with everyone coming to table – in early childhood work.
- (f) Improving data sharing. It is critical to collect data, keep it current, and maintain data integrity. Also, racialized data is not available and it is necessary for understanding if needs are being met.
- (g) Establishing more efficient triage to meet needs. This brings to mind the home visiting portal; we can't make assumptions that everyone needs the same things because they are poor. They may have different needs and we need a way to figure that out.
- (h) Identifying strategies to track current and future needs. This is also important. We need a shared understanding of what the goals are and the impacts and outcomes we are seeking.
- (i) Strengthening feedback loops to the Office of Children and Families to communicate local quality improvement services and to the Office of Child Development and Early Learning to adjust the state's professional development tracking systems. This is also critical. We will get more public dollars if we show progress. We have to unlock that support to make more public dollars available so we can shift philanthropic funds to meet other gaps.

William Penn provided this list of priorities which originated from early discussions with the city's Community Empowerment office. Stakeholders had many conversations about what it would take to enhance the quality improvement infrastructure.

The Foundation believes that infrastructure - the management, revisiting, and enforcement of it - needs to live somewhere and be managed by an entity that exists within the sector. We don't just need another report. We need a report with recommendations and an implementation plan that is adopted by the local sector as a whole.

We don't have a common place to store data that is collected at the center level, so that it can be accessed across quality improvement organizations. Collection really varies by organization so it is hard to get a true data set. And comprehensive, current data is essential to planning and coordination.

Plans for future investments

For the **City's Office of Children and Families**, the plan for future investment is to continue to grow the number of seats. **OCDEL** is looking at being stable with what it has right now, given the state revenue picture.

Vanguard stated that it is hard to plan for the future in this environment. It has requests for extensions and emergency infusions of funds. So, its grant terms are in flux. Vanguard also feels that while there might be other programs that can do the work it is doing at a localized level, it does not expect a shift in the way it does it. Vanguard does not see the need for a new technical assistance model. They want to get better at what they are doing currently. It thinks the future is about how it can be more of a link to help these organizations collaborate, perhaps by bringing them together to talk more. Vanguard also expressed an interest in seeing what gaps emerge from this project. It hopes the project will be informative about what is needed.

William Penn still has a few more years left in its current strategy for early childhood. It will revisit its portfolio in 2023 and assess and redirect as needed. It does not see any dramatic shifts in direction. The board remains committed to the early childhood space and ensuring that all children in Philadelphia have great learning opportunities from birth through age eight. The Foundation expects to continue its focus on the seven strategies laid out in its Theory of Change:

- Engaged families.
- Qualified educators.
- Quality early childhood education centers.
- Strong K-3 literacy instruction.
- Literacy environments.
- Advocacy.
- Communication and evaluation.

Future work is likely to focus on better coordination and institutionalization of this work.

Thinking and dreaming: what would make the biggest difference?

For the city's **Office of Children and Families**, changes that would make the biggest difference include:

- Coordinating across the public funding streams to remove barriers parents and guardians face to getting into programs - a coordinated enrollment system.
- Fully funding early childhood options that are free to families.
- Providing clear, consistent, and concise information for parents and guardians.
- Bridging the gaps between PreK-3 and 4 to Kindergarten and 1st grade.
- Prioritizing recruitment and training of the workforce.
- Creating feedback loops about changes that are being made- not just gathering information.
- Implementing provider-driven assessments and improvement strategies that are accepted by families.
- Gathering input from families about their daily habits, needs, and what they consider to be quality that informs the development of quality improvement supports.
- Creating inclusionary practices for children with developmental delays and disabilities.

OCDEL stated two things that would help drive quality improvement as a baseline:

- Creating parent expectations of quality for their children. Speaking in a way that helps parents understand the role of child care in supporting children and families remains a very important ingredient in enhancing quality.
- Providing adequate funding to the child care community as a base for quality improvement. In Philadelphia, where the costs are higher and there is competition for staff, costs are a significant issue. We need an infusion of investment into the system as a whole. If we could stabilize the workforce and give them appropriate wages, it would be possible for providers to move beyond their basic needs and focus on quality improvement.

Vanguard dreams of a clear definition of quality, one that specifies that it is the people doing the work that is driven and validated by child outcomes. It also dreams of a system that provides the funding, supports, and resources needed, and collects the resulting data to implement that provider-driven definition of quality.

William Penn already sees a big dream taking hold – providing a coordinated menu of options for tiered engagement for professional development opportunities, right sized for providers whether they are STAR 1 or STAR 5. It sees some

deficiencies in the pipeline. It is trying to target the greatest needs, even though they are often changing.

Post-Covid, Philadelphia might have fewer centers. Higher level programs might close due to falling revenues. Then the city might want to focus on how it can build up the smaller home-based programs that are moving up in quality. It would be ideal to have a well-distributed set of resources that are tiered and address every level of the pipeline.

There is a perception that some programs have arrived and others have not; that if a program has 4 STARS and NAEYC accreditation, it does not need any more support. But that is not accurate; high-quality programs do need support. William Penn wants to fine-tune the quality of higher star centers. Quality is not always defined by a number or star. It wants to speak to more specific needs of families in communities. Quality experiences need to be tailored to

specific needs, not just the preferences of the majority. William Penn would love to get to a degree of support to permit it to embed professional development that will increase the quality of what programs deliver to children and families and consistently meets their needs.

Other things that the Foundation would like to address include:

- Family engagement.
- A better periodic assessment of how the sector is serving kids and measuring child outcomes.
- Improving practices related to staffing and workforce – capturing the learning and development opportunities offered to teachers and directors and documenting additional needs.

Four stakeholder meetings were held in February and March of 2021.

In February, separate sessions were held for early learning and child care providers, quality improvement organizations, and public and private funders. The purpose of these sessions was to provide highlights of what each group saw as strengths, concerns, and next steps for quality improvements, to share the draft recommendations for strengthening quality improvement in Philadelphia, and to gather feedback through small group discussion. Participants included 20 individuals representing quality improvement organizations, 27 providers, and all funders. As a result of the February stakeholder meetings, adjustments were made to the recommendations and an additional recommendation specifically addressing parent and family engagement in the overall quality improvement system design and implementation was added.

The purpose of the March meeting was to focus on action steps needed to advance the recommendations. Meeting participants were invited to complete a pre-meeting survey in which they were asked to provide their recommended order for implementing the recommendations. Fifty out of 73 individuals participated, for a response rate of 68 percent with 28 representing child care/early learning providers, 15 representing quality improvement organizations, and 7 representing public and private funders. The results were analyzed in three ways:

1. Proportional weight by group, i.e., largest (child care), next largest (quality improvement), smallest (funders).
2. Equal weight by group, i.e., child care provider, quality improvement organization, funder.
3. Specific results by group, i.e., child care provider, quality improvement organization, funder.

Proportional weighting was used to determine the recommendations to be discussed at the March meeting, as noted below. The top four recommendations were the focus for the March meeting.

1. Engage providers in the decision-making about what quality improvement services should be offered and how.
2. Increase the funding for quality improvement services and include direct financial resources for providers as part of the quality improvement offering.
3. Create a quality hub – a place where providers, regardless of whether they receive city, state, or private funding, can learn about the opportunities for receiving quality improvement services and be supported in participating in the services best suited to their needs.
4. Ensure that quality improvement encompasses a full spectrum of supports that cover a range of topics including teaching and learning; business practices; family engagement; racial, cultural, linguistic practices of the providers/programs; and trauma-informed care.
5. Create a shared, equitable definition of quality that is informed by all the stakeholders participating in the Philadelphia Quality Improvement System and use it to drive the development and measurement of quality improvement initiatives across all funders.
6. Increase parent and family engagement in the process of improving the quality of ECE programs and services.
7. Create a common data system that is used by all quality improvement organizations and providers, regardless of funding stream, to track what is being offered, who is receiving support, and provider and quality improvement organization results.
8. Provide quality improvement services across an entire program, not just for a room or two as is often required currently by specific funding streams.
9. Focus more resources and effort on providers (inclusive of family, group, and center providers) who are STAR 1 and 2 while continuing to focus effort and resources on providers who are STAR 3 and 4 so that all levels can participate in meaningful quality improvement.
10. Create a standard practice, with implementation funding, that all quality improvement providers serving a program, regardless of funding stream, will meet with the ECE program to share information and work in cooperation.
11. Provide support to all those offering quality improvement to become expert enough to proactively integrate equity issues—race, ethnicity, culture—into their quality improvement work, and leverage the

strengths of ECE providers.

12. Fund community-based networks, by geography and as needed, culturally, in the community where providers would gather to network.
13. Ensure the staff providing quality improvement services reflect the race and ethnicity of the providers and children being served.
14. Continue to allow providers to get more than one quality improvement service at a time.

There were some differences by group regarding the recommended order of implementation. In the top four, all groups include involving providers in the decision-making process and ensuring a broad spectrum of quality supports. Child care providers and funders both include the quality hub in their top four, but this is much lower for quality improvement organizations. Child care providers and quality improvement organizations both include increasing funding for quality improvement and adding financial resources in their top four, but this is much lower for funders. Quality improvement organizations and funders both include a shared definition of quality; this is fifth for child care providers so it is quite close. Quality improvement organizations and funders both include a common data system for quality improvement; this is much lower for providers.

Table 1. Implementation order of recommendations by child care/early learning provider, quality improvement organization, and funders .

Child Care/Early Learning Provider	Quality Improvement Organization	Funders
Increase the funding for quality improvement services and include direct financial resources for providers as part of the quality improvement offering.	Engage providers in the decision-making about what quality improvement services should be offered and how.	Create a quality hub – a place where providers, regardless of whether they receive city, state, or private funding, can learn about the opportunities to get quality improvement services and be supported in participating in the services best suited to their needs.
Engage providers in the decision-making about what quality improvement services should be offered and how.	Increase the funding for quality improvement services and include direct financial resources for providers as part of the quality improvement offering.	Engage providers in the decision-making about what quality improvement services should be offered and how.
Create a quality hub – a place where providers, regardless of whether they receive city, state, or private funding, can learn about the opportunities to get quality improvement services and be supported in participating in the services best suited to them.	Create a shared, equitable definition of quality that is informed by all the stakeholders participating in the Philadelphia Quality Improvement System and use it to drive the development and measurement of quality improvement initiatives across all funders.	Create a shared, equitable definition of quality that is informed by all the stakeholders participating in the Philadelphia Quality Improvement System and use it to drive the development and measurement of quality improvement initiatives across all funders.
Ensure that quality improvement encompasses a full spectrum of supports that cover a range of topics including teaching and learning; business practices; family engagement; racial, cultural, linguistic practices of the providers/programs; and trauma-informed practices.	Ensure that quality improvement encompasses a full spectrum of supports that cover a range of topics including teaching and learning; business practices; family engagement; racial, cultural, linguistic practices of the providers/programs; and trauma-informed practices.	Ensure that quality improvement encompasses a full spectrum of supports that cover a range of topics including teaching and learning; business practices; family engagement; racial, cultural, linguistic practices of the providers/programs; and trauma-informed practices.

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Child Care/Early Learning Provider	Quality Improvement Organization	Funders
Create a shared, equitable definition of quality that is informed by all the stakeholders participating in the Philadelphia Quality Improvement System and use it to drive the development and measurement of quality improvement initiatives across all funders.	Create a common data system that is used by all quality improvement organizations and providers, regardless of funding stream, to track what is being offered, who is receiving support, and provider and quality improvement organization results.	Create a common data system that is used by all quality improvement organizations and providers, regardless of funding stream, to track what is being offered, who is receiving support, and provider and quality improvement organization results.
Provide quality improvement services across an entire program, not just for a room or two as is often required currently by specific funding streams.	Increase parent and family engagement in the process of improving the quality of ECE programs and services.	Create a standard practice, with implementation funding, that all quality improvement providers serving a program, regardless of funding stream, meet with the ECE program to share information and work in cooperation.
Create a standard practice, with implementation funding, that all quality improvement providers serving a program, regardless of funding stream, meet with the ECE program to share information and work in cooperation.	Focus more resources and effort on providers (inclusive of family, group, and center providers) who are STAR 1 and 2 while continuing to focus effort and resources on providers who are STAR 3 and 4 so that all levels can participate in meaningful quality improvement.	Focus more resources and effort on providers (inclusive of family, group, and center providers) who are STAR 1 and 2 while continuing to focus effort and resources on providers who are STAR 3 and 4 so that all levels can participate in meaningful quality improvement.
Increase parent and family engagement in the process of improving the quality of ECE programs and services.	Provide support to all those offering quality improvement to become expert enough to proactively integrate equity issues—race, ethnicity, culture—into their quality improvement work. And, leverage the strengths of ECE providers and share their expertise.	Increase parent and family engagement in the process of improving the quality of ECE programs and services.
Focus more resources and effort on providers (inclusive of family, group, and center providers) who are STAR 1 and 2 while continuing to focus effort and resources on providers who are STAR 3 and 4 so that all levels can participate in meaningful quality improvement.	Provide quality improvement services across an entire program, not just for a room or two as is often required currently by specific funding streams.	Fund community-based networks, by geography and as needed, culturally, in the community where providers gather to network.
Create a common data system that is used by all quality improvement organizations and providers, regardless of funding stream, to track what is being offered, who is receiving support, and provider and quality improvement organization results.	Create a standard practice, with implementation funding, that all quality improvement providers serving a program, regardless of funding stream, meet with the ECE program to share information and work in cooperation.	Increase the funding for quality improvement services and include direct financial resources for providers as part of the quality improvement offering.

Child Care/Early Learning Provider	Quality Improvement Organization	Funders
Continue to allow providers to get more than one quality improvement service at a time.	Create a quality hub – a place where providers, regardless of whether they receive city, state, or private funding, can learn about the opportunities to get quality improvement services and be supported in participating in the services best suited to their needs.	Provide support to all those offering quality improvement to become expert enough to proactively integrate equity issues —race, ethnicity, culture—into their quality improvement work. And, leverage the strengths of ECE providers and share their expertise.
Fund community-based networks, by geography and as needed, culturally, in the community where providers would gather to network.	Fund community-based networks, by geography and as needed, culturally, in the community where providers would gather to network.	Provide quality improvement services across an entire program; not just for a room or two as is often required currently by specific funding streams.
Provide support to all those offering quality improvement to become expert enough to proactively integrate equity issues—race, ethnicity, culture—into their quality improvement work. And, leverage the strengths of ECE providers and share their expertise.	Ensure the staff providing quality improvement services reflect the race and ethnicity of the providers and children being served.	Ensure the staff providing quality improvement services reflect the race and ethnicity of the providers and children being served.
Ensure the staff providing quality improvement services reflect the racial and ethnic status of the providers and children being served.	Continue to allow providers to get more than one quality improvement service at a time.	Continue to allow providers to get more than one quality improvement service at a time.

The pre-meeting survey also addressed the systems recommendations, which resulted in the following implementation order, using a proportional approach:

1. Address the most critical systems issue: compensation.
2. Increase overall funding for the quality improvement system.
3. Create an infant/toddler quality program comparable to Pre-K Counts and PHLpreK that pays on a program basis and assures middle-class salary and benefits for the teachers.
4. Integrate and align the multiple funding sources at a state and city level to develop a more efficient system for funding early care and education services and to decrease the administrative burden on providers.
5. Ensure ongoing growth in Pre-K Counts and PHLpreK so that new providers who meet the quality expectations can participate.
6. Create a coordinated approach to the now separate monitoring processes at the state and city level.

Child care providers and quality improvement organizations both put compensation first but funders put it last. Child care providers and funders put increasing funding for quality improvement in the top two, and quality improvement organizations put it third, so this is close. Child care providers and quality improvement organizations put creating a new infant/toddler program in the top three, and funders put it fourth. Funders put align/integrate funding first; it is fourth for child care providers and quality improvement organizations.

Forty-three people attended the March meeting, including 24 providers, 15 quality improvement organizations, and four funders. After reviewing the pre-meeting survey results, which had been provided to everyone in advance, small mixed groups undertook action planning. Four probes were used to guide these discussions:

1. Aim – what successful implementation of the recommendation would look like in 12 months?
2. What is the strength or challenge of this recommendation? What is the current situation?
3. Brainstorm Action Steps – what are the key steps needed to move the needle on this recommendation?
4. First 3 Steps – identify the first three steps.

The four recommendations that were discussed yielded the following input from the small groups:

Recommendation 1: Engage providers in the decision-making about what quality improvement services should be offered and how.

What would successful implementation look like in 12 months?

- A provider council is in place that will ensure representative provider voice.
- The provider council is focusing on what quality improvement is needed and should be offered.
  - Quality improvement providers can have conversations with providers and funders of quality improvement can hear from both those offering quality improvement and from providers.
  - The council is consulted before proposals are submitted to funders.
- Features of the provider council that will ensure representation:
  - Meets monthly.
  - Members rotate so that all types of providers have a voice.
  - Flexibility needs to be built into the structure. Basic parameters (such as language and literacy) can be built in, but the provider council needs to be able to tailor quality improvement to meet the needs of specific directors and teachers.
  - Virtual opportunities needed along with occasional in-person meetings.
  - Providers sitting on the council would also reach out to other providers who are not part of the council.
  - Providers are compensated for their participation.
  - Providers represent each provider type, size, structure, geographic areas, and demographic groups.
  - Quality improvement organizations can support the lead organization that administers the council to make sure it has resources, help with ideas, and brainstorm how to overcome challenges.

What is the strength or challenge of this recommendation?

- A strength is that the provider council would meet actual need, not an assumed need. This will more efficiently use resources and will be most effective in helping to improve quality.
- A challenge is creating a definition of quality that represents the diversity of providers including no STARs or 1 or 2 STARS.
- A challenge is that currently for no STAR, STAR 1, and STAR 2, some are assigned quality improvement and don't currently have a voice.
- A challenge is that currently quality improvement is offered without providers giving input about the quality improvement.

- Quote: "The climb from no STAR to current place is huge. [When I started, I had no STARS and I didn't know what quality looked like.] For No STAR and low STAR providers, some don't know what quality looks like."
- A challenge is that providers struggle because of conflicting input, biases, and recommendations.
- A challenge is engaging those providers who are traditionally not heard.
- A challenge is identifying who is going to fund it, organize and coordinate it, take minutes, manage the budgets, and ensure that providers are compensated for participating.

What are the key action steps to move this recommendation?

- Number one is to streamline the existing funding so we can support all the things we want to accomplish.
- Providers who represent each type, geographic region, demographic group, size of provider, and STAR level should be involved.
- Families must be at the table to decide what quality looks like.
- OCDEL needs to be at the table so there is buy-in on the definition of quality.
- Need to be clear about the structure of the council, and the organization that has capacity to build out and fund the council, so it is successful.
- Need to have the parent council that helps to facilitate the conversation amongst providers, families, and the quality improvement organizations and they will also partner with the QI providers to communicate what the council wants to be offered.
- Need to have public funding so it is sustainable. There are too many flash-in-the-pan initiatives and then the funding ends and it is over. If the city or state gives funding, it would show a commitment for five or ten years.

First three action steps

- Define quality by including providers, families, and OCDEL.
- Streamline existing funding and find new targeted funding that includes support from the state and city and as initial start-up funding from foundations and/or businesses or from the stimulus.
- Identify the lead for the provider council and build out the structure.

Recommendation 2: Increase the funding for quality improvement services and include direct financial resources for providers as part of the quality improvement offering.

What would successful implementation look like in 12 months?

- Payment rates would cover the true cost of care.
- The funding model would move from the market rate to cost of care.

- Compensation for teachers would be increased; greater effort would be placed on getting and retaining quality teachers.
- There would be more access through more funding to reach those not currently reached with quality improvement.
- Equitable access will have occurred so that all programs can participate in quality improvement through an open door.
- Not all quality improvement services will have expanded; the focus will be on those with the greatest need.
- We will have figured out whether the quality improvement investments for the rising STARS will result in their long-term sustainability.
- We will ensure support is made available for those who have access but want to drill deeper or layer learning on top of what they have already done.
- Dollars will be available to support implementation for programs, including resources for substitutes.
- The hub that is proposed would be a help in making this recommendation happen – communications about what programs are available and help to providers in planning and choosing QI would be a real asset.

What is the strength or challenge of this recommendation?

- It is a challenge to move to cost of care vs. market rate – we have little control over that.
- Hiring subs is always a problem – if you find someone good, another program snatches them up as an employee.
- It is a strength that providers are working so hard to improve their quality – it isn't realistic to expect them to do the quality improvement work on top of their regular work without some support.
- It is a challenge to get funders to agree that direct support to providers to participate in QI work is necessary – they need to build it into grants without cutting back on other things like access.

What are the key action steps to move this recommendation?

- Encourage a closer look at cost of care versus market survey.
- Encourage funders to commit to multi-year funding that includes money for support to providers – allows a longer planning horizon, no wasted resources for planning and re-planning, more sustainable.
- Use the hub to align services and strategies that are made available to providers.
- Create some kind of central base to help providers find programs that support their needs and provide things like substitutes to allow for participation in training.
- Tap into retired providers to work as subs. They aren't

likely to be hired away for a full-time job. This would also help those providers who are looking for a plan to transition away from their full-time business.

First three action steps

- Encourage a closer look at cost of care versus market survey to set rates.
- Encourage funders to commit to multi-year funding that includes money for support to providers.
- Use the hub to align services and strategies that are made available to providers and provide communications about what is available.

Recommendation 3: Create a quality hub – a place where providers, regardless of whether they receive city, state, or private funding, can learn about the opportunities to get quality improvement services and be supported in participating in the services best suited to their needs, and where quality improvement organizations come together.

What would successful implementation look like in 12 months?

- Providers noted that implementation would be similar to former Philadelphia Early Childhood Collaborative and would be set up on a neighborhood basis so that providers would be served in their home community.
- Providers noted that certain information would be available through a centralized hub.
- Quality improvement organizations said that there would be coordination across the quality improvement organizations.
- Quality improvement organizations said that all providers would get the same information about quality improvement services that are available and would not be overwhelmed trying to find out what is available.
- Quality improvement organizations said that there would be quality monitoring of their work and that data would be collected.
- Quality improvement organizations want to make sure the hub does not create an expensive setting that will cost funds and take away from providers – deliver responsive funding.
- Quality improvement organizations envision Early Intervention service providers being included in the coordination across the quality improvement organizations.

What is the strength or challenge of this recommendation?

- A challenge is whether there will be buy-in for geographically based access to the hub concept.
- A challenge is whether we can get back to where we were under the regional key concept when technical assistance

organizations came together and TA was coordinated.

- An opportunity is that we must have coordination among quality improvement organizations and that the hub can convene them and coordinate.
- An opportunity is to bring together providers and quality improvement organizations through the hub to determine what data needs to be collected and made available.
- An opportunity is that the hub could bring providers and quality improvement organizations together to work on high quality.
- An opportunity is to bring together providers including those in Pre-K Counts and PHLpreK.
- An opportunity is to collaborate with the ELRC.
- An opportunity is to include the professional development organization in the hub.

What are the key action steps to move this recommendation? (what, who, resources)

- Determine how the hub will coordinate with a variety of human and social services supports for providers such as SNAP, job fairs, resume building, immigration, drug addiction, single father programs, single mother programs, food programs, etc.
- Determine how the hub will connect to the child welfare Community Umbrella Organizations.
- Review the goals of the ELRC and compare them to the goals of the hub to ensure coordination and eliminate overlap.
- Define the scope of services and be explicit about defining the hub audiences such as quality improvement organizations, child care and early learning programs, and families.
- Ensure that the hub can provide the required services and has the capacity to succeed.
- Identify the quality improvement activities embedded across the landscape, available funding within systems, and opportunities to pivot services in existing lines to better meet provider needs without additional funds.
- Identify the hub scope of services without disrupting current services.
- Identify who will pay for the hub and ensure funds are not removed from providers.
- Identify who will run the hub.
- Coordinate the hub conversation with the database initiative in development between PHLpre-K and professional development database.
- Review relevant surveys conducted recently, such as https://www.reinvestment.com/wp-content/uploads/2020/12/Preliminary-Findings-from-the-ECE-Restart-Survey-_Dec-21-2020.pdf

First three action steps

- Conduct a landscape analysis of existing early childhood quality improvement services including the ELRC and reach out to providers to get more of a feel of what they would like their hubs to look like based on what they need.
- Create the provider council.
- Define the scope of services with emphasis on coordination of quality improvement services.

Recommendation 4: Ensure that quality improvement encompasses a full spectrum of supports that cover a range of topics including teaching and learning; business practices; family engagement; racial, cultural, linguistic practices of the providers/programs; trauma-informed care.

- What would successful implementation look like in 12 months?
- Quality improvement organizations would have identified where they want to focus and where they want to scale (in collaboration with providers).
- Provider voice would determine content and approach and would influence the request and framing from quality improvement organization.
- Targets would have been established for the full range of quality to ensure that the distribution is equitable and goes to the providers with the greatest need.
- Public and private would have a clear agreement about how the resources work together, and the hub would be part of the strategy for helping that to happen. The focus point of the public dollars would be clear.
- The data system is part of the solution to make this happen as it is necessary for all funders to be able to see and track what is available and how services are being used.
- Providers would know what is available to them- their access to supports and information about them is critical. The hub will help provide access to information.
- There will be success metrics for the system, provider, parents, and child—all of these have to be taken into account to determine a success metric for this recommendation.
- Private funders will have intentional conversation with each other and with the public funders to understand the pipeline for each private funder in order to have a systems perspective on this issue and to assure there is a system.
- The definition of quality will address the issues of race, culture, and linguistic preferences and make it easier to assure quality improvement offerings.
- Quality improvement organizations will have the capacity to provide services focusing on race, culture, and linguistic preferences.

What is the strength or challenge of this recommendation?

- A challenge is that information sharing is an obstacle to implementing this recommendation (multiple quality improvement providers, child care providers).
- A challenge is determining the baseline definition of success.
- A challenge is determining what the measure of quality is for the services being provided.
- A strength of this recommendation is the awareness that we have a multi-faceted approach and that it speaks to the work that is being funded and that funding is being provided in these areas.
- A strength is that this creates an opportunity for providers to organize and get access for themselves to help determine what they want and where they get it. Providers can help drive this work.
- A strength is that we can think more broadly about the systems that offer comprehensive supports- we know that quality includes comprehensive, whole-child support. We can learn from contracted/program slots such as Head Start, etc. as we have embraced all aspects of the child's development and family.
- We can link this to our expanded definition of quality.
- A strength is that we might be able to create opportunities for new players and help to diversify who is providing supports, especially for race/equity quality-improvement-related supports.

What are the key action steps to move this recommendation? (what, who, resources)

- Identifying the convener for moving this forward can take the weight off those who are typically receiving the funding.
- Decide if this is about increasing the capacity of the current providers versus identifying new entities.
- Add more players through these lenses: racial equity, business practices, trauma informed.
- Involving the provider council (with families, and all types of providers and different provider roles) can play a key role in the decision process.
- Conduct additional analysis about the full spectrum of supports, clarify the end goal, and do the analysis prior to convening with providers and families. More data is necessary to fully understand where we are with the full spectrum of offerings, and the interest level (demand) to best understand scaling needs.
- Include accountability for the delivery of these services, including an outcome result at the child level.

First three action steps:

- Create the provider council.
- Define the full vision of high quality.
- Create the data system to allow for information sharing.
- Create the hub to make the available services public.
- Identify the convener for this particular recommendation.

In addition, identify the convener for the totality of these recommendations to help them move forward. The convenor will work with the landscape of the funders and determine how that impacts the implementation of the public-private partnership as this goes forward.

PARTICIPANTS IN FOCUS GROUPS, INTERVIEWS, AND STAKEHOLDER MEETINGS

Essence	Allen-Presley	ICU
Damaris	Alvarado	Children's Playhouse Early Learning Center
Amelia	Askew	Miss Marty's Preschool (retired)
Amanda	Atkinson	PHMC
Carol	Austin	First Up
Marnie	Aylesworth	Pennsylvania Key
Justin	Bell	The Caring Center
Deidre	Bennett	Community Focus Learning Center
Unis	Bey	Grays Ferry Early Learning Academy
Melissa	Blatz	Beautiful Beginnings Childcare Center, Inc.
Zakiyyah	Boone	Wonderspring
Stayce	Bowen	Generations ChildCare
Delilah	Brennan	Destiny's Children Early Learning Academy
Dionne	Brinson	Brightside Academy
Lynne	Brooks	Jenkintown Day Nursery
Tanya	Brown	Caring People Alliance (R W Brown Community Center)
Shante'	Brown	City of Philadelphia Office of Children and Families
Kellie	Brown	William Penn Foundation
Kelley	Burnett	Kelley's Inspirational Daycare
Sherrye	Byers	Smart Alecks Learning Center
Tracey	Campanini	Office of Child Development and Early Learning
Christine	Caputo	Free Library of Philadelphia
Anita	Caraway	24 Hour Sunrise Childcare
Diane	Castelbuono	School District of Philadelphia
Barbara	Chavous-Pennock	Somerset Academy Early Learning Center
Laverne	Cheeseboro	Heavenly Made Creations Family Group Child Care
Lisandra	Chevres	Sholypop Daycare
Traci	Childress	Saint Mary's Nursery School
Charles	Coe	Incredible Kids Learning Center, Inc.
Barbara	Coleman	Mercy Neighborhood Ministries
Teresa	Collins	1199C

Deborah	Colter	Debbie's Little Angels "Soaring Above the Crowds."
Melody	Connell	CORA Services
Rasheeda	Coston	Pennsylvania Key
Susan	Dagdigian	Federation Early Learning Services
Tarrell	Davis	Settlement Music School
Cerrice	Dawson	Jumpstart
Christine	Day	Krissykids FDC
Natalye	Delegal	Nat's Day Care
Shannon	Dryden	Philadelphia Department of Public Health
Sharon	Eberendu	Tiny Tots Wonderland
Kereba	English	Kerebas Kids Care
Colleen	Etherton	CORA Early Years
Fatimah	Finch	BUZ Academy NA
Brandy	Fox	Pennsylvania Key
Ineeze	Gainey	Children's Playhouse
Emily	Garcia	College of Education, Temple
Diane	Gardner	Aunt Di's Childcare
Genithia	Geiger	Young Scholars Daycare Center Inc
Marsha	Gerdes	Children's Hospital of Philadelphia
Diane	Getzinger	ELRC Region XVIII, a program of Caring People's Alliance
Latonta	Godboldt	Small Wonders FCCH
Mary	Graham	Children's Village
Nicole	Graham	Greater Philadelphia YMCA
Debra	Green	Parent Infant Center
Anna Mae	Guille	Fun Time Child Care
Robert	Harris	Mandy's Learning
Aminah	Hawkins	Scholarly Minds Enterprises LLC
Melissa	Henry	Community Preschool & Nursery
Margarita	Hernandez	Asociación Puertorriqueños en Marcha
Jacqueline	Hinnant	
Tiffany	Hobbs	Children of Destiny
Debra	Holmes	Creative Kidz Daycare
Frances	Hoover	Smith Memorial Playground
Shineal	Hunter	Family Circle Academy
Christa	Hunter	Temple University
Lisa	Iliopoulos	Little People's Village
Rosaida	Iraola	Kencrest Services South Center
Kia	Jeudy	Ardent Academic Academy
Aliya	Johnson-Roberts	Pratt Street Learning Center
Sam	Jones	Children's Scholarship Fund Philadelphia

Keisha	Jordan	Children's Scholarship Fund Philadelphia
Ann	Kim	Rising Sun Children's Center
Adena	Klem	Action for Early Learning
Matthew	Kolla	SPIN
Janice	Laureano	ELRC
Ayesha	Lee	Tender Moments Academy LLC
Mae	Lee	Olympik Tots Learning Center
Linda	Li	The Caring Center
Frances	Mack	We Care Learning Center
Letitia	Mack	Appleseeds Learning Center
Mary Kay	Mahar	PHMC
Elizabeth	Massas	The Salvation Army
Lorraine	Matthews	It's in the Book Childcare
Angie	Maury	Youth Service, Inc.
Wanda	McDowell-Brisbon	Wanda's CreChe Care Home Childcare
Jennifer	McDuffie Moore	Kreation Place
Erika	McMillan	Erika's Learn & Play Childcare Behavior Health Services
Kristen	Moore	CORA SERVICES, inc.
Nikishia	Morgan	Kingdom Kiddies II
Luanda	Morris	Urban Affairs Coalition
Shereena	Morrow-Jackson	A Brighter2Morrow
Kathy	Mosley	Acelero Learning Camden/Philadelphia
Mercedes	Mount	Bright Little Scholars LLC
Robin	Newton	Little Ones of Wisdom & Musical Academy LLC
Selena	Oliver	Promise & Possibilities Learning Academy
Mark	Ornstein	Federation Early Learning Services
Bevin	Parker-Cerkez	Reinvestment Fund
Rupali	Patel	Miss Marty Preschool
Kimrenee	Patterson	Khanae Education Programs
Alexandra	Patterson	PHMC
Tashina	Pearson	Bright Little Smiles Childcare LLC
Sean	Perkins	City of Philadelphia
Beth	Perretta	Early Childhood Environments, LLC Designs For Living and Learning
Rashanda	Perryman	Vanguard
April	Powell	Beyond Basic Learning Academy
Ladrina	Powell	Caring People's Alliance
Brenda	Pugh	Heavenly Hall Daycare
Nicole	Regalbuto	Shane's Friends II
Lizette	Reid	Just My Size
Renita	Richardson	We Care Learning Center

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Cynthia MB	Robinson	CMBR - Mrs. Cynthia's Munchkin Romper Room
Lola	Rooney	BCDI-Philadelphia & Vicinity
Jennifer	Sanders-Epps	Suga Mama's Daycare & Preschool
Crystal	Shannon	Vanguard
Nikkita	Shoatz-AhmadAli	The 63rd Street Multicultural Academy
Lisa	Shultz	First Up
Poonam	Singhal	Sunbright Childcare
Bernice	Smack	Daycare
Linda	Smith-Wright	Head Start
Michelle	Stevens	Stevens Group Child Care
Kim	Stone	Mema's Early Learning Center
Omaima	Talouli	Hasan's Interactive Learning Center
Jana	Taylor	Little Einsteins Early Years
Felicia	Taylor-Powell	Taylor's Learning Academy Inc
Kendra	Thomas	First Up
Aliyah	Tinsley	PHMC
Linn	Vaughters	Children's Scholarship Fund Philadelphia
Sara	Vernon Sterman	Reinvestment Fund
Maria	Walker	Action for Early Learning
Barbara	Wasik	Temple University
Elliot	Weinbaum	William Penn Foundation
Talia	Wilburn	Lilies of the Valley Christian Academy, LLC
Deirdra	Williams	Anointed Hands Child Development Center
Shasia	Willis	Little Magic Moments Academy
Shannon	Wise	Philadelphia Department of Public Health, Division of Chronic Disease and Injury Prevention
Tanisha	Woods	Little Learners Literacy Academy
Raksmeymony	Yin	Cambodian Association of Greater Philadelphia
Krista	Yutzy-Burkey	PlayArts
Steven	Ziegler	Mercy Neighborhood Ministries

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