COMMONWEALTH of VIRGINIA

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November 30, 2007

The Honorable Timothy M. Kaine
Governor of Virginia
Patrick Henry Building, 3rd Floor
1111 East Broad Street
Richmond, Virginia 23219

Dear Governor Kaine:

Pursuant to Item 135.C.15.f of Chapter 847, 2007 Acts of Assembly, I am pleased to transmit the interim report on Virginia's Preschool Pilot Initiative that is requested by December 1, 2007.

If you have questions or require additional information relative to this transmittal, please contact Mark Allan, director, Office of Elementary Instructional Services, at Mark.Allan@doe.virginia.gov or by telephone at (804) 225-2898.

Sincerely,

Billy K. Cannaday, Jr.

BKCJr/MRA/vdg
Enclosure

c: The Honorable Vincent F. Callahan, Jr., Chairman, House Appropriations Committee
The Honorable John H. Chichester, Chairman, Senate Finance Committee
The Honorable H. Russell Potts, Jr., Chairman, Senate Education & Health Committee
The Honorable Robert Tata, Chairman, House Education Committee
The Honorable Thomas Morris, Secretary of Education
Dr. Mark Emblidge, President, Board of Education

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The Honorable Vincent F. Callahan, Jr., Chairman
House Appropriations Committee
P.O. Box 1173
McLean, Virginia 22101

The Honorable H. Russell Potts, Jr., Chairman
Senate Education & Health Committee
14 North Braddock Street
Winchester, Virginia 22601-4120

The Honorable John H. Chichester, Chairman
Senate Finance Committee
P.O. Box 904
Fredericksburg, Virginia 22404-0904

The Honorable Robert Tata, Chairman
House Education Committee
4536 Gleneagle Drive
Virginia Beach, Virginia 23462

Dear Delegates Callahan and Tata and Senators Chichester and Potts:

Pursuant to Item 135.C.15.f of Chapter 847, 2007 Acts of Assembly, I am pleased to transmit the interim report on Virginia's Preschool Pilot Initiative that's requested by December 1, 2007.

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c: The Honorable Timothy M. Kaine, Governor
The Honorable Thomas Morris, Secretary of Education

The Commonwealth of Virginia's Preschool Pilot Initiative:

An Interim Report Prepared on Behalf of the Virginia Department of Education

December 1, 2007

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EXECUTIVE SUMMARY

The Virginia Preschool Pilot Initiative was launched in August 2007 to increase access to high-quality preschool for more at-risk children by using diverse delivery strategies, as recommended by the Governor's Start Strong Council. The Council encouraged local coalitions consisting of school division personnel, city or county administrators, and others to propose innovative methods to build preschool networks and capacity, including the use of public-private preschool delivery. This report describes the initial phase of the pilot program, preliminary results, and benchmarks that will be used to evaluate the program. Major preliminary findings are:

- Ten of 12 eligible localities/school divisions are participating in the pilot initiative.
- As of October 26, 2007, 265 at-risk children are being served through the pilot initiative. This figure adds to the approximately 13,000 children currently being served through non-pilot Virginia Preschool Initiative (VPI) funding.
- Pilot children are receiving services in 55 different classrooms or child-care settings. Most pilot children attend preschools run by nonprofit centers (61%). Thirteen percent attend for-profit centers, while another 10 percent are in public school classrooms. Other center placements include Department of Defense (6%) and faith-based settings (5%). Five percent receive services through family child care providers. Three programs blend pilot children with those from Head Start.
- Local planning councils ("collaboratives") are using several key strategies to increase access to quality preschool instruction, including:
    - Braiding funding sources by using monies from state education, local social services, federal, county or city, scholarship, foundation, parent co-payments and other sources. Beyond the local match requirement for pilot funding, nine collaboratives are braiding funding streams.
    - Blending classrooms and expanding preschool delivery options by partnering with private and federally funded programs. Six collaboratives partner exclusively with private preschool providers; two partner exclusively with other publicly funded programs; and two use a combination of both public and private providers. Nine collaboratives are blending classrooms.
    - Using a single point of entry to enroll children in preschool. Four collaboratives use this mechanism.
    - Emphasizing preschool staff professional development.
- Preliminary results indicate that collaboratives have increased preschool network capacity through partnering with 23 new private providers and/or strengthening ties between school divisions and preschool providers.

- Currently, all pilot programs meet five of the eight program-based standards set by the National Institute of Early Education Research (NIEER) for pre-K quality.
    - *Planning at least 15 hours in-service training this school year*;
    - *Maximum class size of 20*;
    - *Staff-to-child ratios of 1:10 or better*;
    - *Ensuring that children eat at least one meal per day*; *and*
    - *Ensuring provision of health care, screenings and family support services.*

  Most pilot programs meet the remaining NIEER program-based benchmarks. Specifically:
    - *Teachers hold a BA or higher degree*. Sixty-seven percent of lead pilot preschool service providers hold at least a four-year college degree. Seventy-six percent of lead classroom preschool teachers, including all six teaching in public schools, hold at least a BA/BS. Thirty-three percent of family care providers hold a BA/BS.
    - *Teacher specialization in pre-kindergarten*. Sixty-six percent of all lead pilot preschool service providers have pre-K specialization. Seventy-four percent of lead classroom teachers -- including all six public school teachers -- have pre-K specialization, while 12 percent of all preschool providers have specialization in elementary education or a related field.
    - *Assistant teachers hold a minimum of a CDA or equivalent*. Forty-two percent of assistant teachers hold at least a Child Development Associate (CDA) credential or its equivalent.

- Benchmarks to evaluate the pilot program will focus on the collaborative, or managerial level, the program level, and the child and family level.
    - Collaborative-level benchmarks, which include measures of group cohesion, leadership, communication, commitment and shared vision, will be used to track progress towards increased access to preschool for at-risk children, network capacity-building, and sustainability.
    - Program-level benchmarks will be used to track implementation of services, including high-quality preschool and support services. Measures of preschool quality include the NIEER Quality Standards and research-validated classroom observation systems compatible with the Quality Rating and Improvement System (QRIS).
    - Child/family-level benchmarks include measures of ongoing attendance, kindergarten readiness skills (pre-literacy, early numeracy, social self-regulation skills, health and learning engagement), and parent satisfaction.
- Early indicators appear encouraging. Challenges identified so far include (1) the current local match requirement constitutes a barrier to increased capacity for virtually all pilot localities at this point in time; and (2) the relatively quick startup of the pilot initiative and newness of the program constrained some programs' ability to enroll often hard-to-reach or transient populations or provide spaces in high-quality private preschools.

INTRODUCTION

The Preschool Pilot Initiative is designed to increase local capacity to provide high-quality preschool education for Virginia's at-risk children. Research shows that high-quality preschool is associated with a host of positive short- and long-term outcomes for disadvantaged children, including better adjustment to kindergarten and improved academic skills (Barnett, 1995; Gormley, Gayer, Phillips, & Dawson, 2005; Henry, et al., 2004; Peisner-Feinberg et al., 2001), with positive effects extending into adulthood (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002; Reynolds, Temple, Robertson, & Mann, 2001; Schweinhart, et al., 2005). In December 2006, the Start Strong Council, a statewide early childhood education advisory group appointed by Governor Kaine, recommended implementing a program to pilot diverse ways of delivering high-quality preschool to more of the Commonwealth's four-year-olds (Start Strong Council, 2006). Core features proposed for the pilot include the development and use of local planning councils, utilizing diverse preschool settings beyond public school placements, braiding funding resources, and plans for professional teacher development and mentoring.[1]

The resulting Preschool Pilot Initiative was launched in August 2007. To evaluate progress of the initiative, we focus on three primary objectives: 1) Documenting and describing the characteristics and proposed strategies of the collaboratives and their preschool partners; 2) tracking the implementation of the programs they proposed, to learn as much as possible about conditions that may help or hinder future expansion of the initiative; and 3) evaluating outcomes of the pilot program.

This interim report focuses primarily on the first objective, describing and tracking the early stages of the pilot program, and outlines the benchmarks that will be used to assess progress in the final report, due in September 2008. The report has six sections and two appendices. In the first section, we provide a history and rationale for the development of the pilot initiative, including demographic characteristics for the localities and a discussion of building preschool network capacity. The second section discusses a variety of strategies used by the pilot localities to achieve the goals of the initiative, including ways to increase access to high-quality preschool for at-risk children. The third section describes the preschool programs and a preliminary indicator of program quality as assessed by the National Institute of Early Education Research (NIEER) standards. In the fourth section we discuss localities' collaborative organizations. The fifth section outlines the benchmarks we will use to evaluate the pilot program. In the final section we provide a summary and preliminary conclusions.

BACKGROUND HISTORY

Through its Virginia Preschool Initiative (VPI), the Commonwealth has provided state-funded preschool opportunities for at-risk four-year-olds for more than a decade. Started

[1] The Start Strong Council recommendation for a star quality rating system (QRIS) to monitor and improve program quality is now a separate pilot endeavor.

in 1995, the program initially served 30 percent of at-risk children not already in Head Start programs (Start Strong Council, 2006). As of 2005-2006, state funding increased to provide comprehensive preschool programs for all of the Commonwealth's children identified as at-risk who were not being served by Head Start (Virginia Department of Education, 2007a). A local match, determined by the city or county composite index, is required in order to receive VPI funds. Although state funding has been appropriated to serve all at-risk four-year-olds, not all localities apply for VPI funding or reach their maximum capacity. For example, by June 2007, 5,864 (or approximately 31%) of 18,929 projected slots for the upcoming academic year were unfilled (Virginia Department of Education, 2007b).

Why are so many potential placements not filled? The Start Strong Council (2006) identified several barriers to access, including localities' inability to make a local match, lack of adequate or sufficient space for classrooms, or not enough eligible children amassed within one locality. For many working parents, lack of before- and after-care in many VPI sites may also inhibit enrollment, even if available.

However, simply enrolling more at-risk children in more preschools may not achieve the goals of early childhood education – that is, to prepare children for successful learning in elementary school, to enhance development, and to reduce achievement gaps between children from more and less disadvantaged homes. Quality of preschool programming is considered critical to advancing these objectives, as studies show that children's gains are particularly associated with high-quality programs (National Research Council, 2001; National Research Council and Institute of Medicine, 2000; National Institute of Child Health and Human Development Early Child Care Research Network [NICHD ECCRN], 2000). Thus, increasing access also means increasing at-risk children's ability to attend *high-quality* programs.

Currently, VPI is administered mainly through school divisions, with most children attending pre-kindergarten classes in elementary schools (Start Strong Council, 2006). To address identified challenges to serving more at-risk Virginia children, the Start Strong Council recommended that localities strengthen existing or build new preschool networks – collaborative groups that together could more efficiently and effectively leverage and coordinate community resources to include wraparound, transportation and support services as well as preschool for at-risk children. Under this new model, local planning groups – including school, city/county, social service and other stakeholders would expand and strengthen their communities' preschool networks using a variety of suggested strategies, such as:

- blending programs with different funding streams;
- delivering services in private as well as public sites;
- using a single point of entry into local publicly funded preschools; and
- developing course/programs or otherwise investing in teacher training and ongoing professional development.

Following the recommendations of the Council, Governor Kaine proposed that funding be allocated to test these strategies in communities through a pilot initiative for the 2007-2008 school year. The 2007 General Assembly allocated $2,557,266 in fiscal year 2008 for this purpose. Appropriation Act language within the Virginia Preschool Initiative item (2007 Budget Bill (HB 1650 / SB 750) Item 135 C. 15) states:

"*Out of this appropriation, $2,557,266 is provided to the Department of Education to enter into agreements during the 2007-08 school year with school divisions to pilot early childhood development programs. Eligibility shall be limited to those school divisions that have existing partnerships with private and/or non-profit providers as of the 2006-07 school year. School divisions that elect to participate under the pilot shall use the funding to expand the availability of early childhood education programs for at-risk students not served in those school divisions. Participating school divisions will be required to evaluate the providers using the Quality Standards checklist recommended by the National Institute for Early Education Research. The Department of Education shall compile and submit an interim report by December 1, 2007, to the Governor, and the Chairmen of House Committee on Appropriations, House Committee on Education, Senate Committee on Finance and Senate Committee on Health and Education that includes, but is not limited to, the number of school divisions participating, number of students served, and the benchmarks used to evaluate the pilot; and the final findings of these evaluations shall be submitted within ninety days after the completion of the school year."*

The Department of Education, in conjunction with members of the office of the Secretary of Education, invited eligible communities to submit proposals, defining the purpose of the initiative as a feasibility study to pilot strategies for models of high-quality preschool network delivery. The initiative was to focus on increasing the quality, consistency, and strength of Virginia's preschool network, while increasing access for at-risk students who could particularly benefit from the school readiness services. The pilots were to build on the strengths of existing programs but address barriers to serving all children. Since a key barrier to full VPI participation identified in many communities is the lack of school placements (Start Strong Council, 2006), a central focus of the pilot is on public-private partnerships to expand VPI more fully into local community preschools. To maximize the likelihood of success, eligibility for the pilot was limited to communities that had some history of mixed delivery models for delivery preschool services (K. Glazer, personal communication, June 11, 2007).

One-time startup funds were provided in addition to funds to maintain the program over the school year. The startup funds were used for a variety of improvements including the purchase of new curriculum, or classroom materials and equipment. Startup expenditures carried "value-added" or "spillover" benefits of improving preschool environments not only for the pilot children, but for all their preschool classmates as well.

Twelve communities were identified as eligible under the requirement in the Appropriation Act that they have pre-existing, established public-private partnerships. Ten chose to submit plans for serving as pilot sites. Successful proposal localities

include four cities -- Alexandria, Chesapeake, Hampton and Virginia Beach -- and six counties: Albemarle, Alleghany, Bath, Fairfax, Highland and Richmond County.

Demographic Characteristics of Pilot Localities

To place the pilot programs in context, Table 1 depicts locality characteristics. The localities differ considerably, and include both the most and least populous counties of the Commonwealth (U.S. Census Bureau, 2007). The four cities (Alexandria, Chesapeake, Hampton and Virginia Beach) and Fairfax County are densely populated, urban or suburban settings. Bath, Highland and Richmond counties are primarily rural, whereas Albemarle County and, to a lesser extent, Alleghany County, support a mixture of rural, suburban and small-city development. These characteristics affect the options available for preschool expansion for different localities. More densely populated areas are more likely to have a variety of preschool options for parents and for network partnerships, whereas low-density areas may have fewer private options.

Table 1: Demographic Characteristics of Pilot Localities*

	Population	Median income	Percent families below poverty line	Percent adults with high school degree	Percent adults with college degree	Percent non-English speaking households
Albemarle County	92,035	$55,118	7.3	87.4	47.7	8.6
Alexandria City	136,974	$60,715	8.3	86.8	54.3	30.0
Alleghany County	16,600	$38,489	10.8	77.5	13.6	2.1
Bath County	4,814	$38,145	7.3	74.0	11.1	4.6
Chesapeake County	220,560	$56,174	8.7	85.1	24.7	5.6
Fairfax County	1,010,443	$83,890	5.3	90.7	54.8	30.0
Hampton City	145,017	$40,936	12.5	85.5	21.8	6.7
Highland County	2,510	$32,852	10.8	72.8	13.2	2.8
Richmond County	9,142	$34,347	15.8	60.0	9.9	5.1
Virginia Beach City	435,619	$51,643	7.8	90.4	28.1	10.3

* All demographic information in this table was taken from U.S. Census *Quick Fact Sheets* by County via the Census Bureau's online site (www.census.gov, retrieved 10/12/07). Population estimates are from 2006, median income and percent poor are 2004 estimates, and percent adults with high school and college degrees and percent non-English speaking households are from the 2000 Census.

Each locality defines risk somewhat differently, so eligibility for state-funded preschool varies across the ten pilot districts. However, all localities include poverty and low parental educational attainment, and many include living in a non-English-speaking household as part of their risk indices. Demographic characteristics of the pilot communities highlight some of the complexities and challenges faced by the localities. From Table 1, we can observe that four programs operate in locations with relatively high levels of poverty, four operate in areas of relatively low educational attainment, and two operate in areas in which almost one-third of the population are non-native English speakers. Not surprisingly, relatively high poverty rates tend to be associated with lower percentages of adults with four-year college degrees.

Faced with these challenges, the pilot communities were invited to leverage their local preschool networks to develop locally appropriate strategies to mitigate their access barriers.

Increasing Preschool Network Capacity: The Role of Collaboratives

A central goal of the pilot program recommended by the Start Strong Council is to increase preschool network capacity by using local planning coalitions, or collaboratives. We define a collaborative as a network of agencies and individuals that join together in pursuit of a common goal, in this case, early childhood education and related concerns. Collaboratives may consist of partnerships between various government and community entities involved in providing early childhood services, as well as community or auxillary agency representatives who bring particular expertise, funding or other resources to the group mission. A collaborative may include the local school superintendent, city or county manager, Head Start director, local school board members, directors of social services departments, private childcare providers, business leaders, community foundation members, parents, and/or other private citizens.

Collaboratives can be large umbrella groups that contain a number of more specialized sub- or steering groups, or they can be more narrowly focused entities. Both types are represented within the pilot localities. We pay attention to the collaboratives because one of the unique features of the pilot initiative is that the structure for planning and implementing the pilot resides not within school divisions entirely, but within the collaborative network invested in the community's ability to have every child enter kindergarten ready to learn (Start Strong Council, 2006; 2007).

The ten collaboratives use a number of strategies to meet the goals of the pilot initiative, and we discuss these strategies in the next section. We provide an overview of how the collaboratives are organized in a later section of the report. The information reported below comes primarily from semi-structured interviews with persons designated as the "Primary Point of Contact" (PPOC), as well as from the pilot proposals. Each collaborative identified a PPOC to facilitate communication with the Department of Education and the evaluation team.

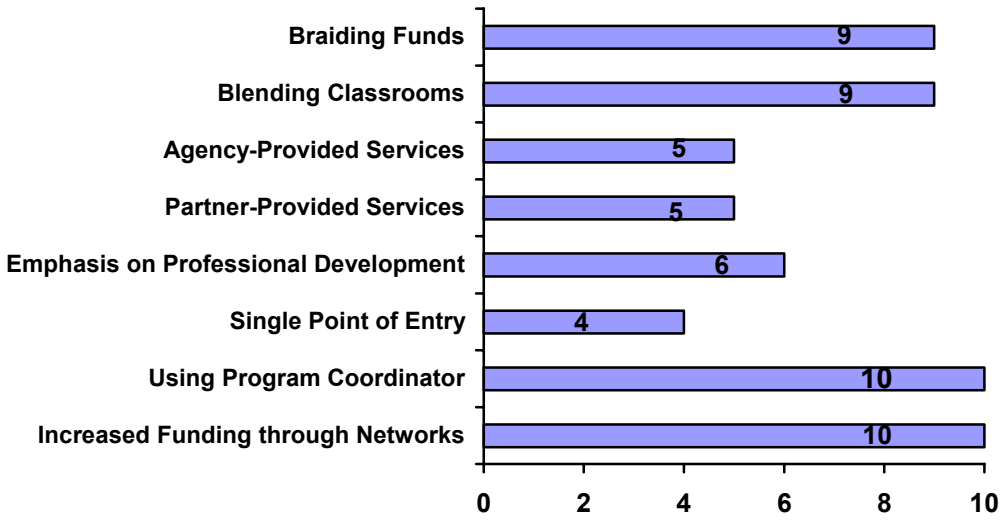
STRATEGIES FOR DEVELOPING DIVERSE DELIVERY MECHANISMS

Pilot collaboratives are using a number of strategies to facilitate well-coordinated, high-quality preschool. These include strategies aimed at providing services more efficiently and cost-effectively, maintaining or improving the preschool workforce, managing a complex network of services and providers, and using network resources to sustain program viability. Below, we describe several of the primary strategies identified through pilot proposals and/or PPOC interviews. These strategies include:

- combining, or braiding, funding sources and blending classrooms to combine children funded by pilot funds with children whose parents pay tuition or whose preschool services are funded by other public sources;
- defining ways to more efficiently provide or oversee health screenings or other support services to all preschool programs;
- providing opportunities for preschool staff professional development;
- using a single point of entry into the preschool education system to maximize placement efficiency and increase visibility of preschool options and opportunities for parents and the community;
- designating a specific coordinator to oversee the implementation of the pilot program; and
- using the collective resources of the collaborative to increase funding for future preschool opportunities and expansion.

Figure 1 depicts the number of collaboratives using each strategy.

Figure 1: Number of Collaboratives Using Different Strategies



Strategies for Providing Services: Braided Funding and Blended Classrooms

Braided funding and blended classrooms are two highly related strategies for increasing localities' preschool network capacity. *Braided funding* refers to combining funding streams to maximize resources by allowing localities to pay for services they otherwise could not afford. An example of braided funding is using VPI and Head Start funds to cover instructional expenses, federal early childhood special education (ECSE) funds to cover support services, and federal child care subsidy funds to cover wraparound services. A second example is paying the lead teacher's salary and the assistant teacher's salary from separate funding sources. *Blended classrooms* refers to having children whose educational expenses are paid for by different sources attend school in the same classroom. Thus, blended classrooms are effectively one result of braided funding. An example of a blended classroom would be children funded by Head Start and VPI attending the same class.

Braiding funds and blending classes produce numerous advantages. First, these strategies permit a more efficient use of space. Some private preschools may not fill their available slots for children, but pilot funds allow the slots to be filled by children whose families may otherwise be financially unable or hard-pressed to send their children to preschool. Similarly, combining Head Start and pilot resources and blending these classrooms can better utilize space. As one PPOC explained, their group had started conversations with Head Start about how to add classrooms. They lacked requisite resources until pilot funding became available, thereby allowing them to combine VPI with Head Start children in a single class; neither funding source was sufficient by itself. By placing pilot children in private settings or other existing programs, the collaboratives can place at-risk children in preschools without having to cover the expenses of constructing or maintaining a building. This cost-effective use of classroom space and resources is one of the main strategies suggested by the Start Strong Council.

A second advantage of braiding and blending is that these strategies allow collaboratives to increase the services they provide to children and their families. For example, in two collaboratives, the school districts provide classrooms and facility needs, and Head Start provides developmental and health screenings. In another collaborative, Head Start now provides a full-time, on-site professional to provide support services to students and their families. In several other collaboratives, the savings from placing pilot children in private preschools and not having to cover overhead expenses has permitted them to contract providers for support services or hire a family service worker.

A third advantage of these strategies is that they increase the quality of programs. All preschool programs are required to meet the highest standards of each program whose funding is used. For example, any program that accepts Head Start funds is required to meet Head Start program standards, and a provider who accepts VPI funds is required to meet VPI standards. Thus, by braiding funds, programs may exceed the original standards set for individual programs, resulting in improved benefits for children and families. Moreover, the savings associated with the cost-efficient use of space permits collaboratives to invest in professional development for their teaching staff and purchase

new curricula. Improving program quality not only benefits publicly funded children, it also produces "spillover effects" for children attending private preschools. Many of the classmates of pilot children, whether in public or private settings, would likely benefit from instructional, service, and/or environmental improvements that result from braiding resources and blending classes.

A fourth advantage of braiding and blending is that these strategies begin to break down barriers that have historically made combining programs difficult. As noted in the request for proposals (Virginia Department of Education, 2007c, p. 3), "integrating the federally-funded and locally-administered Head Start Program with the state-funded and locally-administered Virginia Preschool Initiative has not proven to be a simple feat." Due to the logistical intricacies of braiding federal, state, and local funds, and the competition among preschool programs, the opportunity to blend children in classrooms to maximize resources has not been a common practice (Virginia Department of Education, 2007c). If braiding and blending become more common because of programs such as the pilot initiative, the barriers that have prevented these strategies in the past may become less formidable.

Consequently, braiding funds and blending classrooms provide many advantages. These advantages led the Start Strong Council to recommend these strategies and the pilot initiative to emphasize the use of these strategies by the pilot collaboratives. Nine pilot collaboratives are braiding funding and blending classrooms.

For many of the localities, braiding includes using pilot funds with monies from some—if not all—of the following: Head Start (federal), VPI, local school division, social services, Child Care and Development Fund (CCDF), Early Childhood Special Education (ECSE), child-care assistance funds, private foundation subsidies, grants or scholarships, parent-sliding scale co-payment, and private tuition. To illustrate, Table 2 presents preliminary funding distributions for children in pilot classrooms from nine of the ten pilot localities, including both pilot children and their classmates. Because the data are incomplete, this information should be regarded cautiously. Nonetheless, it illustrates the array of braiding and its potential complexities. We include classmates of pilot children, since they are likely receiving positive "spillover" effects.

Table 2: Funding Source for Preschool Services for Pilot Children and Non-Pilot Classmates across Nine Collaboratives

Pilot Children		
Funding Type	**Number of Children [a]**	**Percent of Children [a]**
Pilot funding only	161	23.2
Pilot funding combined with other sources [b]	92	13.2
Non-Pilot Classmates Receiving Spillover Benefits		
Funding Type	**Number of Children [a]**	**Percent of Children [a]**
Other state (VPI, ECSE, DSS, CCDF) [c]	174	25.0
Private tuition only	172	24.7
Local funds only	67	9.6
Head Start only	16	2.3
Multiple sources (other than pilot)	13	1.9
Total	695	100

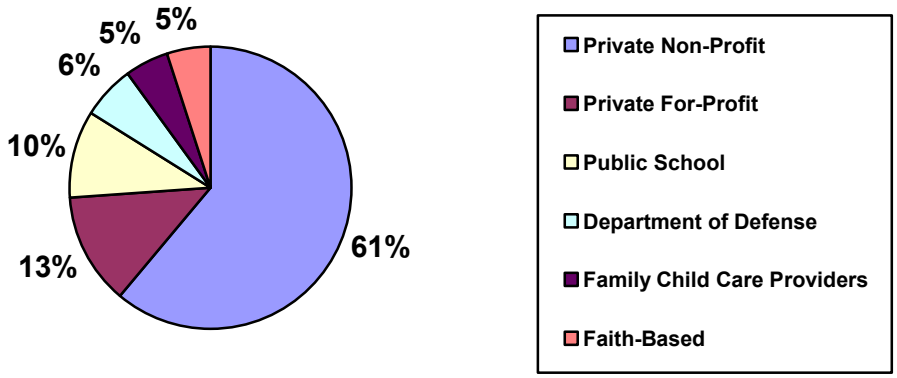
a. Children include pilot and non-pilot classmates, $n = 695$.
b. Other sources include private and local funds, and other state funds.
c. VPI = Virginia Preschool Initiative; ECSE = Early Childhood Special Education; DSS = Department of Social Services; CCDF = Child Care and Development Fund.

With respect to blending classrooms, eight collaboratives are using nonprofit or for-profit private providers. The range of provider models is broad, from non-profit community organizations, charities and higher education childcare centers, to for-profit, federal government childcare (such as Department of Defense), and faith-based preschools, to family child care providers where children go to a private home and follow a standardized curriculum.

In the original request for proposals for the pilot initiative, pilot sites were to use both public and private providers, with a minimum of ten percent of the per-pupil funding allocated to private settings. Seven of the collaboratives greatly exceed this ten percent minimum, with six having at least 91 percent and another having 33 percent of their pilot children in private settings. As shown in Figure 2, more than half of the 265 pilot children attend preschool in a private, nonprofit setting. An additional 13 percent attend preschool in private, for-profit settings. From these figures, we can conclude that the pilot initiative has successfully stimulated public-private partnerships.

Another valued strategy is to blend pilot children with other publicly funded children, particularly with Head Start-funded children. Two collaboratives have formed strong partnerships with Head Start, as part of a multi-county collaborative. While school districts provide classrooms and other public school infrastructure, Head Start provides developmental and health screenings, family support workers, teacher development -- including lead teacher mentoring -- and, in collaboration with local school divisions, oversees curriculum and assessment. In addition to private providers and Head Start, pilot children in some classes are also blended with classmates whose preschool services are paid through other public (e.g., state or local block grants for education or child-care assistance) or private local sources. Figure 2 reports the percentage of pilot children attending preschools by the type of preschool provider.

Figure 2: Percent of Pilot Children by Preschool Delivery Provider



Note: Four of the five public school classes are administered jointly by the school division and other partners, including Head Start or local department of social/human services. In two classrooms, ECSE children are blended with pilot and other children whose services are funded from other sources.

A primary goal of the pilot initiative is to expand the use of public-private partnerships, broaden the base of provider types and placements, and effectively increase preschool service delivery options for both localities and parents. From the distribution of children in the various delivery settings, it is apparent that the collaboratives have implemented diverse delivery mechanisms, including public-private partnerships.

Strategies for Providing Health and Other Comprehensive Services

All of the collaboratives coordinate support services for at-risk children and their families. While these services may not directly result in increased access to preschool, they do add to the overall quality of the educational experience. For young, disadvantaged children in particular, services that support their health, nutrition and families -- all critical factors in children's development (National Research Council, 2000) -- are a vital part of supporting their ability to learn (National Research Council, 2001; Barnett et al., 2006). Providing these services, however, can be cost-prohibitive for many localities and preschools. To offset this barrier to comprehensive programming,

the pilot collaboratives provide health, family support, cultural services, developmental screenings, or other support services utilizing one of two strategies.

The first strategy is for the coordinating agency to provide services. This strategy is typically used by collaboratives that are coordinated by Head Start or the local department of social/human services. Because these agencies already have mechanisms in place, these services can be provided efficiently and cost-effectively. For example, in two sites, Head Start provides family services, developmental and health screenings, staff development, and program monitoring. Other collaboratives often use a second strategy: having a collaborative partner provide the services at a reduced cost or no cost. For example, in one collaborative, a county health department partner is providing free dental screenings for children and training for parents. In another locality, a local higher education partner provides speech, language, and hearing diagnostic screenings and therapy for all pilot children in need of assistance. Supervised student interns provide the services, thereby giving them valuable professional training. Another site uses nonprofit organizations to disseminate information on community services, refer children or families to community agencies, and mediate contact between parents and agency providers. Family memberships to the local YMCA are provided by yet another site, and a partner provides teacher professional development for another collaborative.

Providing Opportunities for Professional Development

All of the collaboratives emphasize professional development for preschool staff, directors, teachers and/or family support workers with the goal of increasing the quality of preschool for at-risk four-year-olds. Most programs routinely provide professional development opportunities in excess of 15 hours per year, and, according to director surveys and PPOC interviews, all pilot teachers will receive in-service or other professional development training. However, six collaboratives are particularly emphasizing professional development as a pilot program strategy.

One collaborative, for example, has enrolled all private preschool partner teachers in early childhood courses at a local community college. Other professional development strategies include adoption of and training for new curriculum, additional training in assessment, early education classes or training modules, individualized teacher coaching and mentoring, and training for work with English-as-second-language populations for parents and children.

Using a Single Point of Entry

A single point of entry refers to one application or entry process into a local preschool network. A comprehensive preschool network includes all or most of a locality's publicly funded preschools, which might include Head Start, VPI, and ECSE, as well as local or other options. A more restrictive preschool network may include only some of these partners or even one primary funding source. For instance, many pilot collaboratives use the more narrow single point of entry into a complex VPI system that includes multiple schools and/or classrooms, including private preschools. However, four collaboratives

operate a more comprehensive single entry point system that includes at least both VPI and Head Start.

This comprehensive strategy may yield several advantages. It can maximize filling preschool slots, due to knowledge of placement availability across a number of sites. Rather than a parent waiting for a space at a particular school or putting their child on several waiting lists, this streamlined process can facilitate more rapid placement and reduce the likelihood of a child's "falling through the cracks." Moreover, the single point of entry may be easier for parents to navigate, increase their awareness of preschool options, and streamline their access to additional services important for their families. A single application process can provide localities with the opportunity to collect baseline or screening information on the families and children they are serving. This strategy may become particularly important if public-private partnerships continue or are expanded upon, as a way for localities to facilitate access for at-risk populations. On the other hand, this strategy requires adequate staffing capacity to handle potentially large numbers of families. We will follow up with collaboratives later in the year to learn more about their experience with this strategy.

Designation of a Coordinator

All collaboratives use a program coordinator to manage the pilot program. In eight cases, the pilot coordinating agency employs the coordinator, whereas in two cases, coordinators are employed by a contracted partner. Some positions are more narrowly focused on managing the pilot itself, whereas others fold pilot responsibilities into the management of other preschool programs, such as VPI or local services. Collaboratives are using either pilot or existing agency monies to fund the coordinator position. The program coordinator manages all or most of the activities of the preschool pilot project, including the coordination of services and professional development opportunities. In some cases, the coordinator provides educational training for the preschool educators. Coordinators may act as liaisons between preschool programs and coordinating agencies and may or may not oversee funding.

The program coordinator positions are funded from a variety of sources. However, in many cases the funding for the position comes from a coordinating agency in its entirety without braiding funds. Local human or social service agencies, Head Start, and school divisions fund these positions. For those positions that have been explicitly itemized in the pilot program budget, it is clear that their funding includes pilot funding above the per-pupil funding of $5,700 per child as well as local matching dollars. Four collaboratives have hired a new program coordinator whereas six already had a coordinator.

Partnerships to Enhance Localities' Ability to Obtain Funding

Another important strategy that is directly related to the sustainability of the pilot initiative is to increase the group's "fundability" through active use of partner networks. According to the PPOCs, the collaboratives and partnerships that comprise them are

critical for achieving the pilot initiative's goals. When asked if they were able to raise more funds because of their partnerships, all of the PPOCs said "yes." As one said, "Without the [collaborative], we wouldn't have preschool at all." Another noted that not only do collaborative members help raise money and "keep eyes open for funding," they also bring expertise, resources, and "their networks to other resources."

It is clear that the pilot programs are enacting a number of potentially powerful strategies to increase access to preschool services for at-risk children. However, we do not yet know whether the preschools offer high-quality instruction and developmental support. This important question will be more fully addressed in the final report. For now, we present information regarding the amount of teacher and instructional time children are receiving, and very preliminary indicators of structural quality.

PRESCHOOL PROGRAM CHARACTERISTICS AND NIEER QUALITY STANDARDS

Currently, 265 pilot children attend preschool in 55 different classrooms or family homes. This figure represents approximately 86 percent of initial projected enrollment. Children attend preschool in a variety of settings, including childcare centers, school buildings, portable trailers, family homes and churches. One lead teacher and one or more assistant teachers provide instruction in 88 percent of preschool classrooms. Seven percent of classes feature two lead teachers, and two of these classes include an assistant teacher as well. Two classrooms with ten or fewer students have only a lead teacher. Of family child care providers, half operate alone, while the others have at least one assistant.

Preschools and family child care providers operate Monday through Friday, for a minimum of 180 days per year. Two classrooms at one site are half-day programs, and two children in family child care also attend a separate morning Head Start program. In total, 97 percent of pilot children receive a minimum of six hours of preschool per weekday. Many also attend before- and after-school care.

Although what constitutes high-quality preschool is not without controversy, research and most experts agree on a few key principles (Meisels, 2007):

1. The preschool must provide a safe, age-appropriate stimulating environment.
2. There should be warm and supportive teacher-child relationships, which can be better sustained in classrooms with smaller class sizes and low child-to-teacher ratios (Barnett, Hustedt, Hawkinson, & Robin, 2006).
3. The preschool must provide good, developmentally appropriate instructional quality (Frede, 1995; Pianta, 2007).
4. Staff should be trained in early childhood education and involved in ongoing professional training (National Research Council, 2001).
5. Preschools should pay attention to the children's nutrition and health, and they should provide developmental screenings and referrals to optimize both early physical and brain development and intervene early when payoffs may be greatest (National Research Council, 2000).

6. The preschool should provide family support and encourage family involvement, reflecting the primary role parents and families play in children's educational achievement and development (Cowan, Cowan, Ablow, Johnson, & Measelle, 2005); and be sensitive to families' cultural and linguistic diversity.

The National Research Council (2001) recommended that preschool teachers have a bachelor's degree with specialized education in early childhood. Their recommendation was based on research, much of it conducted in childcare settings, that documented relations between teachers' higher education level, better preschool quality and improved children's outcomes. More recent research is inconclusive regarding the importance of a bachelor's degree (Early et al., 2007; Henry et al., 2004; Pianta, 2007), and it is often difficult to disentangle educational degree from specialization (Pianta et al., 2005). Most experts continue to advocate that lead teachers hold a bachelor's degree (Takanishi & Bogard, 2007), and this remains one benchmark of the NIEER quality standards (Barnett et al., 2006).

In this early stage of tracking the pilot initiative, we have used a compendium of structural indices recommended by NIEER as minimum standards to monitor preschool programs, as outlined in the Appropriation Act. The standards are aimed at the state policy level. States, rather than individual preschools, are evaluated on the extent to which they require adherence to these standards from their publicly funded programs (see for example, Barnett et al., 2006). Two of the NIEER standards – Comprehensive Early Learning Standards and Required Monitoring – are particularly the purview of the state, rather than of programs. In 2007 Virginia updated its Foundation Blocks for Early Learning to include children's physical, motor, personal and social development (Virginia Department of Education, 2007d), thereby meeting the "comprehensive" benchmark. PPOC interviews and a review of the programs' curricula indicate that pilot programs cover the required areas or are working toward aligning their curricula with the updated standards. Programs that have historically provided VPI services are required to participate in bi-annual site visits to monitor legislative requirements. The Quality Rating and Improvement System (QRIS), currently being piloted in Virginia, represents another, more comprehensive tool for future site monitoring. Most pilot collaboratives are trying this tool with at least some of their pilot preschools this year.

Eight NIEER standards are directed at program delivery. Three of these standards are directed at teacher qualifications, and five are characteristics of programs. Table 3 reports the percentage of teaching staff who meet the criteria, while Table 4 presents program-directed indicators. We explain some of the complexities of the standards following these tables.

Table 3: **Percentage of Pilot Program Teaching Staff Currently Meeting NIEER Quality Standards**

NIEER quality standards	Benchmark	Percent of pilot teaching staff currently meeting benchmarks
Teacher degree[1]	BA or higher	• 67 all preschool providers • 100 public school teachers • 73 center-based teachers
Teacher specialization[2]	Specializing in pre-k	• 66 all preschool providers • 100 public school teachers • 70 center-based teachers
Assistant teacher degree	CDA or equivalent[3]	42[4]

1. Based on 58 teachers/family child care providers (three are co-lead teachers); percentages are rounded to the nearest integer. Center-based refers to teachers working in child care and education or preschool settings. NIEER standards are geared toward center-based programs (Barnett et al., 2006).
2. Includes associate, college or post-baccalaureate concentration in early childhood education; and/or state PK/NK license/certification; and/or CDA or equivalent. CDA equivalence may consist of a minimum of 120 clock hours of formal training in early childhood (J. Hustedt, personal communication, November 12, 2007).
3. CDA = Child development associate credential.
4. Based on 45 assistant teachers. Data from one teacher are missing.

Table 4: Percentage of Pilot Preschool Programs Currently Meeting NIEER Quality Standards

NIEER quality standards	Benchmark	Percent of pilot preschool programs that currently meet benchmarks
Teacher in-service Training	At least 15 hours per year	100[1]
Maximum class size	20 or fewer	100
Staff-child ratio	1:10 or better	100
Required Screenings/referrals	Vision, hearing, health, and at least 1 family support	100[2]
Meals	At least 1 per day	100[3]

1. This figure represents anticipated training. We will track both training and screenings and report whether this benchmark was met in the final report.
2. Two collaboratives are finalizing their plans to provide monitoring; others already do.
3. This figure is based on preschool center and school programs only.

All programs meet five of the quality indicators: maintaining appropriate class size and adult-to-child ratios; providing requisite in-service teacher training; ensuring that children receive required screenings (vision, hearing, and health check-ups) and family support;

and ensuring that children eat at least one meal per day. All but two preschools provide meals for children, with the majority providing at least lunch and two snacks. Many preschools also serve breakfast. In two preschools, parents provide lunch, which the program augments or supplements if nutritionally insufficient, according to program directors. Although not directly providing meals, these programs also meet the benchmark because they ensure that children receive meals (W. S. Barnett, personal communication, October 26, 2007).

Most programs actually provide vision and hearing screenings for the children, while the rest have a system in place to monitor that the child has a "medical home" and the requisite screenings take place. Many programs also provide universal dental, mental health, and speech and language screenings. All programs have procedures in place to refer a child for evaluation if deemed advisable by preschool staff or parents.

As noted, all programs provide family support services, most often in the form of a family service worker who acts as a liaison between the families and the schools or other agencies and provides active support for families. "Active support" can include helping families apply or advocate for services or assistance, enrolling parents in GED classes, helping to find housing – in short, supporting preschoolers by helping their families. Other forms of family support practiced by pilot programs include multiple ways of involving parents in their child's preschool learning experiences, through regular parent-teacher conferences or meetings, having a parent advisory board, offering parent workshops, and otherwise inviting parents to participate actively in their child's schooling.

Most programs meet the standards for lead teacher education and training. As reported by school directors, PPOCs, and/or teachers, 67 percent of all pilot teachers and/or family care providers currently hold at least a bachelor's degree. This figure is higher (76 percent) for lead teachers working in childcare centers, preschools or public school. These figures are comparable with other state-funded programs that use a mixture of school- and non-school-based preschool placements (Clifford et al., 2005). All pilot public school teachers hold at least a bachelor's degree, as do 73 percent of center-based teachers.

Two-thirds of preschool teachers and family child care providers have specialized training in pre-kindergarten, as defined by NIEER. The extent to which this adequately captures the level of pre-k specialized training for the pilot teachers is not clear. Our figures do not generally reflect teachers who are in the process of obtaining their CDA, AA, college degree, or specialized training in early childhood, as many report doing. Currently, all pilot public school pre-k teachers hold pre-k licenses, although they did not all major in early childhood education. Seventy percent of center-based lead teachers have specialized training in pre-k, reflected in their having an academic concentration in early childhood education, a pre-k or nursery/kindergarten license, or a CDA or equivalent. Family care providers satisfy the CDA equivalent mainly through intensive local community college and professional development coursework. In our final report, we will review changes to this indicator and report other factors that have been shown to

be associated with improved classroom quality, such as teacher workshop attendance (Burchinal, Cryer, Clifford, & Howes, 2002).

Currently, the majority of pilot assistant teachers have high school diplomas, although 42 percent hold at least a CDA or equivalent training. As noted earlier, many collaboratives are particularly focused on raising the educational expertise of their pilot preschool staff. One marker of success for the pilot initiative will be if these teaching staff indicators rise by the end of the year. At the same time, 95% of pilot children attend preschool in a center or public school, the majority of which are taught by lead teachers with college degrees and pre-k specialization.

The NIEER standards reflect one type of structural quality indicator that we will revisit in our final report. We will also assess quality through other indicators (such as staff turnover, staff benefits), and through classroom observations of a large sample of the pilot classrooms. Trained raters will use well-established observational systems (the Early Childhood Environmental Rating Scale – Revised (Harms, Clifford, & Cryer, 1998) and the Classroom Assessment Scoring System (Pianta, La Paro, & Hamre, 2006) to assess features of the preschool environment including emotional climate, teacher-child interactions, and instructional quality. These measures are generally associated with better child outcomes and are compatible with the QRIS currently being piloted in a separate project.

We now turn to a description of the organizations implementing the various strategies of the pilot program: the collaboratives. Background information about the collaboratives is useful to understand the types of strategies that collaboratives undertake as well as setting the stage for future analyses. We provide an overview of how collaboratives are organized, describing the role and types of their coordinating agencies, what agencies are involved, and finally, their history of collaboration.

THE COLLABORATIVES

There are two types of collaboratives involved in the pilot initiative. The first type includes a collaborative network dedicated to child or family concerns, within which a subgroup, typically a steering or advisory committee, has primary responsibility for the pilot initiative. In the second type, the collaborative is dedicated solely to the pilot initiative. Eight of the pilot collaboratives belong to the first type, while two collaboratives fit the second description.

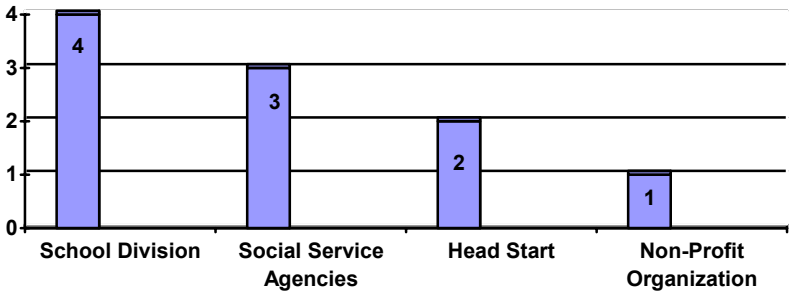
Eight of 10 collaboratives are formal in the sense that they have written bylaws, regularly scheduled meetings, formalized means of communication, and formalized structures including advisory boards or steering committees; one is an established 501(c)(3). Two collaboratives operate more informally, according to interviews with the PPOCs. One of them has worked together for at least a decade to provide preschool services and maintains close but informal communication. As the PPOC said, “We get together for meetings when grant writing, otherwise, we communicate informally.” The other informal collaborative appears to be moving toward a more formalized structure by

forming an advisory committee. Thus, the collaboratives have existing formalized structures, are moving in that direction, or have a history of informal cooperation.

Several types of agencies direct and coordinate the pilot collaboratives, as shown in Figure 3. Coordinating agency personnel typically direct the collaborative communication processes, organize meetings, and often act as a liaison to the Department of Education. The coordinating agency often serves as the fiscal agent of the pilot program, but not always. Pilot coordinating agencies may outsource preschool programming to another agency that directs it, may coordinate a network of preschool providers, or may play a more directive role themselves.

Having the appropriate leaders is extremely important for the success of any collaborative effort (Hays et al, 2000; Mattessich & Monsey, 1992; Rog et al., 2004). While we cannot yet conclude that the pilot collaboratives have this characteristic, they do have a variety of agencies leading their efforts.

Figure 3: Number of Collaborative Coordinating Agencies by Type



All collaboratives have relationships with a variety of organizations from their respective communities. These collaborative members, or partners, come from the public, nonprofit, and private sectors. According to interviews, these partners are not simply contracted by the collaborative to provide services, but are involved to some degree in the collaborative's decision-making processes. Specifically, key collaborative partners include personnel from school divisions, county and city governments, local nonprofit community agencies, local colleges and universities, local YMCAs, local departments of social services and health, local Head Start programs, Department of Defense personnel, and private child education and care settings, among others. Table 5 lists key partner types and how many of the ten pilot collaboratives include each type of partner. While some collaboratives have purely contractual relationships with preschool or other service providers, Table 5 presents the range of partners PPOCs or collaborative records identified as belonging to some decision-making level of the collaborative. In particular, although five pilot collaboratives are placing pilot children in private preschools, only

three identified the private preschools as having a seat on their steering committee or in their collaborative overall.

Table 5: Key Collaborative Partners by Type of Organization

Partner Type	Number of Collaboratives Including Partner Type
Local School Division	10
Head Start	10
Nonprofit Community Organizations	8
Local Government (other than school)	7
Local university or college	7
Department of Social / Human Services	7
Business (other than private preschools)	4
Private Preschools	3
Department of Defense	1

As reported in Table 5, several different types of partners are involved in the pilot initiative. Eight of the collaboratives are using partners from multiple sectors, ranging from private businesses to local nonprofit organizations to federally funded agencies. Importantly, pilot localities have collectively expanded their networks as a result of the pilot initiative, bringing in 23 new preschool providers and in many cases strengthening the ties between school divisions and providers. For example, one school division committed to building an additional classroom at a private site to accommodate more preschoolers.

Collaboratives reflect a complex layering of relationships and organizational levels. We will depict specific structural-organizational typologies in the final report. For now, we note two main points: (1) pilot collaboratives partner with or have as members representatives from a wide range of organizations, and (2) pilot collaboratives vary in the extent to which they actively partner with, as opposed to primarily contract services from, preschool and social service providers.

A history of cooperation among collaborative members is another critical predictor of success (Mattessich & Monsey, 1992; Mattessich, Murray-Close & Monsey, 2001; Rog et al., 2004). In all of the collaboratives, at least some members have been working together to provide preschool opportunities for more than ten years. Three collaboratives began when the original VPI funding became available in 1995-96, while another developed as a result of the VPI program. Another collaborative began when a 1989 local commission focused on early childhood. The longest standing collaborative began with a corporate grant to start a preschool and has been operating for more than 20 years. It is important to note, however, that three of the ten collaboratives have expanded recently into a larger network that specifically addresses early childhood concerns. Although there are members within these collaboratives that have a history of collaboration, the group as a whole is relatively new (ranging from forming less than one year ago to forming four years ago). As the year progresses, we will continue to monitor these newer groups to see how the collaboratives develop.

Preliminary indicators suggest that the pilot collaboratives are generally well-positioned to implement this more complex model of preschool service delivery. All have experience with some aspect of such delivery, and key collaborative members express high levels of satisfaction with the collaboratives' membership. They also believe there are high levels of trust and a shared vision among the collaborative members. These factors predict collaborative success (McCaffrey et al., 1995; Mattessich et al., 2001; Mattessich & Monsey, 1992; Mizrahi & Rosenthal, 2001; Rog, et al., 2004). Most importantly, key members believe their collaboratives are sustainable and are optimistic that the pilot model is sustainable, at least if adequate funding is provided.

While preliminary results at the collaborative level are encouraging, it is not necessarily true that programs succeed just because the parties involved are effectively collaborating (Glisson & Hemmelgarn, 1998; Longoria, 2005; McMahon, Ward, Kline-Pruett, Davidson, & Griffith, 2000). Whether or not the collaboratives achieve their goals will likely be due to an array of factors. We will now outline the benchmarks we will use to measure those factors and track the progress of the pilot initiative.

BENCHMARKS

Several benchmarks will be used to track the progress of and evaluate the pilot program, including benchmarks at the collaborative, or managerial level, the classroom level, and the individual stakeholder level, most particularly the children and their parents. At the collaborative level, our main questions are: (1) have the collaboratives increased access to preschool services for at-risk children and (2) to what extent have they increased their preschool network capacity and otherwise strengthened sustainability? At the program level, we ask (1) to what extent is classroom instruction and environment of high-quality and (2) to what extent are programs implementing support services? At the third level, we focus on ways children and parents may benefit from the preschool programs, including (1) how much instructional time have the children received, (2) have they made gains in pre-academic readiness skills, (3) to what extent do they appear ready for kindergarten, and (4) how satisfied are the parents with their child's preschool experience?

- Benchmarks for Collaborative-Level Outcomes

    - **Increased access:** The extent to which more at-risk children received preschool services.

    - **Increased preschool network capacity:** Increasing the number of partners involved in the delivery of preschool-related services or strengthening the relationships among current partners.

    - **Sustainability:** The ability of the collaborative to continue to provide services in the future.

- Benchmarks for Program-Level Outcomes

    - **Quality Educational Experience:** The extent to which preschools provide an environment and teaching quality conducive to preschool children's learning and development.

    - **Implementation of Support Services**: The extent to which programs are providing wraparound and support services that augment children's learning (such as health services, teacher development, parent programs, etc).

- Benchmarks for Child/Family-Level Outcomes

    - **Hours of Instruction:** Number of days at-risk children attend preschool.

    - **Pre-academic Skills and Kindergarten Readiness Skills:** The extent to which children have demonstrated gains in pre-literacy and early numeracy skills; end-of-year kindergarten readiness indicators in pre-academic and social self-regulation skills, engagement with learning, and health.

    - **Stakeholder Satisfaction:** Extent to which key stakeholders, particularly parents, believe the program has met their needs and expectations.

- Benchmarks for Collaborative-Level Processes

    - **Size and Membership:** The extent to which important stakeholders are members of the collaborative.

    - **Decision-Making Structure:** The existence of a formalized process for reaching decisions about future activities, including the extent to which the opinions of all involved parties are considered.

    - **Clearly Defined Roles:** The extent to which collaborative members are aware of the roles they are to perform and to which they are held accountable for performing these roles.

    - **Leadership:** The extent to which key collaborative leaders provide guidance for achieving goals, coordinate the activities of partners, effectively manage resources, and manage conflicts within the collaborative.

- **Well-specified Goals:** The extent to which the goals of the organization are well articulated and appropriate for the level of organizational resources.

- **Member Investment:** The extent to which members are committed to achieving the organizational goals and performing their roles to achieve these goals.

- **Communication:** The extent to which partners openly discuss ideas about, and information regarding, the program.

- **Mutual Trust and Shared Vision:** Features of social organizations, such as networks, norms, and trust, that facilitate action and cooperation for mutual benefit.

The primary data sources used to measure these concepts are listed below.

- A Web-based survey of collaborative members;
- Face-to-face interviews and follow-up spring telephone interviews with collaborative PPOCs, often including additional key collaborative members;
- Collaborative records, including copies of bylaws, meeting minutes, annual reports, and contracts with preschool and related service providers;
- A contact log documenting the number of times the collaborative leaders were in contact with the preschools, service providers, and other partners each month;
- Documentation of health, support, teacher professional development and related services provided and for whom;
- Preschool administrator survey and face-to-face semi-structured brief program interview, usually on-site;
- Preschool materials illustrating parent contact, policies, menus, and daily schedule;
- Teacher surveys;
- Attendance records;
- A preschool parent survey;
- Research-validated classroom observation assessments;
- Teacher- or collaborative staff-administered assessments of children's pre-literacy, early numeracy, social/self-regulation skills and learning engagement; and
- Children's health, as measured by parent report and attendance records.

Appendix A presents an overview of the evaluation organizational framework and design. Appendix B provides a detailed summary of these concepts and how they are defined and measured.

SUMMARY AND CONCLUSIONS

This interim report describes features of the pilot initiative after approximately two months of operation. Ten localities/school divisions are coordinating a complex network of preschool and support services to provide comprehensive preschool to 265 at-risk children who otherwise might not have had this opportunity. Pilot collaboratives are trying a number of strategies to increase access to high-quality preschool for at-risk children in their communities, including most prominently braiding funding streams and blending pilot children with preschool classmates whose tuition comes mainly from other publicly funded sources or from parent fees.

Preliminary indicators suggest that the pilot collaboratives are generally well positioned to implement or coordinate public-private preschool delivery and that, by increasing public-private partnerships, they have instrumentally increased their preschool network capacities. Early indicators of program quality are also mostly encouraging. All programs meet the majority of NIEER benchmarks, with teacher education and training representing the greatest challenge. Many collaboratives recognize this challenge and are specifically targeting this area for intervention.

As in any initial implementation of an ambitious project, difficulties inevitably arise. The number of children currently enrolled is approximately 14 percent fewer than initially projected. This shortfall appears due to several factors. One private provider withdrew from the program prior to implementation. Other factors identified by PPOCs and preschool directors include the timing of funding, the novelty of the program, and the difficulties of identifying at-risk children. Several localities reported that the foreshortened time between receipt of funding and the start of the school year made recruiting students difficult, particularly with hard-to-reach and transient populations. Some localities also reported losing enrolled students to more established programs or noted parental hesitancy to invest in new programs.

For the pilot initiative to be sustainable, virtually all collaborative stakeholders agreed that some form of reliable state funding would be necessary. Further, most identified the current local match requirements, calculated as a function of the composite index, as a barrier to increased capacity at the current time. It appears that these factors will have to be addressed in any future planning for pre-kindergarten expansion.

We will continue to track the course of the pilot program across the school year and report our final results in September 2008.

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APPENDIX A

Overview of Evaluation Design

The Preschool Pilot Initiative utilizes diverse models of preschool delivery with the immediate goals of strengthening Virginia's preschool networks and increasing access to high-quality preschool for at-risk four-year-olds, in order to ultimately increase the odds of early elementary school success. Our evaluation uses a three-tier model, organized around (1) the collaborative partnerships (called "local planning councils" in the Start Strong report); (2) the specific programs, most prominently the preschools, but also including support services; and (3) individual beneficiaries, most notably at-risk children and their parents.

We focus on three main objectives: 1) Documenting and describing the characteristics and proposed strategies of the collaboratives and their preschool partners; 2) tracking the implementation of the programs they proposed, to learn as much as possible about conditions that may help or hinder future expansion of the Initiative; and 3) evaluating outcomes of the pilot program.

Using a mixed-method design, we are collecting both quantitative and qualitative data. Data sources include program, school division and Virginia Department of Education records, structured and semi-structured interviews with relevant stakeholders, surveys, classroom observations, and fall and spring teacher-administered preschooler assessments. Given the critical importance of *high-quality* preschool to children's positive outcomes, we devote considerable resources to assessing this dimension, using multiple indicators. Because the Commonwealth's ability to build and sustain high-quality preschool capacity for more of its unserved at-risk children depends most critically on local collaboratives, we are particularly interested in strategies they use to address this aspect of capacity building.

When assessing a new program or method, it is optimal to compare the "intervention" group to a similar group that receives a different program or none at all. In this case, the novel "treatment" is the use of blended classrooms and other diverse preschool delivery systems, compared to the more traditional Virginia Preschool Initiative (VPI) model – that is, VPI classes located in or run primarily by public schools. We will compare pilot and traditional VPI children's fall and spring scores on the widely-used Phonological Awareness Literacy Screening (PALS – Pre-K version), with the expectation that their scores and gains will be at least comparable. Once we have reviewed the recent Virginia Preschool Initiative (VPI) study conducted by the Joint Legislative Audit and Review Commission, we may be able to compare other indices, such as classroom quality, as well. Further methodological details will be provided in the final 2008 report. Our procedures and measures have been approved by the Virginia Tech Institutional Review Board.

APPENDIX B
Benchmarks: Conceptualization and Measurement

CONCEPT	CONCEPTUAL DEFINITION	BENCHMARK MEASURES	DATA SOURCE
Structure	**Size and Membership** *The extent to which important stakeholders are members of the collaborative.*	1) Appropriateness of Participants Index. 2) Documented participation of partners. 3) Assessment by key stakeholders that collaborative has appropriate number of partners.	1) Member survey. 2) Copies of contracts with program partners; copies of meeting minutes; copies of meeting attendance; services spreadsheet; contact logs. 3) PPOC interviews.
	Decision-Making Structure *The existence of a formalized process for reaching decisions about future activities, including the extent to which the opinions of all involved parties are considered.*	1) Effective Decision-Making Structure Index. 2) A well-defined organizational structure. 3) Qualitative evidence of strategic decisions being made. 4) Sufficient contact with partners. 5) Stakeholder satisfaction with involvement in collaborative.	1) Member survey. 2) Copies of collaborative bylaws; PPOC interviews and program records. 3) Copies of meeting minutes; copies of any annual reports made by the collaborative; PPOC interviews. 4) Contact logs. 5) Parent surveys; teacher surveys; member surveys; PPOC interviews.
	Clearly Defined Roles *The extent to which collaborative members are aware of the roles they are to perform and to which they are held accountable for performing these roles.*	1) Knowledge of Roles Index. 2) Assessment by key leaders that partners are aware of their roles and obligations to the collaborative. 3) Qualitative evidence of roles being performed as defined.	1) Member surveys. 2) Meeting minutes; PPOC interviews. 3) Meeting minutes; PPOC interviews.

Function	**Leadership** *Extent to which key collaborative leaders provide guidance for achieving goals, coordinate the activities of partners, effectively manage resources, and manage conflicts within the collaborative.*	1) Effective Leadership Index. 2) Qualitative evidence of effective leadership. 3) Sufficient contact with partners.	1) Member surveys. 2) PPOC interviews; meeting minutes. 3) Contact log; meeting minutes.
	Well-specified Goals *Extent to which the goals of the organization are well articulated and appropriate for the level of organizational resources.*	1) Goal Awareness Index. 2) Assessment of key leaders that goals have been well developed and appropriately targeted. 3) Assessment of key stakeholders that program goals were reasonable.	1) Member surveys. 2) PPOC interviews. 3) Teacher survey; comments on open-ended questions on member survey.
	Member Investment *The extent to which members are committed to achieving the organizational goals and performing their roles to achieve these goals.*	1) Investment in Roles Index. 2) Commitment Index. 3) Quantitative evidence of roles being performed. 4) Assessment by key leaders that members are invested in project.	1) Member surveys. 2) Member surveys. 3) Contact log; services spreadsheet. 4) PPOC interviews.
Communication	**Communication** *The extent to which partners openly discuss ideas about and information regarding the program.*	1) Effective Communication Index. 2) Assessment by key leaders of effectiveness of communication among collaborative partners. 3) Numbers of contacts with partners.	1) Member surveys. 2) PPOC interviews. 3) Contact logs.

Social Capital	**Mutual Trust and Shared Vision** *Presence of features of social organizations, such as networks, norms, and trust, that facilitate action and cooperation for mutual benefit*.	1) Social Capital Index. 2) Qualitative evidence of a shared vision. 3) Greater agreement among partners about "kindergarten readiness." 4) Greater agreement among partners about "barriers" to providing services and "solutions" for overcoming these barriers.	1) Member surveys. 2) Meeting minutes; program records; PPOC interviews; comments on open-ended questions on member survey. 3) PPOC interviews. 4) PPOC interviews; comments on open-ended questions on member survey.
Collaborative Outcomes	**Increased Access** *Greater numbers of at-risk children attending preschool and receiving related services.*	1) Number of participating school divisions. 2) Number of at-risk children enrolled in preschools. 3) Number of at-risk children attending classes. 4) Additional services provided to at-risk children. 5) Additional services provided to families of at-risk children.	1) DOE records. 2) Preschool records. 3) Preschool attendance records. 4) Services spreadsheet. 5) Services spreadsheet.
	Increased Network Capacity *Increase in the number of partners involved in the delivery of preschool-related services or stronger relationships among current partners.*	1) Qualitative evidence of strengthening relationships with key partners. 2) Qualitative evidence of expanding relationships with new partners. 3) Number of new partners added to collaborative.	1) PPOC interviews; meeting minutes; program records; services spreadsheet; contact log. 2) PPOC interviews; meeting minutes; program records; services spreadsheet; contact log. 3) PPOC interviews.
	Sustainability *The ability of the collaborative to continue to provide services in the future.*	1) Sustainability Index. 2) Assessments by key leaders of collaborative's ability to continue providing services. 3) Qualitative evidence of strengthening relationships with key partners. 4) Qualitative evidence of expanding relationships with new partners. 5) Collaborative self-assessment efforts. 6) Increased capacity to raise funding.	1) Member surveys. 2) PPOC interviews. 3) PPOC interviews; program records; services spreadsheet; contact log. 4) PPOC interviews; program records; services spreadsheet; contact log. 5) Copies of self-assessment reports; PPOC interviews. 6) PPOC interviews; program records.

Preschool Outcomes	**Quality Educational Experience** *Extent to which preschools provide high-quality preschool*	1) NIEER Standards Checklist. 2) Documentation of support services. provided. 3) Teacher satisfaction. 4) Assessments of classroom quality.	1) PPOC interview; director interview, survey; teacher survey. 2) Surveys; services spreadsheet. 3) Teacher survey; staff retention rates. 4) CLASS; portions of ECERS-R.
Child/Family Stakeholder Outcomes	**Hours of Instruction** *Number of days at-risk children attend preschool.*	1) Number days at-risk children attend preschool.	1) Attendance records.
	Kindergarten Readiness *Child gains and age-appropriate achievement.*	1) Pre-literacy skills. 2) Early numeracy skills. 3) Social/self-regulation skills. 4) Learning engagement.	1) PALS-PreK. 2) Verbal Counting; One-to-One Correspondence. 3) Teacher rating scales. 4) Teacher and parent ratings.
	Child Health *Degree to which child is healthy enough to attend school.*	1) How incapacitated the child is by illness. 2) How frequently the child is ill.	1) RAND parent survey. 2) Attendance records.
	Parent and Teacher Satisfaction *Extent to which key stakeholders believe the program has met their needs and expectations.*	1) Parent satisfaction. 2) Teacher satisfaction.	1) Parent survey. 2) Teacher survey.