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NIEER

Pre-K in American Cities

Quality and Access Grow, but Cities are Missing Opportunities to Create Lasting Benefits for their Youngest Learners

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The views expressed in this report do not necessarily reflect those of the peer reviewers.

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The National Institute for Early Education Research at the Graduate School of Education, Rutgers University, New Brunswick, NJ, supports early childhood education policy and practice through independent, objective research. http://nieer.org/

Pre-K in Large American Cities

CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente, provides leaders with a package of nine evidence-based policy solutions that have the potential to help millions of people live longer, better lives in vibrant, prosperous communities. One of these policy solutions is access to high-quality Pre-Kindergarten (Pre-K), which can have significant health benefits for all children, regardless of family income or zip code, when the program's design adheres to proven practices.

High-quality, accessible Pre-K improves school readiness and success: children enter school better prepared and are less likely to repeat a grade or be referred to special education.[1] Long-term benefits include lower rates of crime and teen pregnancy, higher lifetime earnings, and better health outcomes.[2] Pre-K participants are also more likely to go to a doctor, receive immunizations and screenings, and, in programs that facilitate it, get dental care.[3] The cognitive and social emotional gains children make in Pre-K are associated with improved health in adulthood.[4] These benefits are widely recognized by the U.S. Centers for Disease Control and Prevention (CDC), the Institute of Medicine, and the American Academy of Pediatrics.[5,6,7]

Pre-K Participation

LONG-TERM BENEFITS INCLUDE:

- Lower rates of crime and teen pregnancy
- Higher lifetime earnings
- Better health outcomes

PRE-K PARTICIPANTS ARE ALSO MORE LIKELY TO:

- Go to a doctor, receive immunizations and screenings
- In programs that facilitate it, get dental care
- Make cognitive and social emotional gains children make in Pre-K are associated with improved health in adulthood.

CityHealth awards gold, silver, bronze, or no medals in each of the nine CityHealth policies to the nation's largest 40 cities based on the quantity and quality of their policies and programs. For the past two years, CityHealth, in partnership with the National Institute for Early Education Research (NIEER), has assessed access to high-quality Pre-K programs and reported on the overall medal status for cities' Pre-K programs. A bronze medal signals that a city meets the criteria for access, a silver represents a city program that mandates quality but provides low accessibility, and a gold medal means that a city earned points for both quality and accessibility in its Pre-K program. In its most recent assessment, CityHealth awarded 5 gold, 8 silver, and 20 bronze medals to cities in Pre-K. This report analyzes findings on the key measures, ranging from class size to accessibility.

NIEER researchers found that many cities are offering Pre-K programs, but many of these programs lack key quality benchmarks that extensive research has shown deliver lasting benefits. They also found that many cities offer high-quality programs reaching too few children, which is defined as less than 30 percent of the eligible population of preschoolers. A positive trend is that the number of Pre-K programs is growing in U.S. cities, and much of this growth is fueled by cities' willingness to create new, local funding streams to establish and sustain the programs.

The Benefits of Pre-Kindergarten

Decades of research on Pre-K clearly show that high-quality programs for young children are highly effective interventions with lasting benefits. The positive effects of Pre-K include a significant reduction of the achievement gap, or the learning deficit that many children face when entering kindergarten, with results that are sustained throughout their educational experience.[8]

Additional research has found these benefits also include social and economic well-being, including improvements in physical health. For example, children who attend Pre-K are more likely to access health care services and receive better nutrition.[9] Researchers have found that New York City's Pre-K services for 4-year-

olds increase identification of health and physical concerns, which results in earlier remedies.[10] Adults who have attended Pre-K are far more likely to have improved health behaviors and better health, which lowers health care costs.[11] However, progress toward attaining widespread provision of high-quality Pre-K is slow.

PRE-K RECOMMENDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION

The Centers for Disease Control and Prevention (CDC) identified Early Childhood Education (ECE) programs, such as Pre-K, as one of the most important and effective policies available to improve population health. The agency did this by including ECE in their Health Impact in Five Years (HI-5) list, which highlights the best non-clinical, community-wide approaches that have strong evidence showing 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier.[12]

CDC cited a rigorous evidence base for ECE fostering socio-emotional, cognitive, and motor skill development, as well as academic achievement. ECE also created longer-term benefits such as reductions in obesity, child abuse and neglect, youth violence, teen birth rates, and emergency room visits.

How Do We Define Accessible, High-Quality Pre-K?

This assessment is designed to determine: 1) the level of enrollment in the city's Pre-K program; and 2) which city (or state) Pre-K programs meet NIEER's 10 evidence-based benchmarks for minimum standards for highly effective programs. If a city lacked its own Pre-K program, NIEER used state data to represent that city's enrollment numbers. These represent the standards used throughout the country at the state level, which NIEER has been assessing since 2002 (State of Preschool Yearbooks).[13])[14]. To aid policymakers and Pre-K practitioners, NIEER developed policy standards to help "benchmark" programs.

To do so, NIEER identified Pre-K programs that research found to produce large, broad, and lasting improvements in children's learning and development, and relied on systematic reviews of the literature to examine the results of all types of Pre-K programs.[15] NIEER then identified common features of highly effective programs that differentiated them from less successful programs.

NIEER PRE-K QUALITY POLICY BENCHMARKS		
Policy Benchmark	**Description**	**Why It Matters**
Learning goals	Comprehensive early learning and development standards to guide teaching and assessment	Programs need clear and appropriate goals explaining what children are expected to know and be able to do when they complete Pre-K.
Curriculum supports	Guidance for choosing and using content-rich curriculum	Programs should use curricula designed for young learners that focus on language, literacy, mathematics, science, and social-emotional development.
Teacher education level	Lead teachers required to have a bachelor's degree	Teachers with higher education levels generally provide higher quality learning environments for children.
Teacher specialized training	Lead teacher has specialized training for teaching Pre-K	Teachers need to understand how to teach young children in ways that are consistent with a child's learning and development.
Assistant teacher education	Assistant teacher has a formalized entry-level credential such as the Child Development Associates	All members of a teaching team influence classroom quality, so assistants should hold at least an entry-level qualification for teaching young children.
Professional development	Ongoing training for teachers and assistant teachers	Professional learning, including coaching and other classroom support, produces high-quality learning experiences for children.
Maximum class size	Maximum number of children per classroom is 20	Effective Pre-K programs have small classes, enabling teachers to understand and address each child's interests, needs, and capabilities.
Teacher-child ratio	Ratio of teachers to children is 1:10 or better	Working with small groups of children allows teachers to offer more individualized attention, which results in better outcomes.
Health screening and referral	Screenings for vision, hearing, health, and development concerns, along with referrals to needed services	Screening for health and development issues helps children get the help they need and often prevents later costly services.
Continuous quality improvement system	System to assess program quality used to guide improvement	Using data to inform program improvement helps educators provide the high-quality early learning opportunities children need.

READ MORE ABOUT NIEER'S METHODOLOGY.


Feathers
No Feathers
Joshua
Ocean
Habitats
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to Mr.

Why Quality Matters

Public investments in Pre-K education are motivated by the short- and long-term benefits they have been shown to produce. These include improved development and health in the Pre-K years that continues as children move through school and yields important economic benefits in adulthood in the form of increased productivity and earnings, decreased crime, and better health.[16] This chain of benefits from cradle to career and beyond generates economic benefits far exceeding cost, making Pre-K programs a strong public investment.[17] However, programs that do not meet high quality standards don't produce the same benefits, which is why it is important for policymakers to design programs that include benchmarks that have been proven to produce results.

Measuring big cities' high-quality pre-k programs by Quality and Enrollment

City-by-City Assessment

How did we award high-quality pre-K medals?	Bronze	Silver	Gold
Meets 8 out of 10 quality benchmarks for a Pre-K program (For detailed breakdown, please see the Data Dive section below)	✗	✓	✓
Over 30% of children enrolled in Pre-K programs	✓	✗	✓

The table that follows shows the **city-by-city results of NIEER's assessment.** Each city is listed, including its **CityHealth medal status,** which was assigned according to how many of the 10 quality policy benchmarks the city met, and whether the city enrolls at least 30 percent of 4-year-olds. **Data are also included** to show whether a city's Pre-K program meets standards for teacher salary equity with K-12 educators, and whether the city has established a local funding stream to improve either quality or access of its Pre-K program. All Pre-K programs that have shown long-term benefits for participants have had highly qualified teachers paid at salaries comparable to those in the K-12 system.[18]

City	Medal	TOTAL Benchmarks Met	Program Name	Learning Goals	Teacher Education Level (BA)	Teacher Specialized Training	Assistant Teacher Degree	Teacher Professional Development
Albuquerque		9	Preschool (operated by Albuquerque)	Yes	No	Yes	Yes	Yes
Atlanta		6	Georgia Pre-K	Yes	Yes	Yes	Yes	No
Austin		6	Austin Independent School District Prekindergarten program (AISD Pre-K)	Yes	Yes	Yes	No	No
Baltimore		7	Prekindergarten Program	Yes	Yes	Yes	No	No
Boston		8	Boston Preschool (K1 is for 4-year-olds; K0 for 3-year-olds)	Yes	Yes	Yes	No	Yes
Charlotte		9	NC Pre-K	Yes	Yes	Yes	Yes	No
Chicago		9	Preschool For All (PFA)	Yes	Yes	Yes	Yes	No
Columbus		6	Ohio Early Childhood Education Program	Yes	Yes	Yes	No	No
Dallas		5	Dallas Independent School District Pre-K (DISD Pre-K)	Yes	Yes	Yes	No	Yes
Denver		5	Denver Preschool Program (DPP)	Yes	Yes	Yes	No	Yes
Detroit		9	Great Start Readiness Program (GSRP)	Yes	Yes	Yes	Yes	No
El Paso		4	El Paso Independent School District Universal Pre-K	Yes	Yes	Yes	No	No
Fort Worth		6	Fort Worth Independent School District Universal Pre-K (FWISD UPK)	Yes	Yes	Yes	No	No
Fresno		6	Pre-Kindergarten (Pre-K) in Fresno Unified School District	Yes	No	Yes	No	No
Houston		5	Pre-K in Houston Independent School District (Pre-K in HISD)	Yes	Yes	Yes	No	No
Indianapolis		1	On My Way Pre-K	Yes	No	No	No	No
Jacksonville		3	Voluntary Prekindergarten Education Program (VPK)	Yes	No	No	No	No
Kansas City		8	Missouri Preschool Program (MPP)	Yes	Yes	Yes	No	No
Las Vegas		6	Nevada State Prekindergarten Program (State Pre-K)	Yes	Yes	Yes	No	No
Long Beach		6	California State Preschool Program-Part Day (CSPP)	Yes	No	Yes	No	No

Class Size	Teacher-Child Ratio	Health Screening/ referral	Curriculum supports	Quality Improvement	Salary Equity	Enrollment	Local Funding Stream	Local Funding Designed to Improve Quality or Access
Yes	Yes	Yes	Yes	Yes	No	Low	Yes	Access
No	No	Yes	Yes	No	Yes	High	No	None
Yes	No	Yes	Yes	No	Public schools only	High	Yes	Quality
No	Yes	Yes	Yes	Yes	Yes	High	No	None
No	Yes	Yes	Yes	Yes	Yes	High	Yes	Access
Yes	Yes	Yes	Yes	Yes	yes	High	No	None
Yes	Yes	Yes	Yes	Yes	Yes	Low	Yes	Access & Quality
No	No	Yes	Yes	Yes	No	Low	Yes	Access & Quality
No	No	No	Yes	No	Public schools only	High	Yes	Quality
No	No	No	Yes	No	Not Reviewed	High	Yes	Access
Yes	Yes	Yes	Yes	Yes	Yes	Low	No	None
No	No	Yes	No	No	Public schools only	High	No	None
No	No	Yes	Yes	Yes	Public schools only	High	Yes	Quality
No	Yes	Yes	Yes	Yes	No	High	No	None
No	No	Yes	Yes	No	Public schools only	High	Yes	Quality
No	No	No	No	No	No	Low	Yes	Access
Yes	No	No	No	Yes	No	High	No	None
Yes	Yes	Yes	Yes	Yes	Yes	Low	No	None
Yes	Yes	No	Yes	No	Public schools only	Low	No	None
No	Yes	Yes	Yes	Yes	Public schools only	High	No	None

City	Medal	TOTAL Benchmarks Met	Program Name	Learning Goals	Teacher Education Level (BA)	Teacher Specialized Training	Assistant Teacher Degree	Teacher Professional Development
Los Angeles		6	California State Preschool Program-Part Day (CSPP)	Yes	No	Yes	No	No
Louisville		8	Kentucky Preschool Program (KPP)	Yes	Yes	Yes	No	No
Memphis		5	Tennessee Voluntary Pre-K (VPK)	No	Yes	Yes	No	No
Mesa		1	Quality First Scholarships (QFS)	No	No	No	No	No
Milwaukee		3	Wisconsin Four Year Old Kindergarten Program (4K)	No	Yes	Yes	No	No
Nashville		8	Nashville Pre-K (NPK)	No	Yes	Yes	No	Yes
New York City		8	Pre-K For All	Yes	Yes	Yes	No	No
Oklahoma City		6	Oklahoma Early Childhood Four-Year-Old Program	No	Yes	Yes	No	No
Philadelphia		8	Bright Futures (only in public schools) Pre-K Counts	Yes	Yes	Yes	No	No
Phoenix		1	Quality First Scholarships (QFS)	No	No	No	No	No
Portland		7	Oregon Head Start Prekindergarten Program	Yes	No	Yes	Yes	No
Sacramento		6	State Preschool	Yes	No	Yes	No	No
San Antonio		8	San Antonio Independent School District Pre-Kindergarten (SAISD pre-kindergarten)	Yes	Yes	Yes	No	No
San Diego		7	State Pre-K	Yes	No	Yes	Yes	No
San Francisco		6	Preschool for All in San Francisco (PFA)	Yes	No	Yes	No	No
San Jose		6	San Jose Unified School District Preschool Program (SJUSD Preschool)	Yes	No	Yes	No	No
Seattle		10	Seattle Preschool Program Levy	Yes	Yes	Yes	Yes	Yes
Tucson		1	Quality First Scholarships (QFS)	No	No	No	No	No
Virginia Beach		8	Virginia Preschool Initiative (VPI)	Yes	Yes	Yes	No	No
Washington, D.C.		3	Pre-K	Yes	No	No	No	No

Class Size	Teacher-Child Ratio	Health Screening/ referral	Curriculum supports	Quality Improvement	Salary Equity	Enrollment	Local Funding Stream	Local Funding Designed to Improve Quality or Access
No	Yes	Yes	Yes	Yes	Public schools only	High	No	None
Yes	Yes	Yes	Yes	Yes	Yes	Low	No	None
Yes	Yes	Yes	No	No	Yes	High	No	None
No	No	No	Yes	No	No	Low	No	None
No	No	No	Yes	No	No	High	No	None
Yes	Yes	Yes	Yes	Yes	Yes	High	Yes	Access
Yes	Yes	Yes	Yes	Yes	Yes	High	Yes	Access & Quality
Yes	Yes	Yes	Yes	No	Yes	High	No	None
Yes	Yes	Yes	Yes	Yes	Yes	Low	Yes	Access & Quality
No	No	No	Yes	No	No	Low	No	None
Yes	Yes	Yes	No	Yes	No	Low	Yes	Access
No	Yes	Yes	Yes	Yes	Public schools only	High	Yes	Quality
Yes	Yes	Yes	Yes	Yes	Public schools only	High	Yes	Access &Quality
No	Yes	Yes	Yes	Yes	Public schools only	High	Yes	Quality
No	Yes	Yes	Yes	Yes	No	High	Yes	Access
No	Yes	Yes	Yes	Yes	Public schools only	High	No	None
Yes	Yes	Yes	Yes	Yes	Yes	Low	Yes	Access
No	No	No	Yes	No	No	Low	No	None
Yes	Yes	Yes	Yes	Yes	Yes	Low	Yes	Quality
No	No	Yes	Yes	No	Yes	High	No	None

Highlights

The data in the table above offer the following insights about Pre-K in American cities:

I. ACCESS

Access to Pre-K programs is limited in most cities. Only 24 of the 40 largest U.S. cities (60%) offer a Pre-K program that reaches more than 30% of the 4-year-old population.

Ideally, cities would provide an opportunity for every child to attend high-quality Pre-K programs. Research has shown that children from low-income families benefit more and these effects are increased when they are in mixed-income classrooms. But preschool can be beneficial for children from all income levels and ethnic backgrounds.

Two cities stand out as exemplars for providing funding to allow all children to attend Pre-K programs: Washington, D.C. serves almost the entire population of 3- and 4-year-olds, and New York City serves almost all 4-year-olds and is scaling up to serve all 3-year-olds. Because of accessible state-funded Pre-K services at the state level in Florida, Georgia, and Oklahoma, programs in Jacksonville, Atlanta, and Tulsa serve most 4-year-olds. Other cities such as Seattle, Columbus, and Philadelphia have a plan to scale to full access by targeting low-income children first.

II. CLASS SIZE AND RATIO

Just over half of the largest U.S. cities (23 of 40, or 58%) meet quality benchmarks for Pre-K class size, which is one teacher and one teacher assistant for every 20 students.

Research indicates that class size should be limited to no more than 20 children, and classes should have no more than 10 children per staff member.[19] Smaller classes and fewer children per teacher enable teachers to interact with each child more frequently, work with smaller groups, and offer each child more individualized attention, resulting in better outcomes. The smaller the class, the easier it is for a teacher to develop a good understanding of each child's interests, needs, and capabilities. The programs found to have the strongest effects on children typically have had fewer than 10 children per adult. As with other structural features, ratio should not be expected to have a consistent impact on effectiveness independent of other program features.

III. TEACHER PREPARATION, PROFESSIONAL DEVELOPMENT, AND SALARY

Almost two-thirds of city programs (25 of 40, or 63%) require Pre-K teachers to have a bachelor's degree with specialized training in teaching young children. Most programs (34 of 40, or 80%) require at least some specialized training for teachers.

Only a small fraction of city programs (6 of 40, or 15%) require that all teaching staff receive ongoing professional development.

Only 15 (38%) of the rated city programs require that all teachers be paid comparably to those in the K-12 system.

Based on a review of the evidence regarding how young children learn, as well as research on program effectiveness, a committee of the Institute of Medicine and National Research Council of the National Academy of Science recommended that Pre-K teachers have at least a Bachelor of Arts degree with specialized knowledge and training in early childhood education.[20]

In addition to the other benchmarks, adequate compensation is needed to attract and retain strong teachers regardless of qualifications requirements.[21] Poor teacher preparation and inadequate pay cause financial strains on the system due to increases in recruiting, training, and retaining teachers. This leads to less effective and less cost-efficient programs. Programs that combine this with low enrollment, large class sizes, weak professional development support, and lack of continuous improvement systems are unlikely to positively impact children's development.

Pre-K 4 SA, a full-day Pre-K program in in San Antonio, takes this even further, requiring that all teachers have bilingual expertise and are paid at a slightly higher rate than teachers in the K-12 system.

Public investments in Pre-K education are motivated by the short- and long-term benefits they have been shown to produce.

IV. SUPPORTING HEALTHY DEVELOPMENT

Few cities ensure that children are receiving critical health screenings. Less than a quarter of cities (9 of 40) ensure that children receive vision, hearing, health, and developmental screenings and referrals.

Pre-K participation offers an important opportunity for young children to access medical care and referrals to needed services that can serve as a crucial early intervention for children who are at risk. The strongest Pre-K programs ensure that children receive vision, hearing, health, and developmental screenings and referrals[22] in addition to other support services that facilitate parent engagement such as parent education, parent conferences, and home visits (and that virtually all public Pre-K programs provide).[23]

This benchmark recognizes that children's overall well-being and educational success involve not only cognitive development, but also physical and mental health.[24] These screenings and referrals should be available to every child through regular visits to a primary health care provider.

Recognizing that young children's access to health care may vary from the ideal, NIEER set as a benchmark that programs at least ensure that children in some way have received vision, hearing, and health screenings. Developmental screenings should be conducted by the Pre-K providers to identify children who may need more specific special education therapies and supports. This early screening for identification can reduce and even eliminate the need for later more costly interventions.

SPOTLIGHT: SEATTLE AND CINCINNATI COORDINATE SERVICES FOR EARLY LEARNERS

Cities have the opportunity to integrate Pre-K with other city services more readily than states or private Pre-K providers. Establishing an interagency coordinating council can facilitate integration across a number of important services for children and families. Seattle built on an already strong system coordinating health and mental health services between the city offices and the county's Public Health Seattle & King County Child Care Health Program to provide mental health and health services on site at Pre-K provider locations and specialized consultation to teachers.

Public school sites in the Cincinnati Preschool Promise program provide access to school-based health centers, school nurses and other school-based support groups. Although Cincinnati is not one of the 40 cities included in this analysis, the locally funded Cincinnati Preschool Promise has an innovative approach to education and health integration that should be considered by other cities.

V. SYSTEMS FOR IMPROVING QUALITY AND EFFECTIVENESS

Almost two-thirds of the city preschool programs (25 of 40, or 63%) have a coordinated system to monitor program implementation and use that information to improve Pre-K practices.

Designing and enacting a system of continuous quality improvement is a critical feature of effective programs and ensuring that funding is well spent. In cities where local funds have been allocated for Pre-K, many leaders feel an obligation to ensure the program is being implemented as intended, that decisions for improving the program are based on rigorous data collection and analysis, and that both process and outcome objectives are being met. A few cities stand out for their attention to establishing both a continuous improvement system and funding program evaluation to ensure that funds

are being invested well. Boston, Fort Worth, New York, Sacramento, San Antonio, and Seattle have implemented systems of quality improvement, and Boston, New York, Philadelphia, San Antonio, and Seattle have funded program evaluation efforts.

National Trends

Low Access to High-Quality Pre-K

<25% of 4-year-olds and a very small percentage of 3-year-olds have access to high-quality Pre-K.

NIEER calculates that at the nation's current rate of growth in Pre-K provision, it would take

150 years

to reach 75% enrollment, and much of that Pre-K provision would not meet the quality benchmarks necessary to create long-term benefits. The bright spot in this is the rise in locally funded Pre-K programs.

Cities Taking the Lead

Historically, few children in the United States were enrolled in Pre-K programs, but that began to change in the 1980s.[25] Today, most children spend time in a center-based classroom before they enter kindergarten.[26] However, access to quality Pre-K remains highly unequal, with low-income and minority children having the least access.[27]

Most of the social determinants of education and health that characterize the gaps between the rich and everyone else, and between whites and people of color, result in a learning gap that is generated before children ever walk through the kindergarten door.[28]

Why should cities be concerned? All communities can benefit from increased access to high-quality preschool programs. However, cities have particularly high numbers of the children who benefit most from such programs. Large urban areas not only have substantial rates of child poverty, but also have more children in neighborhoods of concentrated poverty, a stronger association between poverty and school failure, and much higher percentages of children from minority, immigrant, and non-English language backgrounds.[29] City leaders and other proponents have found that when done right, this investment in preschool can strengthen the community in multiple ways, such as by stabilizing the child care system, improving health outcomes, reducing school costs in the form of special education and grade repetition, and discouraging urban flight.[30]

Although city-funded provision of early care and education is not a new phenomenon, historically, the major focus has been to provide access to care that enables parents to work. These programs can be educational, but funding is rarely adequate to support quality. Cities are increasingly augmenting state and federal funds to enhance quality and access to programs expressly designed and funded to improve children's education and health outcomes.

Over the past decade, a number of high-profile city initiatives have emerged to focus on improving quality and access. For example:

- Boston's mayoral initiative funds a proven-effective program for all income levels and ethnic groups; [31]
- New York City's universal provision for 4-year-olds and proposed program for 3-year-olds is provided through a combination of federal, state, and local funds;
- Philadelphia's program is funded by a tax on sugary drinks;
- San Antonio's Pre-K 4 SA used a sales tax initiative; and
- The Seattle Preschool Program is levy-funded.

The initiatives are as varied as the cities themselves, but all were responses to common concerns—the importance of early learning for school readiness, positive development, and lifelong health, combined with concerns about the inequality of access to Pre-K and the high cost of good Pre-K programs. But even across new initiatives designed to be educational, the quality and access vary considerably.

Growth in Local Funding to Fuel Pre-K Programs

Most Pre-K programs are sustained primarily with state funds, but cities are starting to increase their investment in local Pre-K programs as evidence of their effectiveness has mounted. Local investment in Pre-K is now geographically diverse: large cities in 15 states across each region of the country are now enhancing Pre-K provision with local funds.

Half the nation's largest cities now raise local funds dedicated to improving quality and/or access to Pre-K. These include:

- Albuquerque
- Austin
- Boston
- Chicago
- Columbus
- Dallas
- Denver
- Fort Worth
- Houston
- Indianapolis
- Nashville
- New York
- Philadelphia
- Portland
- San Antonio
- San Diego
- San Francisco
- Seattle
- Virginia Beach
- Washington, D.C.

Recommendations

City leaders have a significant opportunity to strengthen their Pre-K programs. Cities with existing Pre-K programs can and should address gaps in the quality. These leaders should ensure that Pre-K programs reflect each of the 10 evidence-based quality benchmarks identified by NIEER.* Cities that have not yet developed a Pre-K program should design their programs with an eye toward these proven quality benchmarks. Doing so will ensure that local Pre-K programs are as effective as possible in achieving long-term benefits.

Specifically, cities should:

- Ensure that programs have fully qualified and supported teachers and reasonable class size and ratio – which are key ingredients for educational outcomes and will be the major cost drivers.
- Scale high-quality programs toward full access as quickly as possible. Every 3- or 4-year-old child who does not have access to a high-quality Pre-K program will never have that opportunity again. Building on the current ECE system of child care and Head Start takes advantage of current expertise and makes rapid expansion more feasible.
- Design and implement a continuous improvement system of data-gathering at the child, classroom, and center levels to ensure progress and protect taxpayer investments.
- Consider developing new local funding streams to support the improvement and expansion of Pre-K programs. Cities across the country are innovating in this regard to expand enrollment and ensure that Pre-K programs are truly accessible and serving those who need them most.

This brief focuses on the quality of city Pre-K policies in the US, but it is essential to note that the importance of early learning interventions does not begin when a child is 3 or 4 years old, and there are important investments that cities can make in a child's life that start at birth. Crucial opportunities to ensure a child's healthy early development continue through grade school, and should be prioritized by any city government interested in supporting children and families.

Conclusion

The evidence is clear: high-quality, accessible programs can have long-term benefits for children, families, and communities. Quality Pre-K programs can help close the school achievement gap and improve access to crucial medical and mental health services, among other benefits. Cities have significant flexibility in developing high-quality Pre-K programs to meet the needs of their communities, and city leaders should continue to make progress toward funding and developing high-quality, accessible Pre-K programs.

CityHealth offers technical assistance to city leaders who want to improve their medal ranking and develop high-quality, accessible Pre-K programs. Find out more at http://www.cityhealth.org/join-us.

* To see how the largest 40 cities in the US score when assessed on these benchmarks, go to p. 8.

Endnotes

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