



Research Protocol for CityHealth: High-Quality, Accessible Pre-Kindergarten

**Prepared by National Institute for Early Education Research (NIEER) & Center for
Public Health Law Research (CPHLR)**

September 30, 2021

CITYHEALTH: HIGH QUALITY, ACCESSIBLE PRE-KINDERGARTEN

September 2021

Research Protocol

- I. **Date of Protocol:** September 30, 2021
- II. **Scope:** Compile data on state and local pre-kindergarten (pre-K) efforts for the 40 largest cities including the District of Columbia. The purpose of the CityHealth project is to collect important public health policies and determine what makes a healthy city. For a particular policy, the goal is to display the state, county, and city laws, policies, or data involved in shaping this policy at the city level. A cross-sectional dataset capturing currently available data valid through September 30, 2021 was used. This dataset includes an analysis of state and locally funded pre-K programs by evaluating programs against the National Institute for Early Education Research (NIEER) 2020 Yearbook¹ benchmarks that covers the 2019-2020 school year and funded enrollment up to the 2021-2022 school year.

NIEER conducts academic research to inform policy supporting high-quality, early education for all young children through independent, research-based analysis and technical assistance to policymakers, journalists, researchers, and educators.

Annually, the NIEER State of Preschool Yearbook analyzes state-funded preschool programs' policies on a set of 10 benchmarks that are consistent with what research suggests as minimums for highly effective programs. In the 2020 Yearbook four of the 10 standards involve teacher credentials and training. In order to meet these teacher benchmarks, programs must require teachers to have at least a bachelor's degree; specialization in preschool education; assistant teachers must be required to have at least a Child Development Associate (CDA) or equivalent credential based on coursework; and teachers and assistant teachers are required to have at least 15 hours of annual in-service training, participate in coaching, and have individualized professional development plans. Class sizes must be limited to 20 children and have a teacher to child ratio no more than 1 staff member to 10 children. The Early Learning Standards must be comprehensive, covering the five areas identified by the National Education Goals Panel: children's physical well-being and motor development, social/emotional development, approaches to learning, language development, and cognition and general knowledge, aligned with required child assessments and have state- or city-level support to implement. Evidence of curriculum support includes both guidance or approval for selecting one as well as training or ongoing technical support to implement. Programs must also require vision, hearing, health and developmental screenings and referrals. Finally, the last benchmark requires programs implement a system of continued quality improvement, which includes regular onsite visits to measure classroom quality and the required use of data collected through these structured observations.

III. Primary Data Collection

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Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G. & Gardiner, B. A. (2021). *The State of Preschool 2020: State Preschool Yearbook*. New Brunswick, NJ: National Institute for Early Education Research.

1. **Original project dates:** June 1, 2020 – September 30, 2021.
2. **Data collection methods:** Data were collected through examining public online records including websites, documents such as program guidelines and legislation; the 2020 NIEER Yearbook; as well as interviews with city and/or state pre-K administrators; and any external program evaluations if available as a public record.
3. **Databases used:** The 2019-2020 NIEER Yearbook and the 2010 U.S. Census Data. When available, state datasets that included pre-K programs at the city level and/or city pre-K database sets were used.
4. **Search terms:** names of each city and: state funded pre-k, state funded preschool, city funded pre-k, city funded preschool, locally funded pre-k, locally funded preschool, public school pre-k, public school preschool.
5. **Information about additional inclusion or exclusion criteria:**
 - I. For cities with multiple programs operating in 2019-2020, the program that operated solely in the city was used first, if none was available, then the CityHealth ranking was based on the state-funded program with the greatest enrollment.
 - II. Programs that were primarily funded with federal funds such as Head Start and the Child Care Development Fund (CCDF) which is funded through the Child Care Development Block Grant (CCDBG) were not included.
 - III. Only programs that were center-based (e.g. child care centers, Head Start programs or public schools) were included.
 - IV. For cities with multiple school districts, the school district with the greatest number of students enrolled was selected.
6. **Inclusion or exclusion criteria by question**
 - I. For the Enrollment variable, “high” enrollment means at least 30% of the city’s 4-year-old population served. “Low” enrollment means less than 30% of the city’s 4-year-old population served.

IV. Process

1. After the number of programs were identified in each city, information about each of the programs was gathered through website review; document review, including program guidelines and legislation; the 2020 NIEER Yearbook; and any external evaluations if available. After data were gathered, contacts for each program were emailed or called (August 2021) to verify descriptions of the program. These data were then evaluated to assess if the program’s policies met the 10 NIEER benchmarks. After the benchmark assessments were made, primary contacts from each program were asked to verify the determinations and given the opportunity to provide additional evidence if it was thought that the program met additional benchmarks and/or the enrollment threshold (September 2021).

To determine the percentage of children served, the 2019 American Community Survey census data on the total number of children under five by city was divided by five to estimate the number of four-year-olds in the population. Enrollment data

for 2018-2019, 2019-2020, 2020-2021, or funded slots for these years were used to calculate the number of 4-year-olds in all city- or state- funded programs that operated within the city. Data from the most recent year were used, however, if the city was not able to report this information, then slots were estimated based on the number of classrooms (# of classrooms X 20 children (or maximum class size)). If the city could not report this number, then the percentage of 4-year-olds served in the state as reported in the 2020 NIEER Yearbook was used.

- 2. Quality control:** Two researchers from NIEER reviewed the data and coded independently. Discrepant items were researched and corrected if necessary.

On September 20, 2021 emails were sent to the 40 city pre-K leads which contained: the name of the pre-K program evaluated for the CityHealth 2021 medals; a summary of the NIEER benchmarks the city pre-K program met for 2019-2020; and whether or not the city met the 30% enrollment threshold. If emails were returned undeliverable, they were sent to a new lead within 2 days. Recipients were instructed to review the summary and if there were any discrepancies or questions to email with information, including evidence of meeting missed benchmarks by September 24, 2021. In response: 6 cities had follow-up questions that were responded to via email and/or phone call; 5 cities confirmed their responses without comment; 28 cities had “no response;” and 1 city’s information was undeliverable after sending to three separate contacts. Following the review of evidence, the number of benchmarks (or which benchmarks) met changed for 7 cities as compared to the CityHealth 2020 Report (Charlotte, El Paso, Indianapolis, Jacksonville, Kansas City, Las Vegas, and Mesa), however, this did not affect their CityHealth medal determination.

V. Importation into the MonQcle

1. On October 4, 2021, the data pages were turned over to the research group at the Center for Public Health Law Research who worked on importing the data into the MonQcle software for rendering on the CityHealth website. The teams met to explain the variables and results as necessary.

VI. Scoring Criteria

1. Scoring was primarily based upon the number of benchmarks met by the city’s program. To earn a silver or a gold medal, the city program had to meet at least eight of the following ten benchmarks:
 - I. Comprehensive, aligned, and supported early learning and development standards
 - II. Lead teacher has a B.A.
 - III. Lead teacher has specialized training in pre-K
 - IV. Assistant teacher has a CDA or equivalent
 - V. At least 15 hours/year of teacher in service professional development for lead and assistant teachers; coaching; professional development plans
 - VI. Maximum class size of 20 children
 - VII. Staff to child ratio of 1:10 or lower
 - VIII. Vision, hearing, health screening and referral
 - IX. Supports for curriculum implementation
 - X. System of continuous quality improvement

2. To earn a gold medal, city programs had to satisfy all of the above and have moderate to high enrollment, as previously defined. City programs that satisfied all of the above criteria but have low enrollment earned a silver medal. Lastly, city programs that fell short of the above criteria but have moderate to high enrollment earned a bronze medal.

3. This scoring criteria is depicted by the chart below:

	Bronze	Silver	Gold
Meets 8 out of 10 quality benchmarks for a Pre-K program		✓	✓
Over 30% of children enrolled in Pre-K programs	✓		✓

VII. 2021 Updated Results

There were no medal changes between the 2020 CityHealth Report and the 2021 CityHealth Report.