

Investing in Early Childhood: Knight Foundation Makes a Difference One Community at a Time

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Abstract

Lisa Klein of Hestia Advising and Deanna Gomby of Gomby consulting conducted a cluster evaluation of the early childhood grants to estimate community impact, promote cross-community learning and highlight successes and challenges to implementing early childhood programs in 12 Knight Foundation communities. Since 2001, the John S. and James L. Knight Foundation has awarded 125 early childhood grants totaling more than \$50 million.

Communities

Knight has made grants in early childhood education in the Knight communities of Aberdeen, S.D.; Boulder, Colo.; Charlotte, N.C.; Fort Wayne, Ind.; Lexington, Ky.; Long Beach, Calif.; Philadelphia, Pa.; St. Paul, Minn.; San Jose, Calif.; State College, Pa.; Tallahassee, Fla.; and Wichita, Kan.

**Starting Out Right:
A Cluster Evaluation of the Early Childhood Grants
of the John S. and James L. Knight Foundation**

Year 2 Final Report

**Submitted to
The John S. and James L. Knight Foundation**

**By Deanna S. Gomby, Ph.D., M.S.
Lisa G. Klein, Ph.D.**

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Introduction

In 2001, the John S. and James L. Knight Foundation launched its Community Partners Program in 26 communities. Each community, guided by a local Advisory Committee and with the assistance of a community liaison program officer, selected areas of concentration and developed a Community Investment Plan (CIP). By January 2007, 125 early childhood grants, totaling more than \$50 million, had been awarded in 12 communities (See Table 1).

The early childhood grants all seek to improve the lives of young children and their families, but specific funding priorities and strategies differ across communities. Some communities have focused more on improving parenting skills of parents, for example, while others have focused on extending the availability of high-quality early childhood education (e.g., child care centers, family child care homes, and preschool). Some communities have awarded grants to improve the mental or dental health of children.

Table 1.
Knight Foundation
Communities With a Focus
on Early Childhood

Aberdeen, South Dakota
Boulder, Colorado
Charlotte, North Carolina
Fort Wayne, Indiana
Lexington, Indiana
Long Beach, California
Philadelphia, Pennsylvania
St. Paul, Minnesota
San Jose, California
State College, Pennsylvania
Tallahassee, Florida
Wichita, Kansas

In August 2005, the Commission contracted with consultants Lisa Klein and Deanna Gomby to conduct a cluster evaluation of the early childhood grants the Foundation had awarded through its Community Partners Program. The cluster evaluation had several purposes:

- To categorize the grants across communities into common goals and strategies
- To identify and track progress in grants with solid external and/or internal evaluations

[†] We gratefully acknowledge the program officers, grantees, and evaluators who kindly shared their time, opinions, reports, and data with us.

- To synthesize the lessons learned from evaluation activities within each of the 12 communities and across all the communities
- To provide technical assistance concerning evaluation to interested grantees. This work was to be done in conjunction with the National Association for the Education of Young Children (NAEYC), through a project funded via the Foundation's National Venture Fund. (This portion of the project has now been completed.)

Purpose of This Report

This report is the third product of that external review of the Foundation's early childhood grantmaking. It highlights grants that are making a difference in their communities, based primarily upon conversations with program officers, grantees, and the external evaluators who are working with those grantees, and upon a review of written reports submitted by grantees during 2006.

As described in our November 2005 report, we planned to follow 57 grants – an approach that would capture 50% of the grants and about 84% of all the early childhood funding awarded by the Foundation from 2001 up to that time.¹ Since November 2005, several more grants have been awarded, and we are now following all those new grants. Therefore, this report reflects the results of 65 grants, all awarded between 2001-2006.

This report begins with a description of methods, including some adjustments to the pool of grants to be followed, and then highlights findings from local evaluations of selected grantee projects. As requested by the Foundation, we then make recommendations for web chat topics and for dyads that might be used with NAEYC to help provide enhanced information and technical assistance for grantees. The report concludes with an outline of what will be presented in the end-of-year report due in December 2006. Throughout, we attempt to distill the key points of what grantees have been learning.

Methods

This report relies on a review of grantee reports submitted during 2006 as well as phone calls with program officers, grantees, and external evaluators. (See Appendices 1 and 2 for interview protocols.) We primarily asked program officers to provide an update on the grants we were following this year from both an individual grant and community-wide perspective. Our questions for grantees and/or their local evaluators were similar and focused on accomplishments and challenges in the previous years, lessons learned, data collected, and efforts to promote sustainability, replication, or leveraging of Knight funding.

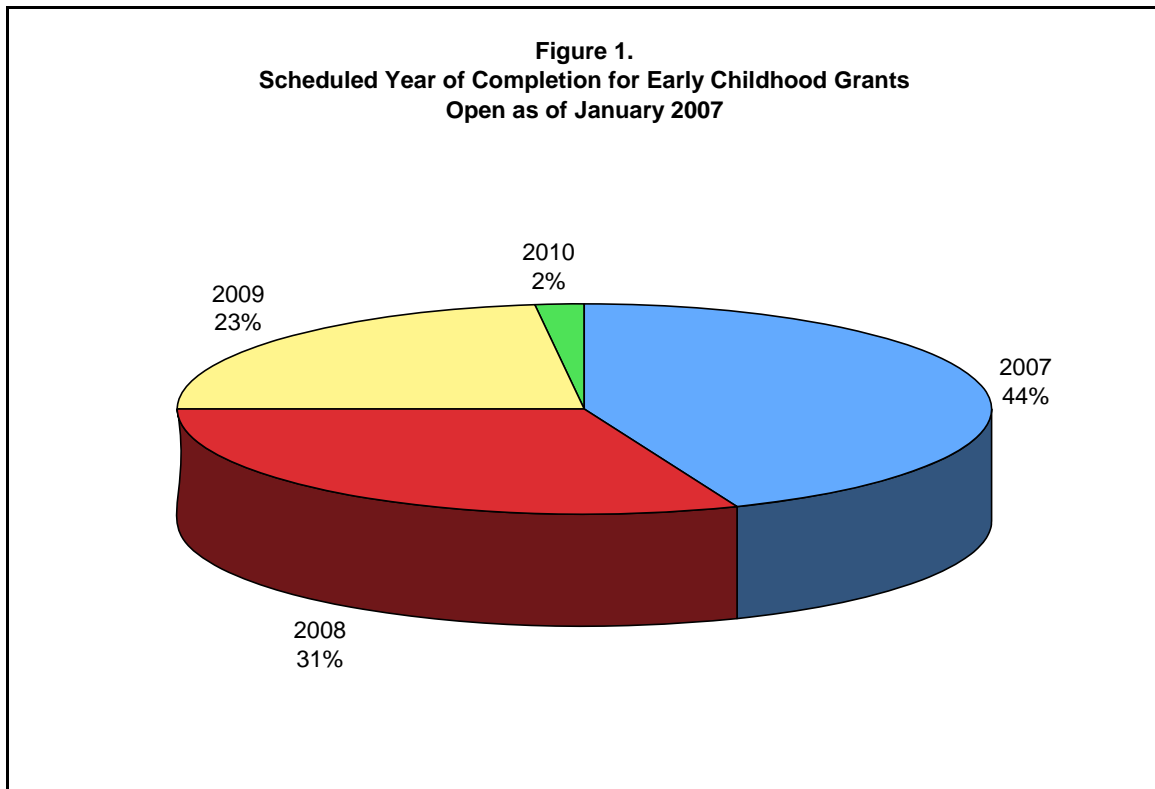
¹ Criteria for inclusion were recommendation by the program officer, external or internal data will exist, program serves children from birth to 5 years, the grant was not a discretionary grant, and the program is slated to continue for at least another 6 months.

Update on the Foundation's Early Childhood Investments

Since late 2005 (our last full report), the Foundation entered a period of strategic planning which is having profound effects on grantmaking in the communities. Most program officers reported that early childhood grantmaking was unlikely to remain a primary grantmaking focus in their communities. In a few communities, previously awarded planning grants were not followed by the implementation grants that the program officers had anticipated when we last spoke with them. At the same time, however, additional grants were awarded since our November 2005 report, and we now include those grants among those we will follow in the future. Table 2 lists the number of Knight grants, by community, whose findings are included in this report.

Table 2. Grants Included in This Report, By Community	
Community	Number of Grants
Aberdeen	2
Boulder	6
Charlotte	5
Fort Wayne	7
Lexington	6
Long Beach	4
Philadelphia	8
St. Paul	2
San Jose	13
State College	4
Tallahassee	2
Wichita	6
TOTALS	65

As of January 2007, 48 of these 65 grants are still open, and we will continue to track their progress until our contract ends at the end of 2007. Figure 1 indicates that 21 (44%) of those open grants will be completed in 2007.



Content of Grants

These early childhood grants fall squarely within commonly accepted definitions of programs designed to enhance children's school readiness.² In our November 2005 report, we categorized the grants into clusters, based on our analyses of goals, strategies, and populations served in the grants. Table 3 defines each of the clusters, and lists the number of grants per cluster that were included in this report.

² National Education Goals Panel, 1995. *Reconsidering Children's Early Development and Learning: Toward Common Views and Vocabulary*. Washington, DC: National Education Goals Panel.
<http://govinfo.library.unt.edu/negp/Reports/child-ea.htm>

Table 3. Clusters and Definitions	
Cluster	Definition
Mental health Primary focus: 8 grants Secondary focus: 1 grant	Strategies related to screening for mental health or behavioral problems, and/or linking children to or providing services designed to improve their mental health.
Dental health Primary focus: 7 grants	Strategies related to screening for dental health problems, linking children to or providing services designed to improve their dental health, and/or educating parents, caregivers, and children about good dental health practices.
Parent education/parent involvement Primary focus: 16 grants; Secondary focus: 6 grants	Strategies designed to (1) help parents improve their parenting skills, their knowledge about financial matters, or improve their own educational or professional skills; or (2) increase their involvement in their children's education, their leadership skills, or their ability to serve as advocates for their children. Across all clusters, 8 grants employed home visiting as a strategy to reach families.
Early childhood education Primary focus: 27grants Secondary focus: 8 grants	Strategies related to improving the quality or availability of home- or center-based early childhood education services. Typically, provider education, training, and professional development projects, but may also include capital improvements, purchase of equipment or materials, incorporation of new services, and/or inclusion of a new curriculum. Across all clusters, 20 grants focused on <i>center-based</i> child care, Head Start, and preschool programs. 6 grants focused on <i>home-based</i> programs (e.g., licensed family child care homes, license-exempt homes, and/or care provide by friends, families, and neighbors).
Systems change Primary focus: 7 grants Secondary focus: 5 grants	Strategies that seek to coordinate delivery of a variety of services to families (e.g., case management, providing health and mental health services at a child care program), and/or that seek to create operational efficiencies among like programs (e.g., technical assistance to help four early childhood programs work together to strengthen their management and family support practices), and/or that seek to create change in the delivery of services on a community-wide or systems-wide basis (e.g., creating a community-wide, uniform approach to screening and treatment of children's mental health).
NOTE: Numbers of grants in this Table refer to the number of grants that were included in this report.	

At least 20 grants fall into multiple clusters. In Table 3, each grant has been assigned a primary cluster, but the Table also lists the number of grants that have a particular cluster as a secondary focus. Examples of grants that are double-counted in this way include family literacy programs that provide parenting education and adult education services to parents as well as center-based early childhood educational services for children. Another example includes early childhood education programs that seek to improve the quality of their services by increasing parent involvement.

Who is Being Served?

Knight grantees have overwhelmingly elected to serve families designated as high-risk in one way or another. Typically, these are families living in low-income communities, often families of color, immigrants, or families for whom English is not their native language. As we reported in our November 2005 report, the community investment plans for each of the 12 communities describe the families of interest as follows (see Table 4):

Table 4. Populations to be Served, Based on Community Investment Plans, by Community		
Community	Target Age Range for Children to be Served	Description of Children/Families to Be Served
Aberdeen	0-5	Low-income, at-risk
Boulder	0 through 5	Low-income, Latino families
Charlotte	0 to 3	At-risk
Fort Wayne	0 to 6	Low-income
Lexington	3 to 8	At-risk
Long Beach	0 to 5	Low income, Latino, African-American, Asian/Pacific Islanders
Philadelphia	Preschool through grade 3	Low income urban children
St. Paul	0 to 5	Low income children (Hmong, Latino, Somali immigrants), and others at-risk
San Jose	Prenatal to 5	Low-income Latino and Southeast Asian families
State College	Prenatal to 5	At-risk families (teen parent, single parent, low SES, no medical insurance, domestic violence, maternal depression, substance abuse)
Tallahassee	Prenatal to 5	Low income, African-American
Wichita	0 to 5	Low income, ethnic minority

Of particular note, about one-third of the grants included in this report were dedicated to serving children, parents, and/or child care providers who were immigrants, bilingual, or non-English-speaking.

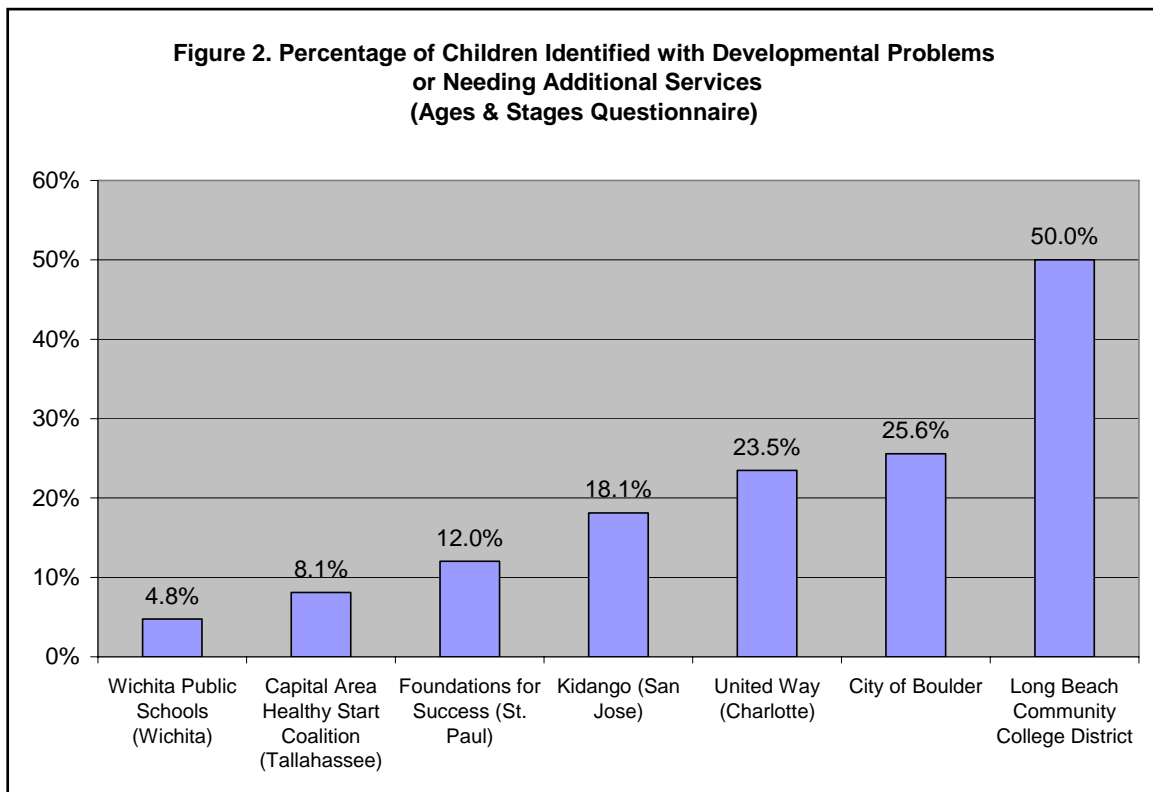
Developmental Status of Children in the Knight Projects

Given the intent of the projects to focus on higher-risk children and families, one would expect that many of the children being served would lag behind their peers in development. Indeed, a focus of many of the funded projects was to identify children with developmental delays and refer them to community services or more intensive intervention. Many of the funded projects employed a common screening tool, the Ages and Stages Questionnaire (ASQ) to screen children's development. This measure asks someone who knows the child

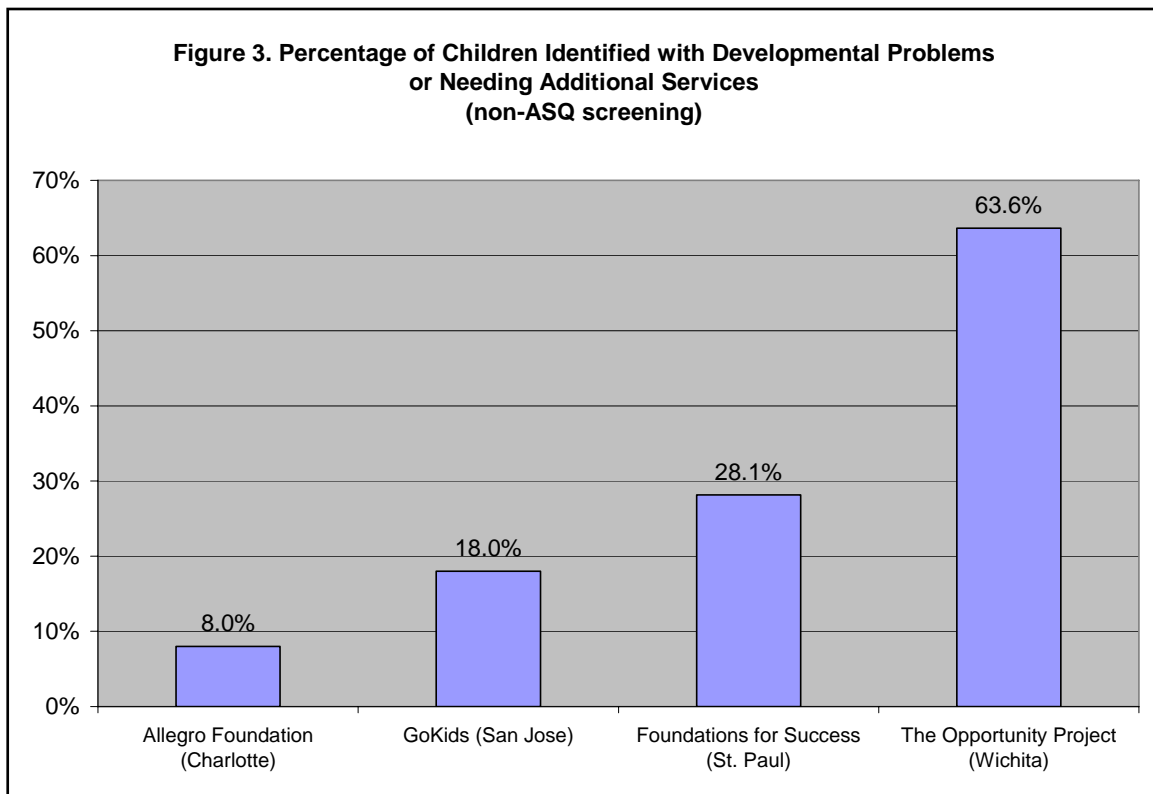
well (the parent or child care provider, for example) to report whether children display particular behaviors (e.g., able to verbally express what they need and want).

Figure 2 illustrates the percentage of children identified as needing additional screening or services, based on the ASQ results, across communities and projects. Rates range from about 5% in Wichita to 50% in one program in Long Beach. The wide variation in rates is probably due to many factors: (1) whether the screening is done on a community-wide basis, which is likely to include both higher- and lower-risk children, or whether it is done only within a program that may be targeting higher-risk children; (2) the number of children screened (more children are likely to give a more reliable estimate of the true rates of developmental lags in the population; (3) differences in how the ASQ is administered across projects; and (4) actual differences in the children being screened across the projects.

With those caveats in mind, the assessments in St. Paul that indicate 12% of children need some additional screening or follow-up are perhaps the most compelling. In St. Paul, more than 5500 children were screened across five school districts, Head Start program, and a medical clinic.



Other grantees employ other measures of children's development or need for additional screening or services, and some grantees (e.g., St. Paul) employ multiple measures. Figure 3 illustrates the findings from some of those projects.



Generally, across the projects, the results indicate that the children are indeed at higher-levels of risk than might be expected in the general population. The results also indicate how important Knight-funded services are in terms of helping make sure these children receive services that they need.

Results of the Grants, by Cluster

The following summarizes findings by cluster. For each cluster of grants, we summarize the following information:

- Strategies used/activities undertaken
- Data collected across multiple programs within a cluster. For example, we report the results of assessments of quality of care in child care centers that all used a single measure of quality (e.g., the ECERS). In some cases, such data were collected simply to show the prevalence of a given condition in the community. In other cases, the data were collected to demonstrate the effectiveness of services.

- Lessons learned as reported by the grantees, evaluators, or program officers.
- Description of a project that exemplifies an interesting approach in that cluster.

For the most part, in other words, this report does not detail the results of individual grants. Nor do we report the number of children or families served, or units of services delivered, although we know that thousands of children have been touched by Knight-funded services across the country. Instead, this report tries to draw lessons and conclusions by considering the results of multiple grants within a community or across communities, with a focus on strategies employed and benefits derived.

Generally, our results suggest that considerable progress is being made, with some projects indeed leading to change across an entire community. Considering results across communities, Knight-funded projects are using some similar strategies to reach common goals, and it is possible to see the effectiveness of those strategies – news which will be of considerable interest to service providers who are anxious to know what approaches are most effective.

Improving Early Childhood Mental Health

Research shows that mental health problems can be identified in early childhood, but over 75% of children who need services do not get them.³ One of the results of having young children who cannot get along with others or manage their own behavior is skyrocketing expulsion from preK programs, a rate that is three times higher than it is for students in K-12 schools.⁴ The Knight Foundation investments that are focusing on identifying, referring, and treating early childhood mental health can have a significant impact on young children's success in school and in life..

Eight grantees in seven communities are seeking to improve children's mental health and social and emotional development, some by offering direct services to children and many by facilitating access to screenings or to services provided by others. From Aberdeen to Wichita, these projects are employing a variety of strategies (see Appendix 4 for details). The primary strategies include the following:

- *Screening* to identify children who need additional services
- *Referrals and case management* services for those children and their families who are identified via the screenings
- Mental health *treatment services* for children, parents, and/or the child care workers who care for the children

³ Raver, C. & Knitzer, J. July 2002. *Ready to Enter: What the Research Tells Policymakers About the Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year Old Children*. National Center for Children in Poverty. New York. www.nccp.org

⁴ Gilliam, W.S. (May 2005). *Prekindergartners Left Behind: Expulsion Rates in State PreK Programs*. Foundation for Child Development Policy Brief Series No. 3. New York. www.ffcd.org

- *Child care consultation* services to help child care providers learn how to handle children in their programs who have mental health, developmental, or behavioral problems
- Introduction of new *curricula* into child care programs to help bolster children's social and emotional development. Grantees in St. Paul, San Jose, and Wichita, for example, are all using a curriculum called The Incredible Years.
- *Parent education* via home visits or other means to help parents with their own health as well as help them learn what they can do to promote their children's good mental health and social and emotional development.

For the most part, grantees are collecting and reporting the numbers of children and families they have reached and/or referrals to additional services they have made. Collectively, grantees in Aberdeen, Fort Wayne, Lexington, San Jose, St. Paul, State College, and Wichita have screened, referred, and provided therapeutic services to thousands of children and families.

The largest effort is in St. Paul, where broad community-level screening is coupled with follow-up treatment services. Physicians are alerted when treatment is needed and available for referrals. In addition, participating St. Paul agencies have focused on prevention services and have implemented the Incredible Years curriculum in local child care programs to help children understand and handle their emotions and to help teachers and parents promote children's social-emotional skills. With better social and emotional skills, behavioral and mental health problems are being prevented. The results of the first year of the Incredible Years program in St. Paul suggests that the program effectively lowered the percentage of children whose scores on a measure of strengths and difficulties were in the abnormal range from 28% before the program to 20% after it.

Rainbows United in Wichita is also employing the Incredible Years curriculum, and early results suggest that parents are changing their parenting behaviors in ways that are likely to promote their children's healthy development. Table 5 describes the program and its results in greater detail.

Table 5.
Training Parents to Improve Their Children's Mental Health:
Rainbows United in Wichita, Kansas

In 2005, Rainbows United began implementing the Incredible Years Parent Training to increase the social and emotional well being of young children by enhancing parenting skills. The training is done in conjunction with four partners: Early Head Start, the Kansas Children's Service League, and two child care centers.

About 180 parents completed the 12-week training this year. They participated in sessions that addressed issues such as praise and rewards, limit setting, and handling misbehavior. Parents completed the Adult-Adolescent Parenting Inventory (AAPI) before and after the training to assess their attitudes and beliefs about parenting had changed. Results show that parents who participated in the training report feeling more positive and confident about their parenting skills and abilities. At the end of the training series:

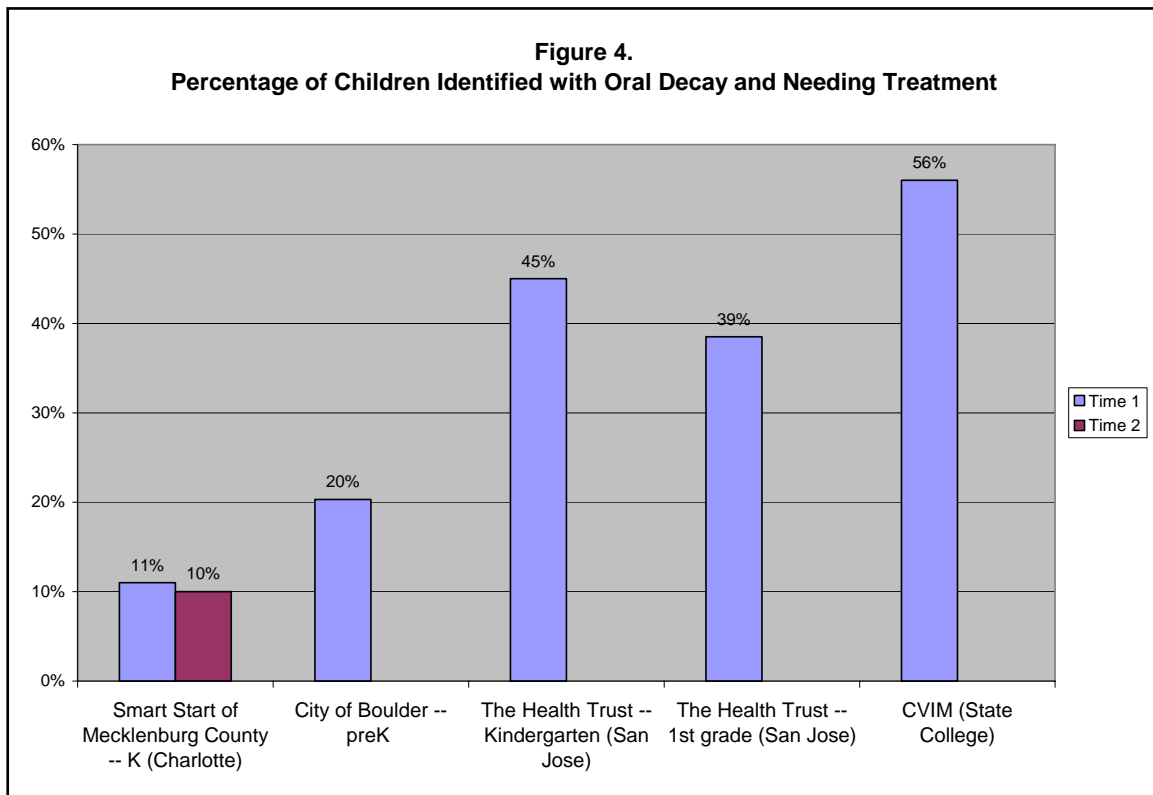
- 93% had better attitudes about positive parenting;
- 93% said they were more confident about parenting; and
- 95% said their child-rearing beliefs were more consistent with nurturing non-abusive parenting.

Dental Care

We are following seven grants in six communities that are primarily focused on improving oral health and increasing children's access to dental care. Appendix 5 describes the strategies employed by each of these grantees. Grantees have employed three primary strategies:

- *Screening*: either of all children in a community or school district (e.g., Charlotte), or of just the children who participate in another project (e.g., children in a family child care quality improvement project funded in Boulder). A program in St. Paul is trying to encourage pediatricians to incorporate oral health screenings into well-child check-ups.
- *Health education* for children, parents, child care providers/teachers, and/or the public. These approaches employ either training workshops and classes or a broad media campaign designed to reach the public
- *Treatment*: either via mobile vans equipped as move-able dental clinics, or in stationary clinics. In some cases, dental health care services are provided by dentists who volunteer their time.

Programs vary in the information that they have collected. While all report the numbers of clients screened, referred for treatment, and receiving treatment, or the numbers of individuals reached through their health education services, only a few report the results of screenings for oral decay. Figure 4 illustrates the findings from those projects.



As illustrated in Figure 4, programs are screening (and serving) children of different ages. In Boulder, a project designed to improve the quality of services in family child care homes has introduced dental, vision, and hearing screenings into the standard procedures of those homes. The Boulder project therefore is screening preschool-age children. In Charlotte, all children entering kindergarten are screened. In San Jose, Knight-funding resulted in annual screenings of kindergartners and first graders in local schools. The State College data illustrates the results of children who came to the dental clinic for services or who attended Give Kids a Smile events held twice each year.

As with the results reported regarding developmental screenings in the previous section, differences across communities could be a result of different approaches used in screening, or in actual differences in rates of problems.

In Charlotte, the percentage of children entering kindergarten with oral decay has declined from 11% in 2003-04 to 10% in 2004-05. While the Charlotte grantees note that the decline cannot be attributed to their efforts, it is certainly a move in the right direction.

Overall rates such as these disguise the severity of the problem. In San Jose, where rates of oral decay are four times higher than in Charlotte, the grantee (the Health Trust) reports the extent of oral decay for each child. Results indicate that about 6% of kindergartners and 9% of first graders needed urgent care. About two children per classroom had severe untreated decay or abscesses, which would cause pain.

Across communities, the single largest barrier to improving rates of oral decay is finding dentists willing to treat Medicaid patients. The reimbursement rates provided through Medicaid are so low that few dentists are willing to accept Medicaid patients. As a result, many low-income children go without care, until a program such as these Knight-funded efforts comes along. In Aberdeen, for example, 32 children were able to see a dentist for the very first time. In St. Paul, the Bright Smiles program is using community-based satellite clinics and integrating oral health into well-child pediatrician visits as a way of serving more children.

In San Jose, the Health Trust is seeking to develop an alternative model for care. The Knight Foundation grant provides for a mobile van to provide dental care services, but the Health Trust believes that such a van is not economically sustainable in the long-run. Instead, the Health Trust is entering into an arrangement with a private dental care provider to create a clinic. Table 6 describes the project, which would use private foundation funds for start-up costs but public and private insurance to cover ongoing operational costs. The result would be a clinic that, for the next 10-20 years would be dedicated to serving low income families in the San Jose community and would be completely self-sustaining via patient fees.

In sum, the results show that significant percentages of children served by Knight Foundation grantees have oral health problems, with baseline rates ranging from 10 to 40 percent. The education, screening, and treatment services offered through the Knight projects are needed for those children, and early results from Charlotte suggest that they may be having an effect. In our interviews with grantees, some have mentioned that they may also be exploring other approaches such as working to expand health insurance for dental care, or seeking public policy changes that would lead to fluoridation of the local water supply.

Table 6.
Institutionalizing Change: From Mobile Van to Self-Supporting Clinic
The Health Trust in San Jose, California

In 2003, the Knight Foundation awarded The Health Trust a \$1,950,000, 5-year grant to implement a program designed to promote children's oral health. The project employed a mobile van to provide free dental care, and community-based paraprofessional home visitors (promotoras) for outreach and oral health education.

Project directors found that the best use of the van was actually for it to remain stationary for a good part of the time, because then families would know where it was going to be on any given day. At the same time, it became clear to the Trust that the long-term success of the program would depend on the ability of the project to tap into a solid funding stream. As a result, the Health Trust is currently very close to finalizing an arrangement with a for-profit, Los Angeles-based dental care provider.

The Health Trust will provide up-front start-up costs for equipping a dental clinic, but then will lease the space and turn over operations to the Los Angeles-based agency. The leasee will agree that, for the next 10 years (renewable to 20 years), at least half the clinic's clientele will be low-income families who qualify for Medicaid. Then, just like any other dental office, the leasee will bill insurance (private and Medicaid) for the care it provides. The leasee agency has used this model successfully in Los Angeles, and is interested in expanding services to other communities. This will be the for-profit's first expansion outside Los Angeles, but it fits perfectly with the needs of the San Jose community, and should result in a quadrupling of the number of children served annually – up to 17,000 children annually from current levels of about 4,000 per year through the Knight-funded project.

Knight Foundation funding was instrumental in starting this program and in helping to draw down funding from the California Endowment. The California Endowment funding will be used for the start-up costs of the clinic.

Early Childhood Education

The largest cluster of Knight Foundation grantees are focusing on early childhood education. Fully 27 grantees are focusing on early childhood education, either by working with center-based programs (e.g., child care centers, preschools, Head Start programs), home-based settings (e.g., family child care homes, license-exempt homes, and/or informal care provided by families, friends, and neighbors), or both.

No matter the setting, most early childhood education grantees sought to improve the quality of instruction and care that children receive by one or more of the following approaches:

- *Improving the physical environment*, through capital improvements or purchase of new equipment or supplies

- *Professional development* for staff, often beginning with workshops but moving to college courses that will lead to certification and/or two- or four-year degrees in early childhood education
- *Financial incentives* such as scholarships to cover the costs of college courses or increased wages and stipends for staff who achieve particular milestones (e.g., higher wages for achieving a BA degree, or when a family child care home reaches a particular level of quality).
- *Mentors/coaches* to help teaching staff identify and make needed changes
- Introduction and implementation of new *curricula* in the classroom
- *Consultation* to child care programs to help staff handle children with particular physical or behavioral needs.
- *Parent involvement or parent education* to help parents learn what they can do at home to promote their children's development and/or to encourage them to become actively involved in their child's child care program or school. In many programs, these activities include a specific focus on early literacy, by, for example, providing books that parents can read with their children at home.
- *Kindergarten transition*: in some communities, grantees have launched programs, typically offered during the summer before children enter kindergarten, to help them transition into school. These programs are typically 4-8 weeks in length and may involve children attending what looks like preschool, along with activities for parents.

The following summarizes the results of the early childhood education grants for centers and then for home-based providers.

Centers

We are following 14 grants in eight communities that are specifically focusing on early childhood education services in centers. An additional six grants have a primary focus on parents or another cluster, but also provide services in or work with centers. Appendix 6 lists the grants and their associated service strategies. By far, most of these grants focused on increasing the professional development of staff as a way to improve overall quality of services in the centers. Another group of grantees focused on early literacy, but often employing the same strategies as the professional development grants. We discuss these grants separately, below.

Quality Improvement in Centers via Professional Development for the Staff. Several grantees are focusing on increasing the professional development of teachers and directors working in early childhood programs. These efforts are sometimes part of a top-to-bottom quality improvement effort that includes renovating or improving a child care center's physical environment, enhancing the training of staff, and improving the

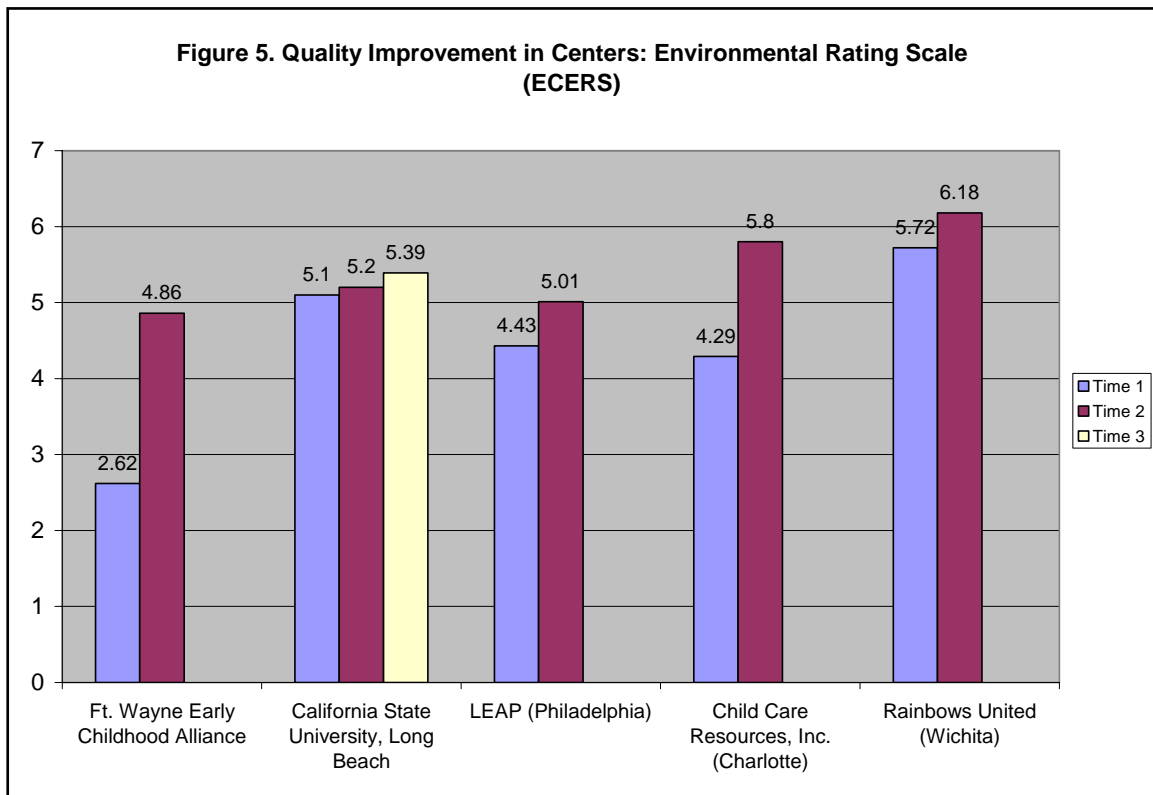
quality of instruction. In other cases, the program may be more limited to helping child care providers and staff increase their education and, eventually, gain college degrees.

Professional development takes many forms, largely because the early childhood workforce is so varied. Some child care staff may have no more than a high school education, others may have a bachelors' degree but not in child development or a topic relevant to early childhood education, others may have dropped out of college after a few semesters, and still others may have masters degrees. Training and professional development for the child care workforce must take this variation into account. Grantees therefore offer everything from training via non-credit-bearing workshops to college coursework. In addition, because staff vary so much in their sophistication and educational backgrounds, grantees often couple training with technical assistance and one-to-one coaching from experienced early childhood professionals. These coach/mentors work directly with staff to help them identify areas of improvement needed in their programs, access relevant training and college coursework, and translate what they have learned in their academic workshops and college courses into practice in their early childhood classrooms.

The most commonly used metric by grantees is a measure of environmental quality. Grantees typically use the **Early Childhood Environment Rating Scale (ECERS)**, which is a standardized measure of quality often used in research and program improvement initiatives.⁵ Figure 5 illustrates that these quality improvement efforts are effective: ECERS scores show improvement over time.⁶ Further, they suggest that it *may* be easier to improve quality in programs that start at a mediocre level of quality (3-4 point range) than to move programs that enter at a relatively high level of quality to the top of the scale (i.e., to move a program scoring a 5 up towards the top of the 7-point scale), but this may be something that should be explored as these programs continue.

⁵Some grantees report quality improvement as demonstrated by the number of centers that have become accredited by the National Association for the Education of Young Children (e.g., two in Long Beach (CSULB); two in Ft. Wayne (Early Childhood Alliance)).

⁶ Other grantees have used the ECERS but were not able to provide us with the data in a comparable format in time for this report. We hope to secure their data in time for our final report next year.



While most grantees who measured quality used the ECERS to show change, a few grantees reported other outcomes such as the following:

- Workforce development:* grantees report the progress that staff have made in taking college courses or achieving degrees. For example, at the beginning of Project REACH in Long Beach (California State University, Long Beach), 46 percent of participating staff only had a high school education. By mid-2006, 26 (41%) had achieved a two-year associates (AA) degree, 13 (20%) had a Bachelor's degree, and one (2%) had a master's degree. At the beginning of the project, 68% had a Child Development Permit; by mid-2006, fully 94% did. At the beginning of the project, only 38% had completed workshops offered by Long Beach City College and Head Start to develop their skills in teaching early literacy; by mid-2006, 94% had. Similarly, in Tallahassee, 34 teachers and directors participating in the Florida State University quality improvement project have completed at least one college course – the first college course for most.
- Curriculum implementation:* Some grantees reported the percentage of staff who have successfully changed their instructional style and are now faithfully implementing a new curriculum. Such training and implementation makes a difference. In Philadelphia, early learning teachers participating in LEAP and in the School District summer program improved their literacy practice in the classroom following training and coaching focusing on early literacy. (See Table 7 for a description of the Child

Care Resources program in Charlotte that focused on quality improvement through implementation of the Creative Curriculum.)

Table 7.
Improving Child Care Quality with the Creative Curriculum:
Child Care Resources in Charlotte

A five-year \$1,885,000 grant from the Foundation has supported a quality improvement effort in Charlotte, delivered by Child Care Resources, Inc., that focuses on implementation of the Creative Curriculum in 29 classrooms in 11 programs (10 centers and one large family child care home), reaching more than 600 children. Like many of the other Knight-funded quality improvement efforts, this initiative has combined technical assistance, training, and college coursework for staff and center directors with financial stipends, new supplies for the classrooms, and the assistance of coaches who help staff implement changes. But, in contrast to some of the other quality improvement efforts, this project also works to make sure that a specific curriculum is well-implemented, and that early literacy is a focus in classrooms. Rotating literacy kits are distributed to the classrooms that provide activities and books for strapped classrooms and busy teachers.

Careful data collection on the part of Child Care Resources staff indicate just how successful the program has been:

- Teachers have enrolled in college courses, some for the first time ever.
- Faithful implementation of Creative Curriculum has increased steadily, from 75% fidelity in Year 1 to 91% in Year 4.
- Classroom quality has improved as a result, moving from 4.29 at baseline to 5.8 in Year 4 on the ECERS.
- Children are benefiting too, as assessed on the child outcome tool associated with Creative Curriculum. That tool assigns children to the Forerunner or levels I-III on various aspects of development. Children in the participating classrooms showed dramatic gains over the course of a year: whereas only 39% of children were at Steps II or III in cognitive development in the Fall, 91% were at those levels in the Spring. Similarly, whereas only 41% of children were at those levels in language development in the Fall, fully 91% were in the Spring.

Child Care Resources staff suggest that the center director plays a critical role. The director can influence everything from teacher turnover to successful adoption of curriculum, to financial stability of the child care center. This suggests that technical assistance and training efforts must be individualized to take into account the sophistication and capacity of both teachers and directors.

- *Child outcomes:* Some projects have assessed change in children. For example, two projects (both in Wichita) assessed changes in children's classroom performance. Performance of children enrolled in the Wichita CARES program was compared with other children in the Wichita Public Schools. Children in CARES started the year with lower scores, but had erased the gap by the end of the year. In The Opportunity Project Learning Center, children showed increases of 45 to 51 percent in classroom participation, vocabulary, and understanding of mathematical concepts.

In sum, these are approaches that can and do work to enhance the professional development of teaching staff, to improve the quality of the classroom environment and the instruction children receive, and to improve outcomes for children – just as hypothesized by program developers. This is good news for the field and for the children and families served by these programs. Our interviews with the grantees suggested that there are some elements of the programs that are critical for effectiveness.

Almost every grantee emphasized the critical importance of the coaches/mentors. “It’s all about the relationship,” said one executive director. Most adults find changing behavior and habits is hard, whether it’s personal behavior such as taking on a new exercise regimen or professional behavior such as changing a teaching style. For many of the staff members served by these programs, they might not have been able to change without the help of someone who could provide them with equal measures of pragmatic advice and emotional support.

Finally, as another executive director said, “Compensation trumps all.” Grantees noted the importance of the financial stipends provided to staff to help cover the costs of their coursework and to reward them for achieving their AA or BA degrees in child development. Further, grantees reported that even seemingly small increases in wages made a huge difference in being able to retain staff. A difference of 50 cents to \$1.00 per hour might make the difference in a teacher staying in a program or leaving for a better-paying job in another center.

Promoting Early Literacy in Early Childhood Education Centers.

When focusing on early literacy in child care centers, grantees have employed strategies such as increasing the number of books and the amount of print in the classroom environment, using book-distribution or book-lending programs to increase the number of books in children's homes, providing training (sometimes combined with financial incentives) for center staff to help them change classroom instruction, and implementing curricula that focus on literacy. In many ways, these efforts employ strategies similar to those used to promote professional development and enhanced quality, but these efforts focus more exclusively on early literacy.

For example, in Philadelphia, many of the Foundation's grants focus on early literacy. Table 8 describes the efforts of these programs. Results suggest that interventions must simultaneously serve classroom teachers, center administrators, and parents if efforts are to succeed. Early results demonstrate that it may be easier to produce positive changes in classroom environments (e.g., more books in the classroom) or in the techniques that teachers use to teach pre-reading skills than it is to produce changes in children's ability to read. Changing the reading scores of children who are far behind in reading takes time, and even when their scores improve, these children may still lag behind their more advantaged peers. Based on promising early findings, the United Way has concluded that literacy-focused efforts are so important that the agency is planning to expand its early childhood focus, in large measure as a result of its experience with the Knight-funded project.

Table 8.
Multiple Early Literacy Efforts in a Community
Multiple Grants in Philadelphia

Philadelphia and neighboring Camden are committed to improving early literacy. Knight Foundation investments support a range of activities including providing literacy training and coaching to teachers and parents, putting books in the hands of parents and children at home, and using literacy-based curricula in the schools. Several of the Knight grantees are in the Abbot District, which has won extra funding via a lawsuit some years ago. This makes it possible to leverage and sustain literacy and school readiness improvements for low-income children on a state-wide basis. The newest Knight investment is addressing early literacy for children beginning in the very earliest years and extending through age five.

The **LEAP Initiative** provides literacy coaching to preschool teachers and training to more than 300 parents. An assessment of classroom materials and activities that support emergent literacy (the SELA) showed a slight increase from 3.17 last year to 3.29 this year, suggesting that there is some evidence of improvement in classroom literacy practices.

Early to Learn combines literacy training for paraprofessional teachers and parents, classroom libraries, and books to use at home as a comprehensive approach to improving literacy. Evaluation to improve programming revealed a need for additional supports for English Language Learners, which was subsequently incorporated into the mentoring and coaching.

The **United Way's Raising a Reader** promotes children's literacy at school through literacy coaches for students and enriched classroom libraries, and family literacy at home by providing books so parents can read with their children.

Philadelphia Reads promotes early literacy awareness through parent and caregiver workshops in 17 community child care centers. A total of 1656 books were distributed through the Reading is Fundamental (RIF) program to 430 parents and 1502 children this past school year so parents can read with their children at home.

The **School District of Philadelphia** held a summer academy where 646 preschool-aged children at-risk for reading failure were exposed to a literacy-rich curriculum, a lending library, and a shared reading library. Two sub-scales from the DIBELS, a standardized measure of children's literacy skills, were used to assess literacy levels. On the letter naming pre-test, the mean score for a control group was 9.1, close to the pre-test mean of 8.9 for children who participated in the program. After the program, the mean score increased to 14.8. On the sound fluency scale, the pre-test mean score was 5.8, the post-test score was 8.0, and the control group score was 6.9. On a survey of parents before the program, 23% said they read to their child three times a week. On the post-test that number jumped to 81%.

Family Child Care Homes and/or FFN Care

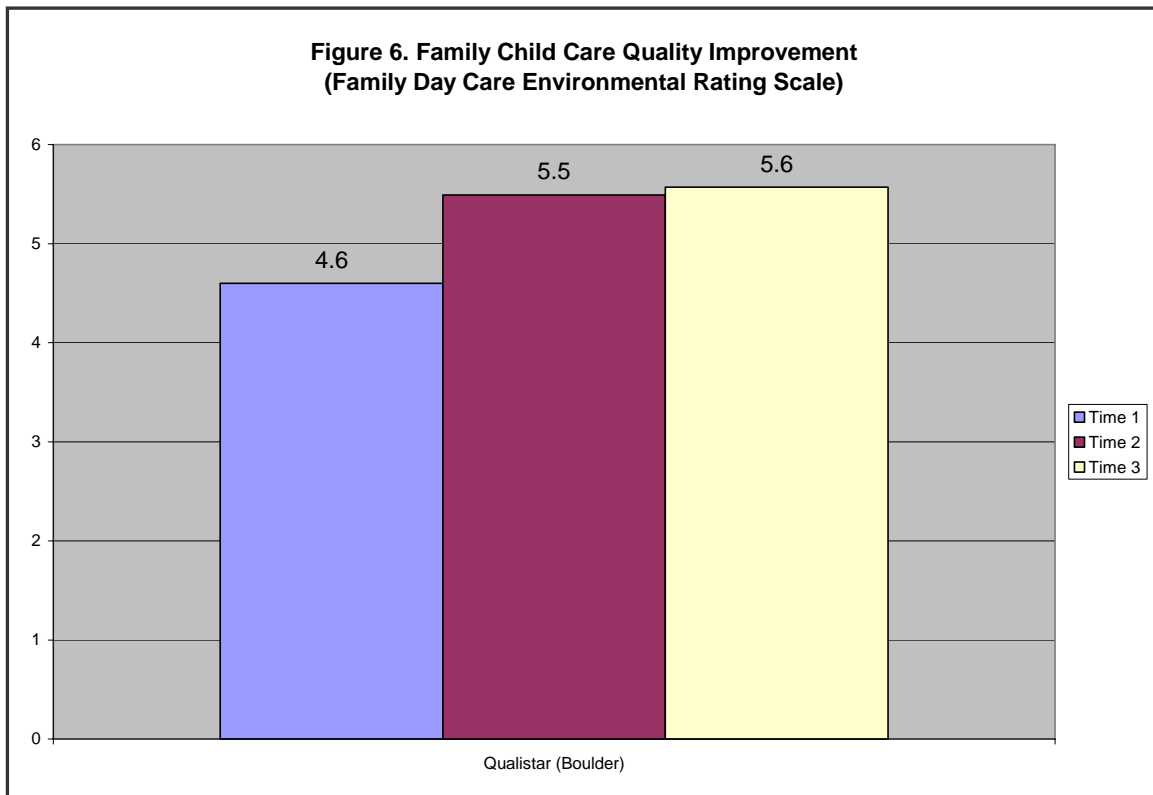
Eight grantees in three communities focused on early childhood education delivered in homes, either by licensed family child care providers or by license-exempt caregivers (often called friend, family, and neighbor care). This type of care arrangement is especially common in low-income communities where there may not be the resources available to construct and operate large child care centers. The focus on home-based care was greatest in Boulder, Long Beach, and San Jose, where most of the providers served were Spanish-speaking providers, some of whom may have had less than a high school education before enrolling in Knight-funded services.

The strategies employed by the grantees working with these home-based providers were similar to those used in working with center-based providers:

- *Professional development*, including technical assistance, training, and college courses
- *Mentors/coaches* to help staff move through the educational system and implement the recommended changes in their programs
- *Financial incentives* as providers gained skills or achieved educational or quality milestones

In addition, however, grantees working with family child care providers were more likely to implement *support groups* for the providers to meet together, and to work together to help each other through the challenges at college. *Book distribution* programs were sometimes part of these efforts, too, and some instituted *screening services* to identify children with physical or behavioral issues that needed additional attention.

Relatively few of these grantees reported data beyond the number of providers served, or self-reports from the providers on the changes that they have made in their services. The Qualistar program in Boulder, however, did employ the Family Day Care Environment Rating Scale (FDCERS), which is the standardized measure analogous to the ECERS for centers. Figure 6 reports the results of that project. Like the data from the center-based programs, the results are positive and indicate the effectiveness of this multi-faceted approach to improving the quality of early childhood education services.



Another example of a similar approach is that used by the Long Beach Community College District. Table 9 describes that program in greater detail, as it is representative of the approaches used in many of the Knight-funded efforts.

<p style="text-align: center;">Table 9. Improving Quality in Home-Based Early Childhood Care and Education Long Beach Community College District (LBCCD)</p> <p>Since 2001, the Foundation has provided \$905,000 to LBCCD to improve the quality of care delivered in home-based child care and early childhood education settings, including in licensed family child care homes and license-exempt care provided by relatives, friends, and neighbors. The program provides outreach, technical assistance and training (via home visits and workshops), the Raising a Reader book distribution program, home ownership classes, support for kindergarten transition, and lead poisoning testing and referral for homes with deteriorating lead paint. Participants are primarily Cambodian- and Spanish-speaking Long Beach residents.</p> <p>The program is making a difference. At the beginning of the program, 90% of the homes had no books (and 80% had no reading material of any kind). Now, 100% have at least the beginnings of a library. 70% of children show improvement on a post-test of their early literacy skills. Five providers have been able to purchase homes, using the information that they learned through the program. About 7% of the providers are now enrolled in ESL or GED classes.</p> <p>The program has been highlighted as an exemplary program working with immigrants in two national publications (from the Institute for Women's Policy Research and the Center on Law and Social Policy).</p>
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Parent Education and Parent Involvement

Sixteen grantees in nine communities are focusing their efforts on parents. They are employing the following primary strategies:

- *Parent education.* Most grantees are focusing their efforts on helping parents learn how to promote their children's development. For example, Philadelphia Reads brings children's books to families' homes so that they can read together with their children. Two grantees in San Jose are focusing on a different sort of parent education – financial literacy – by helping parents apply for tax refunds to which they are entitled, access local banks in their communities, and/or participate in programs designed to increase their financial assets. Grantees employed home visits as a strategy to reach families, and/or they used parent group meetings, typically held at the offices of the grantee. Four grantees used a nationally recognized model of home visiting (e.g., the Capital Area Healthy Start Coalition in Tallahassee, United Way in Charlotte, and Wichita Public Schools all used the Parents as Teachers model; Home Nursing Agency Community Services in State College used the Nurse-Family Partnership model). Other grantees employed home visiting models that they developed themselves.
- *Screenings, referrals, and case management* to make sure that families are linked with the community health and social services that they need.
- *Parent support groups* to provide parents with a safe forum in which they can share their views and ideas with other parents.
- *Adult education and job assistance.* A small group of grantees provide services that help parents develop as individuals, rather than as parents. These projects provide adult education and English as a Second Language classes. Some provide job search assistance.
- *Parent involvement.* Some grantees focus on increasing parents' involvement with their children's education or child care experiences. For example, these projects encourage parents to volunteer in their children's school, to serve on a parent advisory council, to become members of their school boards, and to become leaders and advocates for their children and other children in the community.

Changes in Home Literacy Practices

Most of the parenting projects that focused on literacy employed either home visits or center-based workshops or parenting classes to teach parents what they could do to promote the literacy skills of their children. Those services were usually coupled with book distribution or book-lending services, and/or trips to the local public library. Together, these projects probably distributed about 110,000 books (more than 100,000 alone from the Silicon Valley Community Foundation literacy network in San Jose). These book distribution services are important because they are one way to try to erase the disparity between low- and middle-income homes in the amount of time that parents spend reading with their children and the number of children's books in the home. Nationally, by the time children from middle-income families with well-educated parents are in the 3rd grade, they know

about 12,000 words. At the same time, children from low-income families with undereducated parents who do not talk or read to them very much have vocabularies around 4,000 words, one-third as many words as their middle-income peers.⁷ Book distribution/parent education programs seek to equalize the playing field.

For the most part, therefore, grantees who focused on early literacy reported the extent to which parents read to their children, the number of books in the home, and the frequency with which they and their children visited the local public library. These results were not always reported in the same way, so the findings cannot be pooled easily, but some typical results are reported below.

In Long Beach, for example, the immigrant parents who participated in the Long Beach Cambodian Association of America family literacy program reported that they were more likely to read to their children at least three times per week after participation in the program than before. The number of books in the home also increased after participation. Similar findings were reported in Boulder's Parenting Place. Participants in the Capital Area Healthy Start Coalition's home visiting program in Tallahassee reported that half of the families now have between 20 and 40 children's books in their homes.

Of course, having more books and reporting more reading does not necessarily mean that children's literacy will improve, but, in the Cambodian Association of America family literacy program, a small sample of 4- to 5-year-olds who had participated in the program showed benefits in early literacy vocabulary and alphabetic skills (moving from 79.9 to 92.50 on the PPVT vocabulary test, and from 19.2 to 22.4 on the PALS alphabetic recognition test). In other words, in at least one program where children's performance was assessed, the program delivered the hoped-for benefits.

Financial Literacy

As mentioned above, two grantees in San Jose are working to promote parents' financial literacy – their understanding of and access to financial tools and resources that will help them reach economic self-sufficiency. Table 10 describes the two projects. Results of these efforts suggest that families can indeed build assets, especially if they learn how to do so from trusted community agencies.

⁷ Snow, Catherine. 2005, From Literacy to Learning. Harvard Education Letter. July/August. www.edletter.org/current/snow.shtml

Table 10.
Parent Education and Financial Literacy
Catholic Charities and Lenders for Community Development in San Jose

Most Knight grantees working with parents have focused on helping parents learn about child development or how to build their parenting skills. In contrast, two projects in San Jose focus on parent education designed to help increase families' economic self-sufficiency.

Catholic Charities and Lenders for Community Development were funded to provide complementary services:

- Financial education on creating a household budget, managing credit, using the banking system, and understanding tax-free IRAs and scholarship accounts for their children;
- Assistance with tax filing, including applying for tax credits such as the Earned Income Tax Credit (Catholic Charities);
- Enrolling in Individual Development Accounts (IDAs), which permit families to set-aside money to be used for purchase of large assets such as a home or a car, or to be used for educational or business expenses. (Lenders for Community Development). Funds that families save are matched by public or private sources (this is how Knight funding was used). In San Jose, the Foundation specified that the IDAs be used only to support adult education or the college education of the children in the family – who were all preschool-age at enrollment.

The programs have already paid off. As of Fall 2006, Catholic Charities, for example, had prepared more than 870 tax returns, and clients had collected more than \$905,000 in refunds, including close to \$434,000 just for the Earned Income Tax Credit. The nonprofit estimates that it has saved clients about \$87,000 in filing fees alone. The Knight Foundation grant for the project totaled \$900,000, so this program has already re-couped the investment in terms of delivering tangible benefits to clients.

Lenders for Community Development is one of the premier IDA providers in the nation, and its staff is regularly sought-after as speakers and trainers on establishing such programs. This was one of the only experiences the organization has had in establishing IDAs limited to educational purposes such as the college education of preschoolers. This turned out to be a tough threshold for some of the families in the low-income neighborhood served by the program. For some families, their immediate financial needs were so pressing that they felt unable to set aside savings now for something that was still 15 years or more in the future. Nevertheless, the program has now enrolled more than 150 families. On average, families are saving about \$54/month each. By 2006, total assets had grown to \$70,128, earning \$140,000 in matching funds from the Knight Foundation.

Systems Change

Eleven Knight grantees are attempting to make improvements that are so significant that we have called their efforts “systems changing.” These are projects that are designed to increase coordination across multiple service systems or across a single service system but at a scale

significant enough that, if successful, the lives of most children and families in the community will be changed.

Coordinating Services Across Multiple Systems

To serve young children and their families best, one must make available services that address the whole range of needs that such families face. The challenge is that those services span multiple systems within communities: early learning, health, mental health, nutrition, family support, and special needs/early intervention.⁸ Each system has its own protocols and funding streams, and so the systems have traditionally remained in almost sacrosanct silos.

However, some Knight grantees are attempting to break down the barriers between existing systems to create a single, more unified early childhood system. These grantees are typically taking one of two approaches:

- *Co-locating services* in a “one-stop shop.” In such initiatives, families need only come to a single location and they will be able to access a wide range of services.
- *Integrating outreach, referral, and case management.* In these efforts, families might enter the new system through a single agency, but that agency has the responsibility of assessing the families’ needs and then linking them with other agencies in the community that can serve those needs.

We have defined grants using either of these approaches as systems change grants because their intention is to transform the unwieldy collection of multiple systems in a community into a single system that is more manageable for families. Table 11 describes programs in State College, Wichita, and San Jose that are taking these contrasting approaches.

⁸ Coffman, J., Stover-Wright, M., and Bruner, C. September 2006. *Beyond Parallel Play: Emerging State and Community Planning Roles in Building Early Learning Systems*. State Early Childhood Policy Technical Assistance Network. Des Moines, Iowa. www.cfpciowa.org

Table 11.
Two Approaches to Coordinating Multiple Service Systems for Families
GoKids, Franklin McKinley, Bellefonte YMCA, and TOP
San Jose, State College, and Wichita

Knight grantees have adopted two approaches to coordinating service systems for families: (1) the “one-stop-shop” in which all services are co-located; or (2) the “hub and spokes” method in which one agency (the “hub”) provides resource and referral and case management services to link families with other agencies (the “spokes”) that provide desired services.

One-Stop Shop

The **Bellefonte Family Resource Center** in State College serves as a community-wide resource. In its first year of operation (2006), 115 groups or events were held at the center, over 420 individuals were served, and over 400 volunteer hours have been donated to its operations. A family resource directory was created for resource and referral information. Parents are able to access on-site a toy lending library, weekly Even Start family literacy classes, and assistance in accessing low cost prescription drug programs.

The Opportunity Project (TOP) in Wichita has two center-based early care and education centers that are models for high quality, comprehensive services for preschoolers. Services blend high quality preschool, literacy training with parents, mental health curriculum and parent training, and coordination with Head Start, and the surrounding school district for consistency with K-3 standards. Evaluation post-tests showed that on average, children were 35% more proficient in social-emotional areas and 37% more proficient in language and literacy after spending one year in TOP. In addition, TOP’s reach is extending state-wide, having been cited by the Governor of Kansas as an example of a successful public-private partnership and early learning program.

Hub and Spokes

GoKids and the **Franklin McKinley Education Foundation** (now San Jose Education Foundation) each serve as gateway agencies for the low-income, primarily Vietnamese- and Spanish-speaking immigrant families who live in two different neighborhoods in Santa Clara County. Each agency reaches out to families, screens them, and then links them to necessary services provided by community partner agencies. Further, each provides services to help home-based child care providers become licensed. Through its closest partner agencies, GoKids also provides parent education services, developmental screening for children, summer “bootcamps” for children prior to kindergarten, and adult education services. In both cases, Knight Foundation staff have encouraged the Foundation’s grantees to work together, magnifying the effect that the Foundation’s funding would have had otherwise.

In 2006, Franklin-McKinley reached more than 400 families, referring most of them to multiple services, with dental care provided by the Foundation’s grantee the Health Trust at the top of the list. Other commonly requested services include food and housing, adult education services, preschool, health care, and financial literacy/IDAs. Knight funding provided the 20% required match that permitted Franklin-McKinley to win a \$2.1 million award from First 5 Santa Clara that will allow the agency to serve the whole district for the next 3 to 5 years.

In 2005-06, GoKids provided more than 1000 referrals to hundreds of families. Close to 70% of families requested assistance for adult education, ESL, or job training. Other common requests included services related to parenting, preschool, health, then financial literacy/IDAs. As a result of program activities, the percentage of children who are pre-registering for kindergarten has soared from 60% before the program began to 82% now. This will help children and families get a good start in school.

Changing One System Across an Entire Community

In addition, some grantees who are attempting to transform the way that a single service system works across a whole community. For example, some of the grants described above in Philadelphia seek to change the whole community – but only around early literacy outcomes. We define these grants as systems change as well, because they have ambitious goals that extend far beyond serving tens or even hundreds of families to changing the way an entire community serves children or families. The following briefly describes a few of the grants that are taking this approach:

- *Parent education and family support* to enhance family skills and abilities and bolster parent involvement: One Community One Voice is changing the way Fayette County (Lexington) views parent involvement in children's education. Over 400 students and their parents from schools, churches, neighborhood organizations, and community groups actively participated in the Academic Challenge, and over 2800 children and families participated in Back to School Rallies in nine Lexington neighborhoods. Further, One Community One Voice facilitates quarterly meetings of all Lexington Knight Foundation grantees to work on parent involvement and parent education issues. The resultant Knight Foundation Network has developed a Matrix of Services to describe strategies for how parents can access community resources important to children's success in school; made recommendations that were adopted into the school district's K-12 school improvement plan; and is now working with the Mayor to institutionalize changes in parent involvement, parent education, and school readiness city-wide.
- *Health and mental health* reforms so children and families have access to insurance, early screenings, and treatment: Early childhood mental health is a priority for all of Ramsey County (St. Paul), and now child care, preschools, and pediatricians are all working together to diagnose, prevent, and treat problems in the earliest years. In 2006, about 6,000 children were screened for potential problems, and 600 received needed services as a result. In addition, as described earlier, fewer children in child care programs were rated as having problems after participating in the Incredible Years curriculum. The St. Paul initiative is further distinguished by its organizational structure: the Knight Foundation awarded a grant to the Community Action Programs of Ramsey and Washington Counties, which then formed a partnership that now includes four original funding partners (sub-grants), plus more than 50 participants in what is now known as the Foundations for Success (FfS) initiative. The group meets bi-monthly, with a goal of improving the early childhood mental health system in the county. Grantees and partners are building a seamless system that includes screening, prevention, immediate physician referral, parent education, day treatment, preschool curriculum, and therapeutic treatment services in early learning settings.
- *High quality, comprehensive early learning programs* that help children grow and develop so they are successful in school. The Wichita Public Schools is working with

community-based child care, incorporating the evidence-based Curiosity Corner preschool curriculum, and offering home visits, referrals for immunizations, and well-baby visits to ensure that children are prepared to succeed in school. Evaluation reveals the importance of and lessons learned about developing a shared data base so all partners can access information about families as they transition in and out of the service system. Preliminary first year outcome data shows children in CARES make gains over the course of the year, although they still fall behind their more privileged peers. Program administrators, who have established the program as a model to be replicated across the school district, hope that the extra services provided will erase the achievement gap as children continue through the program.

- *Marshalling resources for literacy across a community.* The Foundation's grant to the Silicon Valley Community Foundation (San Jose) has helped spark the creation of a countywide literacy network. The result has been the mapping of literacy resources in the county; community fairs that brought thousands of children and families together to learn about literacy opportunities and activities available in the community; the creation of a local community college series of courses that will focus on literacy instruction and promotion, including among English language learners; and the distribution of more than 100,000 free books in English and Spanish throughout the county. The books have been distributed in multiple venues – child care programs, homes, health and teen parent clinics, shelters, Laundromats – wherever families with young children gather.
- *Planning an early learning system for Boulder.* The Foundation's grant to the **Early Care and Education Council of Boulder County** is drawing together public and private sectors to craft a blueprint for an early learning system that will make available high quality early childhood education services to all children in the county. Most of the Knight Foundation's early childhood grantees are participating in the planning process. The plan will include recommendations for how the system should be financed, and it is the intention of the group that members, who also include representatives of the health, business, and public sectors, will advocate actively for the plan that emerges.

Given the multiple service systems that grantees are addressing, it is not surprising that there is no single uniform approach to assessing the effectiveness of these grants. Several grantees are documenting what has worked well and what the biggest challenges have been with respect to implementation, and a few have assessed some of the outcomes that are resulting from their efforts. For the most part, we have already reported most of these significant results under the clusters in which they most closely fall (e.g., literacy, early childhood education).

In sum, the Knight Foundation is supporting multiple broad-scale efforts aimed at systemic changes to benefit young children and their families, as well as their communities. It is probably the most difficult to evaluate these disparate efforts where outcomes such as

“changes in the way business is done” are sought, but our review suggests that in at least the places we have noted here, there has been an increase in advocacy and attention to the issues of early childhood, and it appears that there has also been greater marshaling of resources for children and families.

Sustainability, Leveraging Funding, and Institutionalizing Change

All grantees of private foundations know that foundation support typically lasts no longer than three to five years. As Knight Foundation priorities have shifted, many of its early childhood grantees have redoubled their efforts to secure additional funding and/or to leverage Knight funding to help build sustainability. Some grantees have also seen their efforts been picked up by other agencies within their community or replicated by agencies outside their community. These are all ways in which programs can be sustained or institutionalized, and the following describes the accomplishments of grantees in these areas.

Working Toward Fiscal Sustainability

Almost all Knight Foundation grantees have received at least some funding from sources in addition to the Foundation, including funding from county, state, and federal public sources, private foundations, corporations, and individual donors, and in-kind contributions from public and private agencies. Some agencies are also working on crafting community-wide or state-wide plans to put their programs on a more permanent footing. This section highlights some of the most significant activities among both those that have successfully won additional support and those working to develop it.

Private Funds. Most of the grantees we interviewed emphasized how important Knight funding has been in their ability to seek additional funding from other foundations, corporations, or individuals. Knight funding has often been the lead gift, and, as such, it has sometimes served to establish the credibility of an organization with others. For example, the Partnership for Children’s Dental Health in Charlotte estimates that Knight funding leveraged at least another \$350,000 from other funders. Sometimes Knight grants were awarded with matching requirements, which often made it easier for the organization to raise other funding. The Colorado Statewide Parent Coalition in Boulder estimates that match requirements led the organization to be able to raise an additional \$150,000 - \$200,000. Other grantees can tell similar stories. A striking example is the new Early Learning Academy in Philadelphia, which has leveraged Knight funding to secure more than \$1.375 million from five other private foundations, with another \$1.9 million in requests under review, and requests to the private business community forthcoming. In Lexington and Kansas, grantees are involving key corporate and business leaders in their efforts to sustain and expand parent education and early learning programs.

Public Funds. Several Knight Foundation grantees have secured public funding to continue or extend their services, typically combining these public dollars with funding from private foundations (including Knight), corporations, individuals, and/or fees. In some cases, the amounts received from public sources have been very large: Long Beach City College, for example, won a 3-year \$600,000 grant from HUD to continue its work to improve the quality of home-based child care. Some grantees have combined a very broad range of funding: The Opportunity Project blends Knight funding with funds from a private donor, parent fees, the federal Head Start program, the federal food assistance program, and the Kansas Department of Social Services.

Knowing the state and local policy environment can pay off. In Philadelphia, several Knight grantees continue to work with statewide advocates involved with the Abbot court decision and policy to sustain and expand high quality early learning to the city's poorest children. As a result, to date they have secured \$2.45 million from state funds and \$2 million from a congressional appropriation for the new Early Learning Academy in Camden. In California, at least four Knight grantees in San Jose have won First 5 funding (funds derived from a tax on tobacco and dedicated to services for children birth through age 5) to continue the services begun with Knight Foundation grants. This provides some additional evidence for the value of the services provided by the Knight grantees.

There are not many sources of ongoing public funding available for services such as those provided by Knight Foundation early childhood grantees. For that reason, it is especially noteworthy that some Knight grantees have been able to bill for Medicaid funding to cover their costs. Table 12 describes three such programs.

In-Kind Support. School districts in Ft. Wayne, San Jose, Wichita, and St. Paul, among others, all have provided in-kind support in the form of personnel, supplies, and/or space to help Knight Foundation grantees. These contributions are significant: In Ft. Wayne, for example, in-kind contribution equals one-third of a literacy program budget. The United Way (e.g., in Lexington) also provides in-kind support some Knight-funded projects.

Table 12.
Securing Medicaid Funds to Supplement Foundation Funding
Ft. Wayne, St. Paul, and Tallahassee

Three Knight grantees have been able to secure Medicaid funding to help support and expand their program services:

- In Ft. Wayne, the **Community Action Council of Northeast Indiana** has secured Medicaid funding for low-income children who would otherwise have had no ability to access the program. As a result, 85 underprivileged, at-risk children had access to a summer program aimed at improving their social and behavioral skills.
- In St. Paul, **Foundations for Success** worked together to become certified as Children's Therapeutic Support Service Providers. As a result, child care professionals, pediatricians, and others working to enhance early childhood mental health can now bill Medicaid and other third party insurers to cover the costs of screening and follow-up treatment services.
- In Tallahassee, **Florida State University** (FSU) was able to use Medicaid funding to cover the costs of the comprehensive health and developmental screenings provided to children in the child care programs participating in the FSU quality improvement initiative.

These examples are noteworthy for two reasons: (1) they represent the joining together of two major service systems that traditionally have not come together in early childhood (health and early childhood education); and (2) they illustrate early childhood providers can have success in tapping into one of the only public funding streams available to provide ongoing support for their efforts – Medicaid.

Public-Private Partnership for Self-Sustaining Operations. The examples listed above describe instances in which Knight Foundation grantees have successfully found additional support to enable them to continue services and/or expand services. In most cases, however, that support is itself “soft;” it is another grant or contract, that must eventually be renewed or another funder sought, leaving the grantee organization unable to sustain the project without renewing that support. In contrast, the Health Trust in San Jose is entering into a unique public-private partnership that will establish a self-sustaining health clinic, where ongoing operational costs will be covered entirely by fees and revenues from services, rather than grants. As previously described in Table 6, the Health Trust will provide start-up costs of about \$1.5 million for the creation of a dental care clinic, while a for-profit firm will be responsible for operating the clinic and billing public and private insurance companies to cover the costs of providing care. Such a model is possible in the dental care field, where third-party payors are present.

Planning for Fiscal Sustainability. While the examples above illustrate programs that have succeeded in securing additional public or private funding, some grantees are continuing to work on that aim but at a community-wide level. They are developing early childhood plans that are aimed at changing the landscape in their communities. These plans usually involve communications, advocacy, and/or marketing strategies, goals to involve public and private leaders in their community, and, eventually, plans to design and solicit new public revenues. For example, the Foundation's grant to the **Early Care and Education Council of Boulder County**, described above, is designed to create an early learning system for the county, along with a plan for a financing mechanism that will support it into the future. In Lexington, the **Knight Foundation Network of Grantees** has been meeting quarterly to develop a community-wide communication strategy and marketing campaign to support the importance of early childhood and to expand and sustain their programs. Many of these Lexington grantees are also working with the school district on a reform plan that will drive parent education and early learning across the community – efforts that are now winning the attention of the Mayor.

Institutionalizing and Replicating Programs

Some Foundation grantees have found that their program services are being institutionalized in their home communities – adopted in whole or in part by other agencies that are now taking on the responsibility of their operations (including their funding). Others have found that other communities are now interested in replicating their ideas. These are both evidence of the success of the Knight-funded projects and are alternative ways to mark sustainability, where it is sustainability of an idea, rather than financial sustainability of the original program.

Institutionalization. Several grantees have found that the strategies that they were demonstrating in their Knight-funded projects have captured the imaginations of others in their states or communities, and that other agencies are now ready to take on the responsibility for keeping the program approaches going. Some examples appear below.

The Knight Foundation grantee **Qualistar** advocated successfully for legislation to create a quality rating system throughout Colorado, based on the pilot system that had been tested through the Foundation's grant. That system will now help parents throughout the state know exactly what level of quality of care can be expected from child care homes and centers throughout the state – helping to create a market demand for high-quality care. This also means that there will be state funding for some of the services that were previously provided through the grant.

The **Colorado Statewide Parent Coalition** worked with Spanish-speaking family child care providers to help them gain college coursework and degrees. The intensive program involved counseling, mentoring, scholarships, and a great deal of one-to-one contact with the providers, most of whom had never before taken a college course. These services are

now being completely absorbed by the local community college, which has agreed to take on the counseling, mentoring, etc..

The Foundation supported efforts by the **City of Boulder** to improve the quality of care in family child care homes. As part of that project, family child care providers were linked with teams that could conduct comprehensive hearing, vision, and developmental screenings for the children. That portion of the project (the health care screenings) has now become a routine part of the City's approach, according to the program's administrator.

The **Community Foundation for Silicon Valley** launched a literacy network, designed to bring together all partners in Santa Clara County in California who have an interest in early literacy. Knight funding helped draw other funders to the table, and now, one of the products of the project, a college course series on literacy, has become a standard part of the coursework offered at the local community college. As a result, hundreds of new child care providers and thousands of children will benefit in the future.

In Wichita, **CARES** partners have made formal presentations to the school board and county commission as a way of raising the awareness for the importance of early childhood education. In conjunction with **TOP, Rainbows United**, and a local Smart Start effort, more young children and families in Wichita have access to quality early learning services. Together these programs are making it possible for most low-income children in the largest school district to attend an additional year of free full-day preschool.

Replication. Some of the programs supported by the Foundation have now been replicated in communities beyond those where they began. For example, **TOP** in Wichita was recently cited in the Governor Sebelius' state of Kansas address as a model program for early childhood education. The Knight Foundation program officer and grantees are working with the governor's staff to expand access to high quality early learning programs so that more children can participate in TOP and related programs elsewhere in Kansas.

In addition, the quality improvement and support program of the **City of Boulder** for Spanish-speaking family child care providers is being replicated in both Durango and the City and County of Denver. Aspects of **Florida State University's** quality improvement program for center-based early childhood programs is being replicated in three locations (Miami, Albany, New York, and Western Kentucky).

However, it is the work of the **Allegro Foundation** (Charlotte) that has traveled the greatest distances, with coverage on national news programs, attention from the White House, the State Department, and other countries, and replication in the Ukraine. (See Table 13).

These examples suggest that there is more to replication than simply having a good idea – effective programs find ways to increase the visibility of their work to reach the eyes and ears of those who can help extend it. These programs have all done that.

Table 13.
Dancing From Charlotte to the White House to the Ukraine
Allegro Foundation in Charlotte

In 2003, the Foundation awarded a 2-year, \$60,000 grant (later renewed for \$80,000) to the Allegro Foundation to bring movement, music, and dance into preschool and child care classrooms. Allegro works with children who have disabilities and special needs, using music and dance to teach self-regulatory skills, to improve fine and gross motor skills, and to reinforce literacy concepts. With guidance from Allegro Foundation staff, volunteers work with individual children for 30 minutes each week, making sure to connect the content of their work with the children's classroom curriculum. One week, for example, the focus might be on the weather, while the next might focus on animal homes. Volunteers from many local corporations including Bank of America, Wachovia, Duke Energy, and Smith Barney bring enthusiasm and commitment to the program. Their attention, coupled with bright costumes, lively music, and the magic of movement, combine to entrance the participating 3- and 4-year-olds. The culmination is a performance by the children.

Knight funding launched program services in preschools that were already Knight grantees in the Charlotte area, but the word has spread, and now six preschools in the Charlotte area are on the waiting list to become part of the program.

The word has spread beyond Charlotte too. In 2004, the children from Allegro became the first children with disabilities to perform at the White House. They were invited back in 2005, when their visit and the program were featured on CNN Headline News. Since then, the children have performed at Walter Reed Army Medical Center in Washington, D.C., for wounded soldiers returning from Iraq and Afghanistan and as part of the 2006 National Independence Day Celebration at the Washington Monument.

The program has won multiple grants from the National Endowment of the Arts, whose Chairman has visited Charlotte to see some of the children perform. Allegro has also been featured in the NEA's International Monthly Newsletter. Allegro's Founder has also been appointed to serve on a relevant national commission by First Lady Laura Bush.

All of this attention within the United States has also led to international attention. In 2005, Allegro hosted a delegation of medical, educational, and political officials from the Ukraine, as part of a program with the U.S. State Department. Since then, Allegro's techniques and philosophies have traveled overseas, with a program based on Allegro now operating in the Ukraine. Allegro staff have been invited to travel to Japan to present and share techniques there as well.

Allegro staff and management report that none of this would have happened without the important contributions of the Knight Foundation. The funding from the Foundation, they say, helped enormously in establishing the credibility of the organization, which assisted them in securing corporate donations and volunteers in Charlotte.

Moving Ahead: Cluster Evaluation Activities in 2007

This report draws from phone interviews and reviews of written grantee reports. It provides valuable information about the projects that have relied upon Knight Foundation funding to make substantial inroads in improving the lives of young children and their families. But there is a limit to what can be learned from this approach. In 2007, we plan to select programs and communities for more in-depth exploration. We will make site visits to programs to learn what differentiates the most successful of the Knight-funded projects from others, and to explore the pivotal role that the human and economic resources of the Knight Foundation played in bringing about transformational change.

We understand that the Foundation is committed to learning and wants to use the information gained for ongoing program improvement and accountability, and to help others learn from the Foundation's investments. Throughout 2007, we will engage in communication efforts so that lessons learned are shared with other grantmakers, program administrators, and the broad public, including the business community. These are the audiences that we believe will be most interested to learn about the Foundation's work.

We will use appropriate strategies to reach each of these audiences, including writing articles, making presentations, assisting in creating video and web-based productions, communicating via the Knight Foundation web-site and links with appropriate sites, as well as completing a third and final report of cluster evaluation activities during 2007. We anticipate working closely with Knight Foundation staff, including its communications department, in thinking through these efforts.

The following summarizes the three primary activities in our 2007 work plan:

1. ***Ongoing Review and Monitoring of 48 Grants.*** We will continue to review grantee reports that extend into 2007 and to conduct telephone interviews with grantees, their external evaluators, and program officers to incorporate into our year-end final report.
2. ***In-Depth Grant Profiles.*** We will prepare in-depth case studies of up to six significant, transformational grants. We will work closely with Foundation staff to identify these projects. They may be selected on the basis of criteria such as the following:
 - They have achieved or appear on a path to achieve significant change in services or systems within a community or state;
 - They are employing innovative strategies to change the lives of young children;
 - They have leveraged Knight Foundation funding in significant ways;
 - They have produced large-scale change and/or replication of their services or service model.

We will conduct site visits to the six selected grantees to develop in-depth case studies, possibly including still for video photography. The products will be short essays or briefs that tell the stories of the grantees: the work they are doing, how they are doing it, and the impact it is having on children, families, communities, and/or policies.

3. ***Broad Dissemination of Evaluation and Grant Profile Results.*** Many policymakers today have questions about what works to improve the lives of young children. Some of the Knight-funded projects can answer those questions and therefore are of potential interest to audiences inside and outside the Foundation. We will identify the messages that emerge from the Knight-funded projects, match the messages with appropriate dissemination channels, and then assist Foundation staff as they disseminate findings to key audiences internal and external to the Foundation. Presentations to professional conferences (e.g., NAEYC Professional Development Institute; Grantmakers for Children, Youth, and Families conferences) and professional publications (e.g., the Harvard *Evaluation Exchange*; Harvard *Education Letter*; NAEYC's *Young Children*) could focus on findings from the grant profiles or from the evaluation clusters. Other messages may appeal to media outlets such as *The Wall Street Journal* or *The Chronicle of Philanthropy*. When appropriate, lessons learned will be presented to the Knight Foundation Board of Directors.

Conclusions

Knight Foundation investments in early childhood are making a difference for many young children and families. System change efforts are improving community and in some cases county-wide and potentially state-wide services in mental health, literacy, and early childhood development. The Foundation has defined transformational grantmaking as at least in part “change that alters a neighborhood...” In 2007, there will be further examples of how Knight investments are transforming the lives of young children and families in neighborhoods and communities all across the nation, and we will focus on sharing those lessons with a broad range of audiences internal and external to the Foundation.

Appendix 1

Telephone Interview Protocol Community Liaison Program Officers

1. Are there any changes to your early childhood grants since last year, and if so, what are they?
Probes: Which grants would you say have really made progress? Which have encountered problems? Which would you say have accomplished something that should be shared with a broader audience?
2. What evaluation issues do you think we should be watching for this year?
3. We are looking at the grants in clusters including: early care and education, parent education, mental health, dental health, and systems change. What lessons have you learned so far in your grants in each of these cluster areas?
4. Is there any particular information that you would like to have collected in your grants that would be the same for others doing similar work (one piece of common data for the cluster). For example, for grants in the early care and education cluster, staff turnover rates?
5. We are also looking at the grants in mini-clusters, including: family child care, early literacy, working with bilingual, monolingual, and English language learners, and home visiting. What lessons have you learned so far in your grants in each of these areas?
6. Are there any questions you have about issues in any of the mini-clusters that would help you with your own grants in these areas?
7. Finally, we are looking at the grants in terms of some key themes: staffing, recruitment and retention of clients, service intensity, and sustainability of services. What lessons have you learned so far in your grants regarding these themes? What approaches have your grantees come up with to address issues in these areas that you would want to share with others? Do you have any questions in these areas that others might be able to help you with?
8. We are working with NAEYC to create a few dyads of grantees who can work together and learn from one another. Which of your grantees from different communities do you think would be good to pair with one another?

9. For PO's with mental health grantees: We are also working with NAEYC to create a webchat for you and your grantees that focuses on mental health. What issues and challenges would you want to ask about and what successes or problem solving techniques would you want to share?
10. What impact do you think that all your grants together are having on the community?
11. Are there any of your existing grants that fit in the foundation's new way of thinking about grantmaking (transformational)? What are you doing to make sure they are innovative, able to take to scale, changing the way the community is thinking?

Appendix 2

Telephone Interview Protocol Community Grantees

1. Are there any changes in your work since last year, and if so, what are they?
Probes: What is your greatest accomplishment this year? What problems have you encountered? What, if anything, are you doing differently this year as a result?
2. We are looking at the grants in clusters including: early care and education, parent education, mental health, dental health, systems change: family child care, early literacy, bilingualism and English language learners, and home visiting. We think that your work primarily falls in the cluster(s) of [x] and [y]. Is that how you see it? What lessons have you learned so far in your work that you'd think might be useful to share with others working in these areas?
3. What data are you collecting? Are there any other kinds of information or measures that you would like to use but are not currently using? For example, quality data, staff turnover rates, improved literacy, improved social-emotional behavior, referral followup?
4. The Foundation is very interested in how programs will be sustained once the grants come to an end. What approaches have you come up with to sustain your work that you would want to share with others? Do you have any questions in these areas that others might be able to help you with?
5. Finally, do you have any other evaluation questions/issues that you'd like to talk about with us? Get advice about from us or others?

Appendix 3.

Grants Included In This Report, By Community

Aberdeen

Program Officer: Anne Corrison

Grantee	Project Description	Cluster	End Date	Grant Amount
CASA of Aberdeen Fifth Judicial Circuit	To create a team of professionals to develop protocols and serve drug-endangered children	Mental health	10/07	\$60,000
Presentation College	For Early Childhood Partners to provide training and materials essential for delivery of effective, age-appropriate health and oral hygiene routines to children and child care providers	Dental health	1/07	\$144,000

Boulder Program Officer: John Williams

Grantee	Project Description	Cluster	End Date	Grant Amount
Foothills United Way	IDAs for low-income Spanish-speaking child care providers	Early childhood education	8/08	\$100,000
City of Boulder (Annette Crawford)	To provide outreach, licensing, and coaching services for Spanish-speaking family child care providers	Early childhood education	9/07	\$177,000
Early Care and Education Council of Boulder County	To craft a community-wide sustainability plan for early childhood	Early childhood education	12/06 (no-cost extension)	\$70,000
Parenting Place	To improve early childhood development and school readiness skills of children ages 0-5 in 200 monolingual Latino families	Parent education	9/07	\$165,000
Colorado Statewide Parent Coalition	Training for parents, ECE staff, and prospective family child care providers to promote children's school readiness	Parent education	12/08	\$486,500
KidStart (Qualistar)	To improve quality of services in 10 family child care homes (part of statewide evaluation of Qualistar rating system)	Early childhood education	12/06	\$60,000

Charlotte
Program Officer: Susan Patterson

Grantee	Project Description	Cluster	End Date	Grant Amount
Child Care Resources	For Curriculum Matters, a school readiness project to introduce and support the use of a standard curriculum in child care classrooms	Early childhood education	12/06	\$1,885,000
Community Health Services of Mecklenburg County	To promote good early childhood oral health practices and connect low-income children with free dental care	Dental health	3/07	\$300,000
Allegro Foundation	To implement a weekly movement class for preschool children with disabilities	Early childhood education	8/07	\$80,000
Foundation for the Carolinas	To formalize the collaboration of four preschools by strengthening their parent education services and administrative management	Early childhood education; Systems change	12/06	\$640,000
United Way of Central Carolinas, Inc.	To expand Success by 6 school readiness initiative	Parent education	6/08	\$1,875,000

Fort Wayne Program Officer: Vivian Neal

Grantee	Project Description	Cluster	End Date	Grant Award
Allen County Local Education Fund	To help expand an emergent literacy training program that teaches parents effective home literacy practices	Parent education	12/06	\$90,000
Three Rivers Literacy Alliance	To support ESL and school readiness outreach services for Allen County parents and their children	Parent education	12/06	\$118,100
Early Childhood Alliance	Building Better Futures-To expand a quality child care improvement initiative and home visitation program serving at-risk children and families	Early childhood education	12/06	\$405,900
Community Action of Northeast Indiana, Inc.	To provide preschool, therapeutic classroom services for 60 children.	Mental health; early childhood education	11/07	\$120,000
Ft. Wayne Community Schools	Infuse Reggio Emilia into early childhood education in school and community based programs.	Early Childhood Education	12/08	\$405,000
United Way	New Hoosiers to promote literacy among immigrant families.	Parent education	12/09	\$450,000
Urban League	Read and Rise program to help low income African American and other parents prepare their children for school success.	Parent education	1/09	\$328,000

Lexington Program Officer: Laura Williams

Grantee	Project Description	Cluster	End Date	Grant Award
Community Action Council of Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties	To build the capacity of early childhood educators to administer a culturally responsive curriculum to preschool children and outreach to increase parental involvement for a successful transition into Fayette County schools	Early childhood education; parent education	10/08	\$567,384
Fayette County Public Schools	To implement two centrally located, high-quality, full-day Early Start programs serving 3- and 4-year-olds in Fayette County	Early childhood education	6/06	\$547,850
Prichard Committee for Academic Excellence	To pilot and implement a parent leadership component for early child care.	Parent education; Early childhood education	11/07	\$539,000
One Community One Voice	To increase parent and family involvement in their children's education	Parent education; Systems change	11/07	\$475,000
Salvation Army	To promote literacy in Fayette Public Schools through after-school activities for children ages 3-8 who live in temporary housing	Early childhood education	4/09	\$300,000
United Way	Enhance and extend HANDS home visiting program for children 2-4 -year olds.	Mental Health	11/07	\$442,950

Long Beach
Program Officer: John Williams

Grantee	Project Description	Cluster	End Date	Grant Award
Long Beach Community College District	To extend the Good Beginnings Never End Project, a home visitation effort focused on increasing the quality of care provided to young children in home-based settings	Early childhood education	9/09	\$525,000
Long Beach Community Service Development Corporation	For the Role of Men Academy project to increase the involvement of low-income fathers in the lives of their children	Parent education	9/09	\$750,000
Cambodian Association of America	For the Cambodian Family Literacy program	Parent education	6/07	\$330,000
California State University-Long Beach	To improve literacy skills of preschoolers at nine child care programs	Early childhood education	6/07	\$1,300,000

Philadelphia

Program Officer: Matt Bergheiser

Grantee	Project Description	Cluster	End Date	Grant Award
City of Philadelphia-Philadelphia READS	To expand PHILADELPHIA READS to increase children's literacy skills	Early childhood education	9/06	\$162,000
Civil Society Institute	To ensure that communities in Pennsylvania, including Philadelphia, successfully initiate work for high-quality community- and school-based preK	Early childhood education	7/06	\$166,600
Communities in Schools of New Jersey	To provide after-school services preK – 3	Early childhood education	9/06	\$650,000
LEAP/Center for Strategic Urban Community Leadership	To implement an early literacy education program in child care centers contracted with the Camden School District	Early childhood education	9/07	\$1,200,000
Management and Evaluation Associates	To evaluate LEAP	Early childhood education	4/07	\$237,000
Rutgers University Foundation	To construct the Knight Early Learning Research Academy in Camden for comprehensive early childhood education	Early childhood education	12/10	\$2,000,000
The School District of Philadelphia	To provide intensive summer school programs to preK and K children at risk of not meeting literacy standards	Early childhood education	12/06	\$730,000
United Way of Southeastern Pennsylvania	To implement the Raising a Reader emergent literacy curriculum in 15 child care sites, improve literacy teaching skills, and provide family literacy support for parents	Early childhood education; Systems change	12/08	\$2,440,000

St. Paul
Program Officer: Polly Talen

Grantee	Project Description	Cluster	End Date	Grant Amount
Ramsey Action Programs now= Community Action Programs of Ramsey and Washington Counties (Foundations for Success Initiative)	To support a collaborative effort to provide a continuum of developmentally appropriate and culturally competent early childhood mental health services in Ramsey County	Systems change Mental health	9/09	\$2,625,000
Greater Twin Cities United Way: Bright Smiles	To increase access to dental care for children ages 0-5 and to improve oral health knowledge and practices in parents and pregnant women	Dental health	1/09	\$1,125,000

San Jose Program Officer: John Williams

Grantee	Project Description	Cluster	End Date	Grant Amount
Alum Rock Counseling Center	Referral and management for families in the Mayfair neighborhood	Systems change; mental health	6/06	\$150,000
Community Foundation Silicon Valley	Community-wide literacy network	Systems change	12/07	\$80,000
Choices for Children	To train unlicensed, informal caregivers	Early childhood education	6/09	\$936,736
San Jose Unified School District	For Step into Kindergarten, a literacy-based, kindergarten transition program	Early childhood education	12/08	\$225,000
San Jose Unified School District	For the Professional Development School at Gardner	Early childhood education	11/08	\$250,000
Catholic Charities	For tax preparation and financial/tax education services to low-income families in the Mayfair, Solari/Seven Trees, and Gilroy areas	Parent education	9/09	\$900,000
Go Kids	To form a five-agency alliance that will provide coordinated services to children, families and child care providers, and improve families' connections to neighborhood-based developmental and economic supports	Systems change	9/09	\$2,285,000
Kidango	For behavioral health and mental health services to children and families in the Mayfair neighborhood	Mental health	9/07	\$780,000
Santa Clara County Partnership for School Readiness	To develop a baseline measure of school readiness and assess cohorts of kindergarten students	Early childhood education	6/07	\$150,000
Franklin-McKinley Education Foundation	To create a centralized hub for school readiness activities in the Solari/Seven Trees neighborhood	Systems change	9/09	\$2,100,000
Lenders for Community Development	To expand IDA program	Parent education	12/08	\$900,000
The Health Trust	To provide oral health education and preventive, restorative, and specialty dental services in 3 SJ neighborhoods; <i>and</i> grant to evaluate the project	Dental health	12/08	\$2,070,000

State College Program Officer: Julie Tarr

Grantee	Project Description	Cluster	End Date	Grant Amount
Bellefonte YMCA	To implement a family resource center as a "one stop shop" for families and young children	Systems change; parent education	11/08	\$150,000
Centre Volunteers in Medicine	For dental services	Dental health	10/06	\$160,000
Centre Volunteers in Medicine	For social services	Mental health	11.06	\$60,000
Home Nursing Agency	To replicate the Olds Nurse-Family Partnership Program in Centre County and provide regular home visits to approximately 50 expectant families each year.	Parent Education	12/08	\$670,000

Tallahassee Program Officer: Mike Tate

Grantee	Project Description	Cluster	End Date	Grant Amount
Capital Area Healthy Start Coalition	To provide parenting, child development, and nutrition education through the Smart Start home visitation program	Parent education	9/07	\$890,600
Florida State University	To improve the quality of 10 child care centers	Systems change (ECE)	9/06	\$1,000,000

Wichita

Program Officer: Anne Corrison

Grantee	Project Description	Cluster	End Date	Grant Amount
Healthy Options for Planeview	To provide dental treatment and education to 50 families participating in the Moms and Mentors program	Dental health	12/06	\$169,000
Rainbows United	For the Incredible Years training project to increase the social and emotional well-being of young children by giving parents the skills to effectively parent their child	Mental health	12/07	\$295,000
The Opportunity Project	To provide home visiting, parent education, playgroups, other family support services and full-day, full-year early care and education to up to 60 families in the Planeview neighborhood of Wichita	Parent education	12/06	\$326,500
The Opportunity Project	To teach social and emotional learning skills and provide a potential model for a statewide universal pre-Kindergarten program	Systems change; mental health	9/09	\$1,400,000
Wichita Public Schools	To implement Wichita CARES, expand parent education programs, provide young children with health screenings and referrals, and implement at 2 early childhood centers	Systems change	9/08	\$1,380,000
Wichita State University	To evaluate CARES		6/09	\$100,000

Appendix 4. Strategies Employed in Mental Health Grants

GRANTEE	COMMUNITY	STRATEGIES					
		Screening	Referrals/ Case Management	Treatment (children, child care providers, parents)	Consultation to/training of staff at child care programs	New curriculum in child care program	Parent education/ home visits
CASA	Aberdeen		X				
Community Action of Northeast Indiana	Ft. Wayne			Therapeutic preschool			
United Way	Lexington			Parent/family counseling			X
Community Action Programs (Foundations for Success)	St. Paul	X	X	X	X	X	X
Centre Volunteers in Medicine	State College		X	X			
Rainbows United	Wichita					X	X
The Opportunity Project	Wichita	X				X	X

Appendix 5. Strategies Employed in Dental Care Grants

GRANTEE	COMMUNITY	STRATEGIES						
		Screening	Health Education				Treatment	
			Children	Parents	Child Care Providers, Teacher	Public (media campaign)	Mobile van	Clinic
Presentation College	Aberdeen				X			
City of Boulder	Boulder	X (as part of family child care project)						
Smart Start of Mecklenburg County	Charlotte		X	X	X	X		X
Greater Twin Cities United Way	St. Paul							X
The Health Trust	San Jose	X		X			X	
Centre Volunteers in Medicine	State College			X				X
Healthy Options for Planeview	Wichita			X				X

Appendix 6. Strategies Employed in Early Childhood Education Grants -- Centers

GRANTEE	COMMUNITY	STRATEGIES							
		Capital Improve-ments/ Supplies Equipment	Financial incen-tives for staff	TA, training, college courses	Mentors/ coaches, Consul-tation	New Curriculum	Early Literacy	Parent Involve-ment/ education	Kinder-garten Transition
Child Care Resources	Charlotte	X	X	X	X	X	X	X	X
Allegro Foundation	Charlotte				X	X			
Foundation for the Carolinas	Charlotte					X		X	
Early Childhood Alliance	Fort Wayne			Training/ TA to child care staff	X				
Community Action of Northeast Indiana, Inc.	Fort Wayne					Summer therapeutic preschool			
Ft. Wayne Community Schools	Fort Wayne			X		X			X

GRANTEE	COMMUNITY	STRATEGIES							
		Capital Improve-ments/Supplies Equipment	Financial incen-tives for staff	TA, training, college courses	Mentors/coaches, Consul-tation	New Curriculum	Early Literacy	Parent Involve-ment/education	Kinder-garten Transition
Community Action Council of Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties	Lexington			Cultural diversity training		X			
Fayette County Public Schools	Lexington			Training	X			X	X
Prichard Committee for Academic Excellence	Lexington			Training institutes for parents and staff				X	X
Salvation Army	Lexington						X	X	
California State University, Long Beach	Long Beach	X	X	X	X		X		
City of Philadelphia – Philadelphia READS	Philadelphia			Teacher literacy training	X		X	X	

GRANTEE	COMMUNITY	STRATEGIES							
		Capital Improve-ments/ Supplies Equipment	Financial incen-tives for staff	TA, training, college courses	Mentors/ coaches, Consul-tation	New Curriculum	Early Literacy	Parent Involve-ment/ education	Kinder-garten Transition
Civil Society Institute	Philadelphia			TA, leader-ship network for develop-ing quality preK					
Communities in Schools of New Jersey	Philadelphia						X	X	
LEAP/Center for Strategic Urban Community Leadership (also grant to Management and Evaluation Associates for evaluation)	Philadelphia				Literacy coaching for preK teachers		X	X	
Rutgers University Foundation	Philadelphia	X		Training, TA	X			X	X
The School District of Philadelphia	Philadelphia				X (literacy coaching)		X	X	

GRANTEE	COMMUNITY	STRATEGIES							
		Capital Improve-ments/Supplies Equipment	Financial incen-tives for staff	TA, training, college courses	Mentors/coaches, consul-tation	New Curriculum	Early Literacy	Parent Involve-ment/education	Kinder-garten Transition
United Way of Southeastern Pennsylvania	Philadelphia				X (literacy coaching)		X	X	
San Jose Unified School District (Step into K)	San Jose						X	X	X
San Jose Unified School District (Professional Development School)	San Jose	X	X	X	X				
Kidango	San Jose				X (mental health)	X			
Santa Clara County Partnership for School Readiness	San Jose								
Florida State University	Tallahassee	X	X	X	X		X		
Wichita Public Schools (plus grant for evaluation)	Wichita					X		X	
The Opportunity Project	Wichita					X		X	

Appendix 7. Strategies Employed in Early Childhood Education Grants – Home-Based Programs

GRANTEE	COMMUNITY	STRATEGIES						
		Screening	Financial incen- tives for staff	TA, training, college courses	Mentors/ coaches	Support Groups for Providers	Book Distribu- tion	Parent Involve- ment/ education
Foothills United Way	Boulder			IDAs				
Colorado Statewide Parent Coalition	Boulder		X	X	X	X		X
City of Boulder	Boulder	X	X	X	X	X		X
Kidstart (Qualistar)	Boulder		X	X	X			
Long Beach City College	Long Beach			X			X	X
Choices for Children	San Jose		X	X	X		X	
GoKids	San Jose			X				
Franklin-McKinley Education Foundation	San Jose			X				

Appendix 8. Strategies Employed in Parent Education and Parent Involvement Grants

GRANTEE	COMMUNITY	STRATEGIES						
		Parent Education		Screenings, referrals, case management	Parent Support groups	Adult education/ ESL/ Job assistance	Parent involvement/ leadership development	Literacy focus
		Parenting	Financial Education					
Colorado Statewide Parent Coalition	Boulder	X			X		X	X
Parenting Place	Boulder	X (home visits)			X	X		X
United Way Success by Six	Charlotte	X		X				
The Literacy Alliance	Ft. Wayne					X		X
Urban League	Ft. Wayne						X	X
United Way	Ft. Wayne							
Community Action Council	Lexington						X	
Prichard Committee	Lexington						X	
One Community One Voice	Lexington						X	
United Way	Lexington	X (home visits)						

GRANTEE	COMMUNITY	STRATEGIES						
		Parent Education		Screenings, referrals, case management	Parent Support groups	Adult education/ ESL/ Job assistance	Parent involvement/ leadership development	Literacy focus
		Parenting	Financial Education					
Long Beach Community Services Corporation (Role of Men)	Long Beach	X		X	X	X		
Cambodian Association of America	Long Beach	X			X	X		X
Catholic Charities	San Jose		X					
Lenders for Community Development	San Jose		X					
Bellefonte YMCA	State College			Referral directory	X	X		
Home Nursing Agency	State College	X (home visits)		Screenings, referrals				

Appendix 9. Strategies Employed in Systems Change Grants

GRANTEE	COMMUNITY	STRATEGIES						
		Coordinating Services Across Agencies		Community-wide Planning and Community-wide Change in One or More Systems				
		I&R, Referrals, Case Management	Co-location of services (family resource center, school)	Mental Health	Early Childhood Education	Literacy	Parent Education	School Readiness
Early Care and Education Council of Boulder County	Boulder				X			
One Community One Voice	Lexington	X						X
United Way of Southeastern Pennsylvania	Philadelphia					X	X	
Franklin-McKinley Education Foundation	San Jose	X						
GoKids	San Jose	X						

GRANTEE	COMMUNITY	STRATEGIES						
		Coordinating Services Across Agencies		Community-wide Planning and Community-wide Change in One or More Systems				
		I&R, Referrals, Case Management	Co-location of services (family resource center, school)	Mental Health	Early Childhood Education	Literacy	Parent Education	School Readiness
Santa Clara County Partnership for School Readiness	San Jose							X
Community Foundation for Silicon Valley	San Jose					X		
Bellefonte YMCA	State College		X				X	
Community Action Programs (Foundations for Success)	St. Paul	X		X				
The Opportunity Project	Wichita		X	X	X		X	
Wichita Public Schools	Wichita	X			X		X	