



THE \$4 *BILLION* *DEFICIT*

RATCHETING UP INVESTMENT IN EARLY
CHILDHOOD EDUCATION



NEW YORK CITY COMPTROLLER
JOHN C. LIU

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The \$4 Billion Deficit

Ratcheting Up Investment in Early Childhood Education

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About Beyond High School NYC

Beyond High School NYC is a major initiative launched by Comptroller John C. Liu to increase the proportion of New Yorkers with higher education to 60 percent by the year 2025 through strategic investments in public education.

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About the New York City Comptroller's Office

The New York City Comptroller, an independently elected official, is the Chief Financial Officer of the City of New York. The mission of the office is to ensure the financial health of New York City by advising the Mayor, the City Council, and the public of the City's financial condition. The Comptroller also makes recommendations on City programs and operations, fiscal policies, and financial transactions. In addition, the Comptroller manages the assets of the five New York City Pension Funds, performs budgetary analysis, keeps the City's accounts, audits City agencies, manages the City's debt issuance, and registers proposed contracts. His office employs a workforce of more than 700 professional staff members. These employees include accountants, attorneys, computer analysts, economists, engineers, budget, financial, and investment analysts, claim specialists, and researchers, in addition to clerical and administrative support staff.

Introduction

From birth to age five, children undergo the most critical developmental period of their lives. By age five, 90 percent of a child's brain development has already occurred.¹ Socio-economic achievement gaps also are typically fully formed by this time due, in large part, to profound disparities in opportunity between the poor and everyone else.² These gaps are exceedingly difficult to overcome later on, and there is evidence that interventions later in life have diminishing returns.



However, in New York City, with the right interventions in a child's earliest years, developmental and achievement gaps can be significantly lessened—or even prevented altogether. Moreover, because the early years are so essential, the rate of return on investment in early childhood developmental interventions is considerable and stands to improve the overall economic health and stability of the City at large.

To realize the promise of early care and education, the City must take meaningful action now. Investment in early childhood education needs to be prioritized in order to provide comprehensive programming, and adequate and stable resources. In addition, multi-agency governance arrangements aligned and streamlined, and research mechanisms for continual improvement should be developed.

The Impact of Poverty on Future Achievement

Although poverty alone does not inevitably place a child's development at risk, disadvantaged children are relatively more likely to be exposed to adverse childhood experiences due to family unemployment, maternal depression, food and home insecurity, and other poverty-related factors.³ Childcare without appropriate attention paid to child development is a lost opportunity and will not yield the desired results. New biological research strongly suggests that adverse childhood experiences in the form of hostility or indifference have lasting negative impacts on a child's ability to learn. This implies that interventions should take place as early as possible. In light of this new and growing research, the American Academy of Pediatrics recommends that: "Protecting young children from adversity is a promising, science-based strategy to address many of the most persistent and costly problems facing contemporary society, including limited educational achievement, diminished economic productivity, criminality, and disparities in health."⁴

1 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, Washington, D.C.: National Academy Press, 2000.

2 Heckman, J., "Schools, Skills, and Synapses," Discussion Paper 3515 for *Forschungsinstitut zur Zukunft der Arbeit*, Institute for the Study of Labor, Bonn, Germany, May 2008.

3 Ibid.

4 Garner, A., et al., "Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health," *Pediatrics*, 2012.

Benefits of High-Quality Early Care and Education

More than 50 years of research by a range of subject matter experts shows that investment in quality early childhood programs for disadvantaged children leads to proven benefits to individuals and society in the form of better educational, health, social, and economic

There is very little disagreement within the research about the benefits of high-quality early childhood development.

outcomes. In time these outcomes lead to a reduced tax burden and greater economic productivity.⁵ There is very little disagreement within the research about the benefits of high-quality early childhood development. As Harlem Children’s Zone CEO, Geoffrey Canada, puts it, “the science on this is unambiguous.”⁶ Specifically, key longitudinal studies demonstrate substantial positive effects on a range of school achievement, job performance, social, and health behaviors:

Figure 1

Benefits of High Quality Early Care and Education Interventions

SCHOOL ACHIEVEMENT	JOB PERFORMANCE	SOCIAL BEHAVIORS	HEALTH
<ul style="list-style-type: none"> Higher test scores Higher levels of education Reduced likelihood of dropping out Higher Attendance Less special education required 	<ul style="list-style-type: none"> Higher wages More job placement High rate of return on investment, upwards of 10% 	<ul style="list-style-type: none"> Less likely to be incarcerated Less likely to go on welfare More economically efficient Reduction in lifetime economic inequality 	<ul style="list-style-type: none"> Mitigated stressors of a disadvantaged home Reduced adult disease burden and medical care costs

Source: Literature Review by NYC Comptroller’s Office.⁵

⁵ Note: There are numerous articles that show evidence of the effects of high quality early care and education. The following are just a few reviewed by the Comptroller’s Office: Heckman, J., “Schools, Skills, and Synapses”; Belfield, C., et al., “The High/Scope Perry Preschool program: Cost-benefit analysis using data from the age-40 follow-up,” *Journal of Human Resources*, 2006; Barnett, W. S., Masse, L. N., “Comparative Benefit Cost Analysis of the Abecedarian Program and its Policy Implications,” *Economics of Education Review*, February 2007.

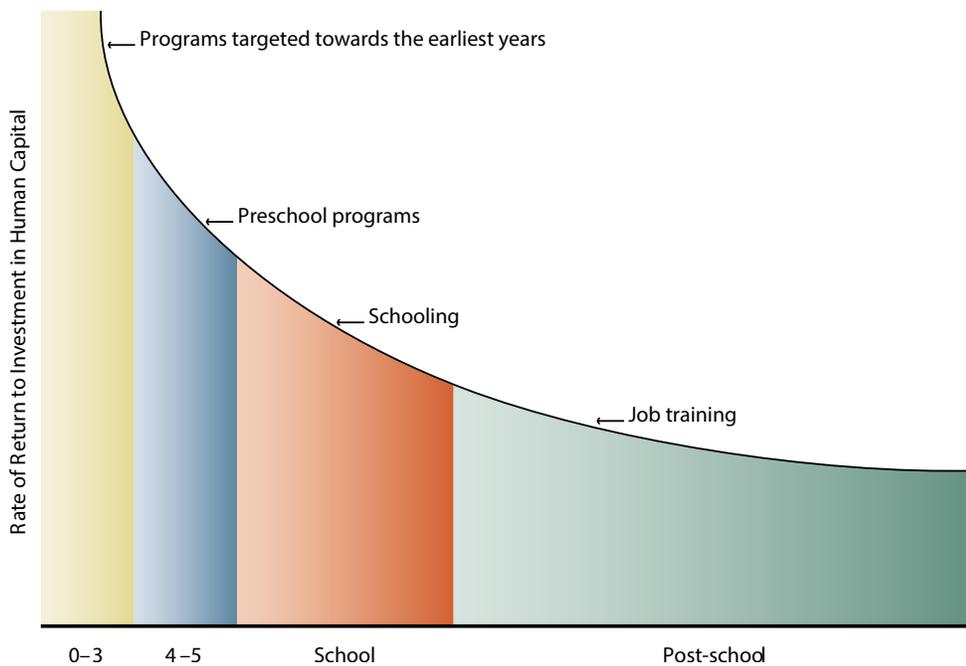
⁶ de la Torre, A., et. al, “Transforming Public Education: Pathway to a Pre-K through 12 Future,” *Pew Charitable Trust*, September 2011.

Economic Benefits of Early Care and Education

In the September 2012 report *Beyond High School: Higher Education as a Growth and Fiscal Strategy for New York City*, the Office of the Comptroller discussed the market return on higher educational attainment.⁷ College readiness begins with school readiness. High-quality early childhood programs geared to the well-being and development of children from birth to five years old is a requisite step to ensure the well-being and development of children 6 to 21 years of age. Moreover, the research reveals a compounding of economic benefits from comprehensive early care and education.⁸ The Rand Corporation examined numerous rates of return on a wide range of early care and education services and found rates of return between \$3.23 and \$17 per child per every one dollar spent.⁹

Figure 2

Rate of Return on Investment



Source: Heckman, J., "Schools, Skills, and Synapses."

Case Study: The High/Scope Perry Preschool Program

The Perry Preschool Program was an early intervention in the lives of disadvantaged black youth, at age 3 and lasting two years, in the 1960s in Michigan. The program included 2.5 hours of school each morning and 90 minute home visits each afternoon. This study is particularly unique in that it tracked its treatment and control groups to age 40. Numerous sophisticated cost-benefit analyses of this program have demonstrated considerable rates of

⁷ "Beyond High School: Higher Education as a Growth and Fiscal Strategy for New York City," Office of the Comptroller John Liu, September 2012, <http://www.comptroller.nyc.gov/bureaus/opm/reports/2012/Higher-Education-Report-FINAL.pdf>.

⁸ Heckman, Belfield, Barnett, Op. Cit.

⁹ Karoly, L. et al., "Early Childhood Interventions: Proven Results, Future Promise," Rand Corporation, 2005.

THE \$4 BILLION DEFICIT: Ratcheting Up Investment in Early Childhood Education

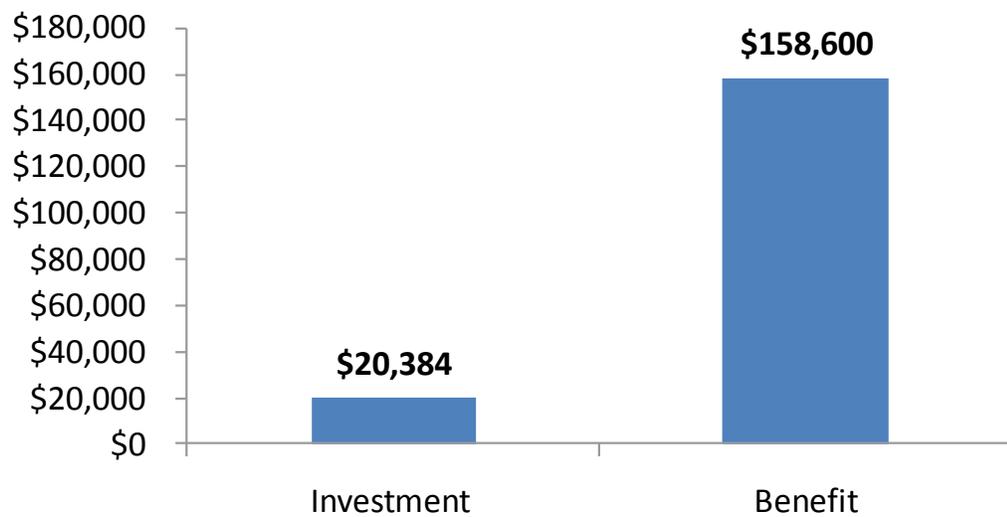


return for the investment. With many years of data and records generated by the Perry Preschool Program study, these analyses are able to place values on a range of outcomes. For instance, the treated group in the study received less special education, matriculated more quickly through grades, earned higher GPAs, and attained higher levels of education than their control-group counterparts.¹⁰ The treated group was considerably less likely to be involved in criminal behavior or to be caught committing a crime and spent less

time on welfare rolls.¹¹ All told the rate of return to society in the Perry Preschool Program was nearly \$9 for every \$1 spent. Or put another way, in 2012 dollars, for every \$20,384 spent per person, the return to society was \$158,600.¹²

Figure 3

*Per Person
Rate of
Return*



Source: Heckman, J., et al., "The Rate of Return to the High/Scope Perry Preschool Program."

¹⁰ Heckman, J., et al., "The Rate of Return to the High/Scope Perry Preschool Program," *National Bureau of Economics*, working paper 15471, November 2009.

¹¹ Ibid.

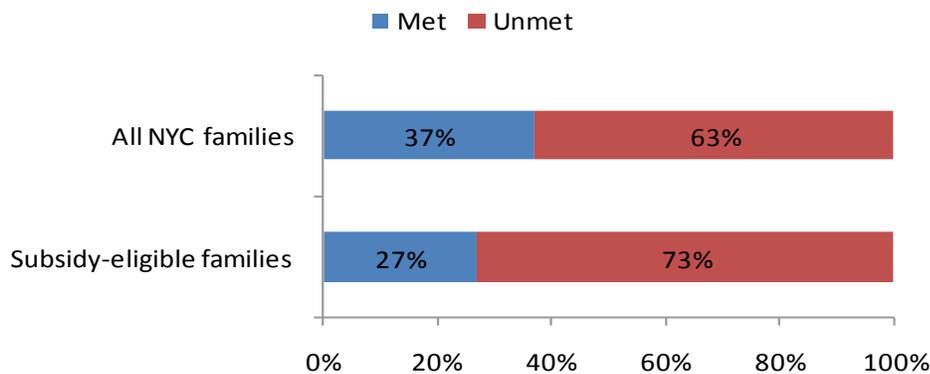
¹² Ibid. The previously footnoted Bellfield study is another oft-cited cost-benefit analysis of the Perry Preschool program that shows rates of return as high as \$17 for every \$1 spent. We chose Heckman and Moon's \$9 for \$1 because this is the only study that includes a standard errors analysis.

Early Care and Education in New York City Need versus Capacity

In 2008, the New York City Administration for Children’s Services (ACS) released an analysis of early care and education (ECE) need versus capacity. *Community Needs Analysis of Early Care and Education* found that the combined capacity of all regulated childcare for children aged zero to six years, including Department of Education (DOE) pre-kindergarten programs and private, unsubsidized operations, could only meet 37 percent (238,911 seats) of the overall need (652,423 eligible children) in the City.¹³ The Administration for Children’s Services subsidized care only had the capacity to meet 27 percent (93,295 seats) of subsidy eligible children (345,508).¹⁴

Figure 4

Capacity of Childcare in NYC



Sources: Administration for Children’s Services; Mayor’s Office of Operations.

The majority of families lacking regulated childcare options in New York City must rely on some type of informal and unregulated care such as making arrangements with relatives or friends, hiring a nanny, or paying tuition for private nursery and preschool programs.

According to 2012 data released by U.S. Senator Kirsten Gillibrand (D-NY), the average cost of childcare for families in New York City has increased on average \$1,162 a year in recent years.¹⁵ As of 2012, the average family spends up to \$16,250 per year for an infant and \$11,648 for a toddler.¹⁶

¹³ Hartzog, M., “Charting the Course for Childcare and Head Start: Community Needs Analysis of Early Care and Education for New York City,” Administration for Children’s Services, June 2, 2008. Note: this is an analysis of capacity in City-regulated settings. The ACS capacity ratio is based on the number of eligible children living in households that make less than 200 percent of the federal poverty guidelines. See the following footnote for more information.

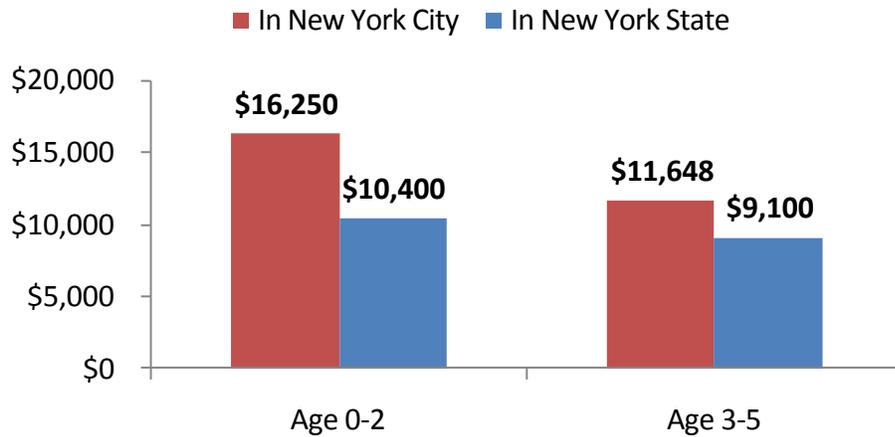
¹⁴ Note: Subsidized childcare enrollment is divided between (1) children from families who receive public assistance while participating in work or training programs and (2) children from low-income working families. Families on public assistance while participating in work or training programs automatically qualify for childcare as mandated by the federally administered and funded Temporary Assistance for Needy Families (TANF). Families receiving TANF subsidies now make up the majority of families receiving benefits. In years past, subsidies for low-income working families outnumbered families getting TANF subsidies. The shift is reflective of the struggling economy and the fact that more families are receiving public assistance. Additionally, ACS has attempted to reduce enrollment rates by reducing the number of subsidies for children from low-income working families as well as other specific cost-cutting efforts. These efforts include cutting capacity at childcare centers, eliminating childcare vouchers, and increasing co-pays for low-income working families. For more information see: Lopatto, P., & Westman, S., “City’s Subsidized Child Care System Faces Rising Costs, Shrinking Funds,” Independent Budget Office, October 2010.

¹⁵ Note: Childcare in this context can be defined as any arrangement for care and/or education of a child before compulsory schooling at age 5. Office of U.S. Senator Kirsten Gillibrand, “Childcare Costs Rising \$730 Each Year in New York,” <http://www.gillibrand.senate.gov/imo/media/doc/ChildCare.pdf>, accessed on May 14, 2012.

¹⁶ Ibid.

Figure 5

Average Cost to Families of Unsubsidized Childcare



Source: Office of U.S. Senator Kirsten Gillibrand.

Some families may prefer alternative arrangements, but for most families it is the scarcity of subsidies and lack of capacity—not personal preference—that forces them to spend so much money on childcare.

Inventory of Programs

In 2011, there were 174,092 NYC children, mostly under five years old, who received some type of publicly-funded early care or education subsidy, of which 145,599 were enrolled in a regulated setting.¹⁷



¹⁷ Note: this figure includes children using vouchers for informal care and children enrolled in universal pre-kindergarten (UPK), which is available to all 4-year-olds regardless of income.

Table 1

Publicly-Funded Early Care and Education Programs

Agency	Program	# Enrolled	% of total*
ACS	Center-Based Care**	42,032	19%
	Head Start	19,144	15%
	ACS/TANF Vouchers – Informal Care***	30,486	14%
	Family and Group Family	26,128	6%
	Early Head Start	2,020	2%
DOE	Universal Pre-Kindergarten in Public Schools	22,375	17%
	Universal Pre-Kindergarten in non-ACS Community-Based Organizations	18,845	14%
	Preschool Special Education	8,140	6%
	LYFE	529	0%
Other	Non-ACS Head Start	5,029	4%
	CUNY Child Care	1,425	1%
	Total	176,153	100%

Source: New York City Department of Education and an Independent Budget Office letter to Council Member Brad Lander, May 30, 2012.

* Total may not equal 100 percent due to rounding.

** Includes 16,837 ACS children also enrolled in Pre-K.

***Informal Care refers to families using vouchers to pay for unregulated childcare such as a nanny or babysitter.

Administration for Children’s Services (ACS)

The Administration for Children Services is responsible for the majority of publicly-funded early care and education (ECE) programs. These programs are subsidized by a complex, often blended mixture of federal, state, and City allocations and grants and take place in a variety of settings.¹⁸ Center-based care takes place in a center that may be run by a church, community organization, or local business. Family Care and Group Family Care both take place in a home setting (residentially zoned); the only difference between the two is that Family Care can care for up to six children where Group Family Care can accommodate

¹⁸ Note: There is a long waiting list and the ACS application process for vouchers has changed. Now the applicant simply leaves his/her name and contact information and must wait for ACS to get in touch to begin the application process. TANF vouchers are automatic, but must be applied for at designated job training sites and are good for a total of 60 months. Following the 60 months, if needed, families can apply for Transitional Assistance, which is good for an additional 12 months.

up to 12 children. Early Head Start and Head Start are federally-funded early care and education programs—for infants to three year olds and three year olds to five year olds, respectively—that include a variety of support services such as healthcare, nutrition, family support, and home visitation. Both ACS and non-ACS Head Start and Early Head Start provide free enrollment for children from families living up to 130 percent of the Federal Poverty Guidelines (FPG), although



17 percent of ACS Head Start and Early Head Start students receive childcare subsidies to attend and 6 percent are over the income eligibility and therefore pay tuition.¹⁹ The bulk of publicly-funded ACS early care and education goes to various childcare options (sometimes this includes UPK) and is available to low-income families on a means-tested sliding scale for families whose incomes are up to 200 percent of the FPG.²⁰

Department of Education (DOE)

Universal pre-kindergarten (UPK) makes up the majority of DOE programming for children younger than five years old. It is available to all four-year-olds regardless of income, but it is dependent on space—UPK funding does not meet current demand. The DOE also administers UPK programs located at community-based organizations (CBOs) that are supplemented by childcare subsidies and/or tuition. In addition, the DOE offers preschool special education programs available to three- and four-year-olds. A small number of infants, 529, are enrolled at school-based LYFE centers. This program is for teenage mothers who are still in school.

Other

The “Other” portion of Table 1 represents non-ACS Head Start programs and CUNY childcare programs, which are mostly free to poverty-stricken and low-income families. Some subsidies might apply particularly to Head Start students not at the poverty level.

¹⁹ Note: According to State regulation, no more than 35 percent of any Head Start participants can fall between 100 and 130 percent of the Federal Poverty Guidelines in order to ensure that the bulk of enrollees are children living at or below poverty.

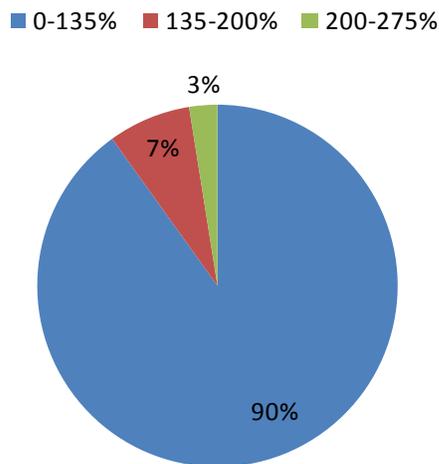
²⁰ Note: Families that are up to 275 percent of the poverty level can receive transitional support, but this is temporary assistance.

Program Subsidies

Early care and education subsidies are primarily directed toward the poorest families. In 2011, 97,927 children received ACS and TANF subsidies (not including Head Start, Early Head Start, or UPK).²¹ Of the children receiving subsidies, the vast majority, 88,237 (90 percent), were living between 0 and 135 percent of the poverty level.²² Of the remaining 10 percent of children enrolled in subsidized ECE, seven percent lived in households that were between 135 and 200 percent of the Federal Poverty Guidelines (FPG) and three percent lived in households that were between 200 and 275 percent of the FPG.²³

Figure 6

Children Receiving ACS and TANF Subsidies, by Federal Poverty Guidelines



Source: Center for Children’s Initiatives.

Twelve years ago, additional childcare fees for families who qualified for partial subsidies did not exceed 10 percent of their gross income.²⁴ Today, a family of four with two children that makes 200 percent the poverty level (\$47,100) is required to co-pay 17 percent of their gross income (\$8,007).²⁵ A family of four that makes \$47,500, just \$400 more, is not eligible for a public childcare subsidy at all, and must pay the market rate—which for an infant and a toddler—would amount to 59 percent of the family’s gross income.²⁶ This is a mathematical impossibility—there is no way that a family could cover this expense along with rent, food, transit, and all other expenses.

21 Note: One-third of these children (32,626) were six years old or older, an age population outside the age parameters of this report. Source: Kolben, N., et al., “CCI Primer 2011: Key Facts About Early Care and Education in New York City,” 2011, http://www.centerforchildrensinitiatives.org/ccinyc/Website_PDF_s/CCI-Primer-2011_14.pdf.

22 Kolben, N., et al., “CCI Primer 2011: Key Facts About Early Care and Education in New York City,” 2011, http://www.centerforchildrensinitiatives.org/ccinyc/Website_PDF_s/CCI-Primer-2011_14.pdf.

23 Ibid.

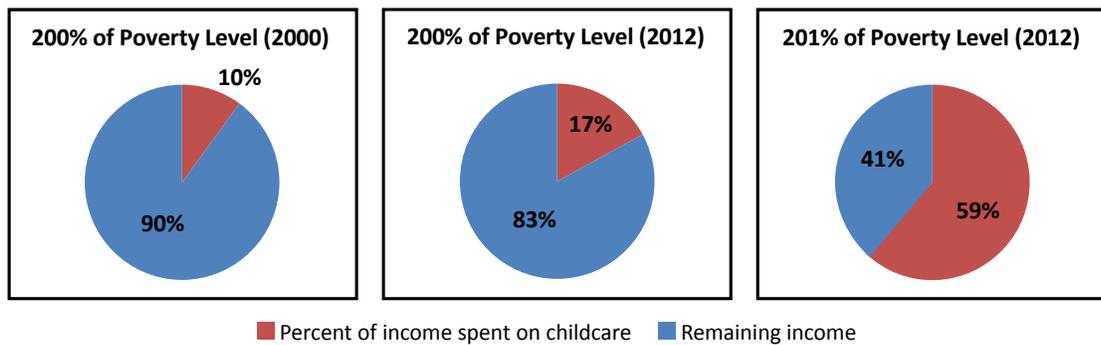
24 Ibid.

25 Note: Transitional subsidies include family co-payment. For a family of four living at 250 percent poverty (\$58,875) the co-pay is 40 percent of that family’s gross income (\$23,550).

26 Note: This considers the average cost per child listed above, \$16,250 for an infant and \$11,648 for a toddler.

Figure 7

Percent
Income Spent
on Childcare
for Subsidy-
Eligible
Families



Sources: Center for Children's Initiatives; NYC Comptroller's Office.

Moving Forward: EarlyLearn NYC

In 2005, the Administration for Children's Services released a self-assessment of early care and education in New York City. In the document, *Rethinking Child Care*, ACS acknowledged that for years the delivery of early care and education services in New York City, "suffered from inconsistent priorities, administrative redundancy, lack of coordination, and unreliable accountability."²⁷ The report went on to identify a series of goals for a successful early care and education program, including: (1) analyzing and responding to community needs; (2) improving eligibility determination, enrollment, and recertification; (3) improving and monitoring quality and devoting more resources to quality enhancement; (4) developing a unified and comprehensive information system for ECE; (5) focusing resources on facility development and enhancement; and (6) integrating childcare and Head Start internally and into the broader spectrum of City government's children's services.

As a follow-up to the *Rethinking Child Care* report, ACS issued a concept paper for *EarlyLearn NYC* in the spring of 2010.²⁸ The document is the blueprint from which the current overhaul of ECE in New York City is based. The essential elements of *EarlyLearn NYC* include full-day service extended to 6 pm; curriculum geared to school readiness; a qualified and certified teacher and assistant in every classroom; maximum class size of 15 students; adequate space and supplies; and supplemental services such as transportation, dental, health, and other social services.

EarlyLearn might be on the right track, but it is not perfect and its success will take more than funding alone.

²⁷ "Rethinking Child Care: An Integrated Plan for Early Childhood Development in New York City," Administration for Children's Services NYC, October 2005, http://www.nyc.gov/html/acs/downloads/pdf/rethinking_new.pdf.

²⁸ "Concept Paper for EarlyLearn NYC: New York City's Early Care and Education Services," Administration for Children's Services NYC, April 2, 2010.

Recommendations

Education Deficit

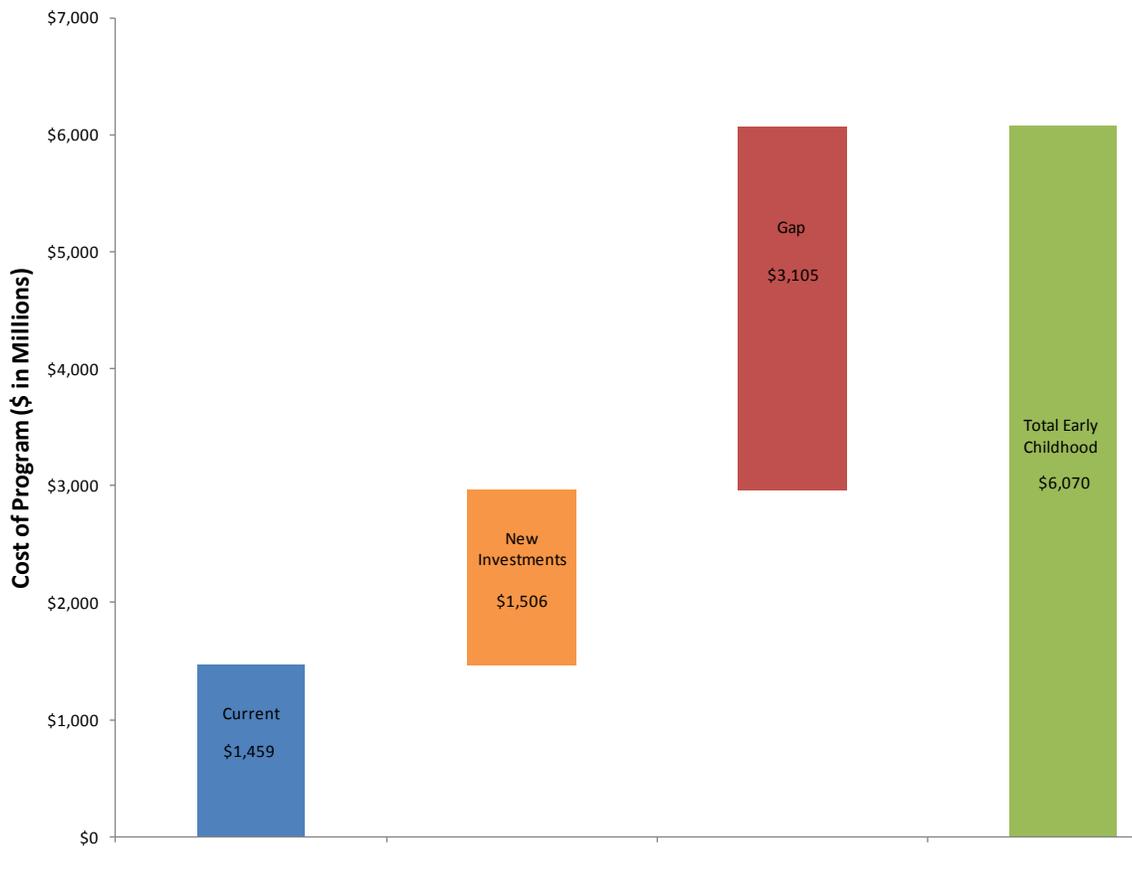
The key components of comprehensive, high-quality early care and education programming, as discussed throughout this report, demand effective and dedicated administrators; great and compassionate teachers; strong and comprehensive supports including family workers, health, mental health, and nutrition; and safe and adequate facilities. The cost to provide universal, comprehensive, high-quality early care and education for all of New York City’s children is staggering—approximately \$6.1 billion (see Appendix B for a complete cost analysis).

Of the \$6.1 billion total, there is \$1.5 billion of current investment from City, State, and Federal sources (see Appendix C for a breakdown of current expenditure), which means there is a deficit of \$4.6 billion. We recognize that full program adoption and implementation is not possible overnight, but New York City must do more than it is doing now. For all the talk of budget deficits, the City also faces alarming education deficits, and must be willing to prioritize resources for early care and education.

Therefore, the Comptroller’s Office has identified \$1.5 billion in new investments that the City can and should begin to phase-in immediately. These investments will make Universal Pre-Kindergarten truly universal, create a similar Universal Preschool program for all three-year-olds, and support one of the City’s most vulnerable populations—low-income, first-time mothers.

Figure 8

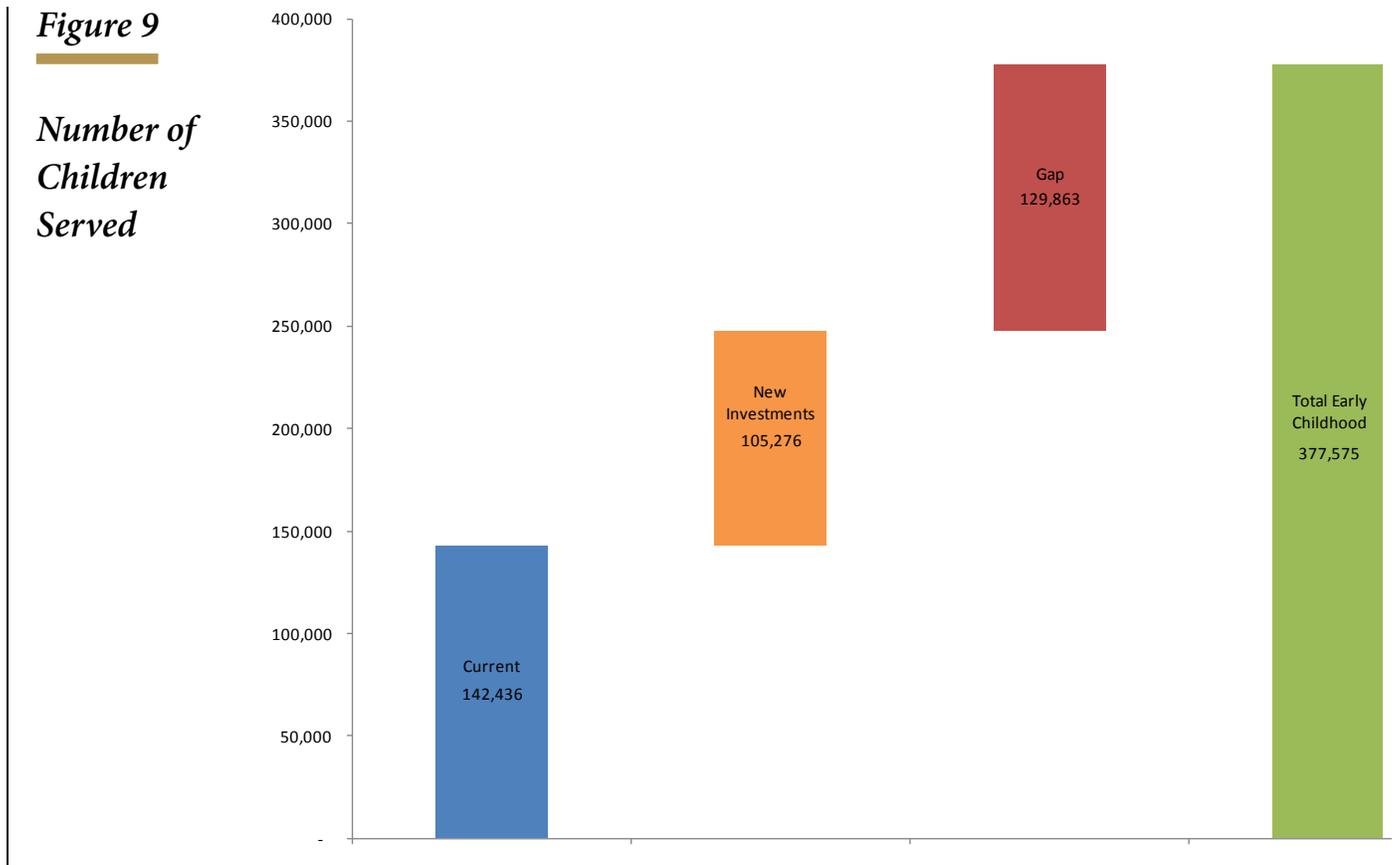
Cost of Expanding Early Childhood Program



Source: New York City Comptroller’s Office

THE \$4 BILLION DEFICIT: Ratcheting Up Investment in Early Childhood Education

With \$1.5 billion in new investments, New York City will create over 100,000 new full-day slots for early care and education (see Appendix D for more detail). With the total \$6.1 billion investment, the City will be able to provide programming and services to the entire population of 0-5 year-olds.²⁹



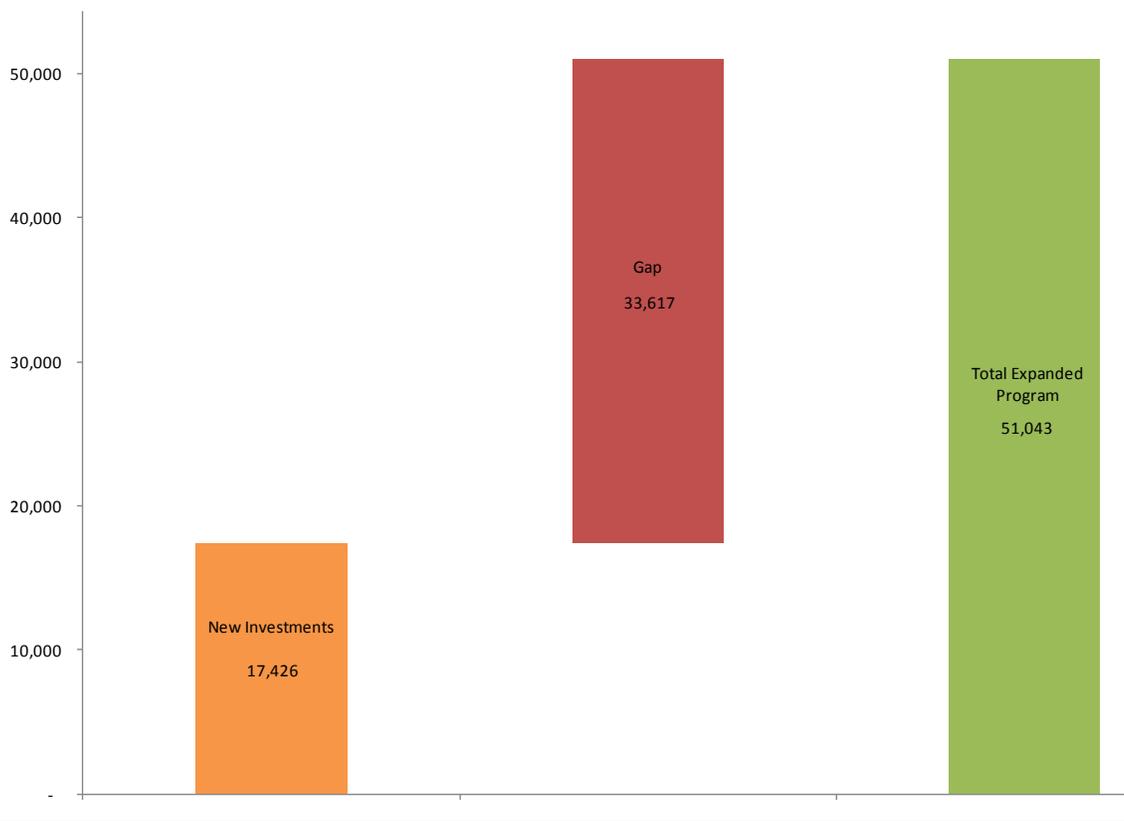
Source: New York City Comptroller's Office

Finally, closing the \$4.6 billion deficit will create tens of thousands of quality jobs for New Yorkers (see Appendix E for methodology). Directors, Assistant Directors, Head Teachers, Assistant Teachers, Family and Social Workers, and Aides will all be needed to provide the range of services and programs that make up successful early care and education programs.

²⁹ Note: See Appendix B for more information, but the analysis assumes that not all families will choose to participate and therefore takes into account a take-up rate.

Figure 10

**Jobs
Created**



Source: New York City Comptroller's Office

1) Fully Fund Universal Pre-Kindergarten (UPK)

As mentioned previously, New York City's current Universal Pre-Kindergarten (UPK) program, which provides six hours per day of educational programming for all four-year-olds during the academic year, is dependent on space and does not meet the City's current demand. UPK is grossly underfunded and therefore not "universal" at all. There is an ongoing recognition and discussion in New York State and across the nation about this. Governor Cuomo has included additional funding for full-day UPK options for high-need neighborhoods in his FY 2014 Executive Budget. Others have also put out specific cost analyses related to UPK in New York City. This vibrant discussion bodes well for the future of UPK but it is vital that adequate funding is available.

The Comptroller's Office has estimated that the total cost to provide UPK for all 4- to 5-year-olds in New York City would be approximately \$750 million annually.

Table 2

*Estimated
Costs to
Provide
UPK for
4- to 5-year-
olds in NYC*

Income Thresholds (% of Federal Poverty Level)	# Children (ACS Adjusted)*	# Participants (Take-Up)	Per Child Cost	Total
<135%	40,366	30,274	\$11,297	\$342,010,436
135% – 200%	12,239	9,180	\$9,737	\$89,381,067
200% – 275%	12,545	9,409	\$9,737	\$91,612,603
>275%	34,212	23,606	\$9,737	\$229,851,613
Sub-Total	99,362	72,469	N/A	\$752,855,719

Source: NYC Comptroller’s Office.
Note: See Appendix B for a detailed methodology.
*American Community Survey

Current investment for most early care and education programming is difficult to isolate due to the variety of funding streams from multiple sectors and levels of government (see Appendix C). However, for UPK, the majority of current funding is specifically allocated by the State and administered through a single agency (the NYC Department of Education). Therefore, it is more straightforward to separate out UPK funding and identify the additional investment needed to fully fund the program. With \$320 million in current funding, New York City must invest an additional \$433 million for all four- to five-year-olds to participate in Universal Pre-Kindergarten.

2) Create Universal Preschool for Three-Year-Olds (UP3)

A Universal Preschool for three-year-olds (UP3) is, in spirit, a downward extension of UPK, although there are key differences. UP3 assumes a full-day (8 to 10 hours), full-year (242 days), and would require an Expected Family Contribution (EFC) from families living above 200 percent of the Federal Poverty Guidelines (FPG).

As with all recommendations in this report, we do not address specifically matters of pedagogy or philosophies of education and childcare, but such considerations and details would be required in any Request for Proposals when moving forward. Instead, we identify the cost to fund a UP3 program for all three- to four-year-olds in New York City.

Table 3

Estimated Costs to Provide UP3 for 3- to 4-year-olds in NYC

Income Thresholds (% of Federal Poverty Level)	# Children (ACS Adjusted)	# Participants (Take-Up)	Per Child Cost	Per Child Expected Family Contribution	Total
<135%	37,018	27,763	\$20,878	N/A	\$579,640,157
135% – 200%	12,983	9,738	\$16,883	N/A	\$164,399,997
200% – 275%	9,166	6,874	\$16,883	\$3,840	\$89,663,934
>275%	34,437	27,211	\$16,883	\$10,800	\$165,526,473
Sub-Total	98,604	71,587	N/A	N/A	\$999,230,560

Source: NYC Comptroller’s Office.
 Note: See Appendix B for a detailed methodology.

3) Expand Nurse-Family Partnership Program to all Low-Income, First-Time Mothers



The third recommendation of the \$1.5 billion identified for more immediate implementation targets a particularly vulnerable population: low-income, first-time mothers.

About Nurse-Family Partnership

Nurse-Family Partnership© (NFP) delivers critical supports to first-time mothers in order to have healthy pregnancies, become knowledgeable and responsible parents, and provide their babies with the best possible start in life.³⁰ The program offers intensive home visitation by nurses during a woman’s pregnancy and the first two years after birth. The goals of the program, developed by Dr. David Olds through three randomized, controlled trials that spanned three decades, are to improve pregnancy outcomes, to promote healthy child development, and to increase the economic self-sufficiency of families. The program is designed to serve low-income, at-risk pregnant women bearing their first child.

Since 2007, New York City has been home to the largest urban NFP program in the nation. The program currently targets low-income, first-time mothers residing in high-need zip codes in all five boroughs. Teenage mothers may be enrolled regardless of the zip code in which they live. The Department of Health and Mental Hygiene (DOHMH) also administers a Targeted Citywide Initiative that works with women in homeless shelters, foster care, and the Rikers Island correctional facilities. Cumulatively, since program inception, the median age at intake

³⁰ “About,” Nurse Family Partnership, <http://www.nursefamilypartnership.org/about>, accessed January 2013.

for a New York City participant has been 20 years old. In terms of educational attainment, 47 percent have a high school diploma and 5.7 percent have obtained a GED.³¹ Other key cumulative intake data: 14 percent were married; the median household income has been \$9,000, and 65 percent were already enrolled in Medicaid; 16.6 percent were enrolled in SNAP (Food Stamps), 8.1 percent were enrolled in TANF, and 62.5 percent were enrolled in WIC.³²

Benefits of NFP

Research on the NFP program has confirmed numerous benefits including:³³

- 83 percent increase in workforce participation by low-income, unmarried mothers by the time their child is 4 years old.
- 48 percent reduction in child abuse and neglect through age 15.
- 50 percent reduction in language delays for children at 21 months.
- Improvements in the child's cognitive development at age 6, language development at ages 4 and 6, and executive functioning at age 4.
- 67 percent reduction in behavioral and intellectual problems per child at age 6.
- Higher scores on children's reading and math achievement tests.

Over time, the NFP program is on track to save as much as \$5.70 in government spending for every \$1 in program costs.³⁴

In recent years, the New York City NFP program has been conducting targeted outreach to teenage mothers. Given NFP's documented outcomes, this approach expands the educational attainment benefits not only for the child in terms of school readiness but also for the mother, by increasing the likelihood that she will remain in school and find employment.³⁵

31 Interview with Renee Nogales, Regional Program Developer, Nurse Family Partnership, October 17, 2012.

32 Interview with Renee Nogales, Regional Program Developer, Nurse Family Partnership, October 17, 2012.

33 Note: Nurse-Family Partnership has performed three randomized, controlled trials of the model in different locations and across different populations. The results from these trials have appeared in numerous peer-reviewed journals and have been endorsed by a number of organizations and vetted by the United States Government. The evidence portrayed here is a synthesis provided by the Nurse-Family Partnership National Service Office after decades of trial results and is replicated or reproduced by many different sources. Outcomes from the randomized trials are cited in the following sources: Eckenrode, J., et al., "Longterm Effects of Prenatal and Infancy Nurse Home Visitation on the Life Course of Youths: 19-Year Follow-up of a Randomized Trial," *Pediatric and Adolescent Medicine*, January 2010; Zielinsky, D., et al., "Nurse Home Visitation and the Prevention of Child Maltreatment: Impact on the Timing of Official Reports," *Development and Psychopathology*, 2009; Luckey, D., "Revised Analysis of 15-Year Outcomes in the Elmira Trial of the Nurse-Family Partnership," *Prevention Research Center for Family and Child Health*, University of Colorado Department of Pediatrics, 2008; Olds, D., et al., "Long-term Effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior: 15-Year Follow-up of a Randomized Controlled Trial," *Journal of the American Medical Association*, October 14, 1998; Olds, D., et al., "Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: 15-Year Follow-up of a Randomized Trial," *Journal of the American Medical Association*, August 27, 1997; Olds, D., et al., "Does Prenatal and Infancy Nurse Home Visitation Have Enduring Effects on Qualities of Parental Caregiving and Child Health at 25 to 50 Months of Life?," *Pediatrics*, January 1994; Olds, D., et al., "Improving the Life-Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation," *American Journal of Public Health*, 1988; Olds, D., et al., "Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation," *Pediatrics*, July 1986. Olds, D., et al., "Improving the Delivery of Prenatal Care and Outcomes of Pregnancy: A Randomized Trial of Nurse Home Visitation," *Pediatrics*, January 1986; Olds, D., et al., "Effects of Nurse Home Visiting on Maternal and Child Functioning: Age-9 Follow-up of a Randomized Trial," *Pediatrics*, October 2007; Olds, D., "Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 6 Follow-Up Results of a Randomized Trial," *Pediatrics*, December 2004; Kitzman, H., "Enduring Effects of Nurse Home Visitation on Maternal Life Course," *Journal of the American Medical Association*, April 19, 2000; Kitzman, H., "Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing," *Journal of the American Medical Association*, August 27, 1997; Olds, D., "Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-Up Results of a Randomized Trial," *Pediatrics*, December 2004; Olds, D., "Home Visiting By Paraprofessionals and By Nurses: A Randomized, Controlled Trial," *Pediatrics*, September 2002.

34 Karoly, L. et al., "Early Childhood Interventions: Proven Results, Future Promise,"

35 Goodman, Andy, "The Story of David Olds and the Nurse Home Visiting Program" Robert Wood Johnson Foundation, July 2006, <http://www.rwjf.org/content/rwjf/en/>

THE \$4 BILLION DEFICIT: Ratcheting Up Investment in Early Childhood Education

By promoting evidence-based methods to help achieve healthy pregnancies and provide nurturing parenting support from the earliest age, NFP has shown an increase in early language development and school achievement for at-risk families.³⁶ Giving children the best possible start in school can help avoid lifelong struggles with educational achievement.

Program Expansion

Based upon the maximum reimbursable amount in the current NFP contracts, the City would need to expend approximately \$58.7 million to provide the NFP program to 12,090 additional participants. 12,090 is the unmet difference between projected participants and current budgeted participants.

Table 4

Target Population

Births to First-Time New York City Mothers Paid for by Medicaid (2010)	29,014
Projected Participants in Nurse-Family Partnership (50% take-up rate) ³⁷	14,507
Current Budgeted Participants ³⁸	2,417
Unmet Difference	12,090

Sources: DOHMH; OMB

Table 5

Total Additional Cost

	Maximum Contractual Reimbursement	Total Cost Per Participant
Annual Cost per Participant ³⁹	\$4,856	\$6,070
Total Additional Cost*	\$58,709,040	\$73,386,300

Sources: DOHMH; OMB.

*There are other expenses associated with operating the Nurse-Family Partnership program that are not reflected in this exercise. These include contract oversight and administrative costs for the New York City Department of Health and Mental Hygiene (approximately \$1.2 million) as well as fees paid by the providers to the national Nurse-Family Partnership Program (approximately \$9,000 per year per agency) and travel and tuition for staff training at NFP's office in Denver, Colorado. DOHMH operates the Targeted Citywide Initiative using City employees at a lower caseload (maximum of 15 clients). The chart above reflects the costs and caseloads for the standard NFP program operated by community-based organizations in New York City.

research-publications/find-rwjf-research/2006/07/the-story-of-david-olds-and-the-nurse-home-visiting-program.html, accessed on October 17, 2012.

36 "Nurse-Family Partnership and Race to the Top Early Learning Challenge Initiative," Nurse-Family Partnership, July 2011, http://www.nursefamilypartnership.org/assets/PDF/Policy/RTTT-ELC_NFP_Fact_Sheet.aspx, accessed on October 17, 2012.

37 Note: Assumes 50 percent of eligible women would participate in the Nurse-Family Partnership program. Isaacs, Julia, "Supporting Young Children and Families: An Investment Strategy that Pays," in *Community Investments*, The Brookings Institution, and First Focus, Winter 2008. See: Endnotes: Supporting Young Children and Families, Note 6. New York State Department of Health communication with the NYC Office of the Comptroller, October 11, 2012. Statistic is for live births to New York City residents. Approximately 53 percent of live births to first-time New York City mothers was paid for by Medicaid in 2010. The Nurse-Family Partnership program is intended to serve low-income, first-time mothers. In the New York City program, Medicaid eligibility is used as the income standard.

38 Note: New York City Office of Management and Budget communication with the NYC Office of the Comptroller, September 21, 2012. Actual enrollment as of June 2012 was approximately 2,230 according to the national Nurse-Family Partnership program, telephone communication, October 17, 2012.

39 Note: The New York City Department of Health and Mental Hygiene (DOHMH), Bureau of Maternal, Infant and Reproductive Health, has entered into contracts with vendors to provide the Nurse-Family Partnership program in addition to providing NFP services directly. The maximum reimbursable amount (MRA) per client in current contracts between the DOHMH and vendors is \$4,856 per year. This amount is net of an assumed 30 percent Medicaid reimbursement and includes a City payment of up to \$607 per client per year if the expected Medicaid payment is not received. See for example: Annex RA-2, Visiting Nurse Service of New York Home Care, Second Amended to Renewal Scope of Services, Bronx Nurse-Family Partnership, Contract Term: July 1, 2009-June 30, 2013. PIN: 06M024401R1Z01, Scope of Services, p. 34. The full cost per client per year is \$6,070, effective July 1, 2010. See Annex RA-2, Visiting Nurse Service of New York Home Care, p. 33.



THE \$4 BILLION DEFICIT: Ratcheting Up Investment in Early Childhood Education

In FY 2012, the total budget for the Nurse-Family Partnership program was approximately \$9.2 million, with revenues drawn from multiple sources. Roughly \$2.95 million consisted of City funds, while the remainder included New York State and federal funding such as social services block grants, public health monies, Temporary Assistance for Needy Families (TANF), Medicaid, and private foundation dollars. The new Maternal, Infant, and Early Childhood Home Visiting (MIECHV)



Program, authorized by the Affordable Care Act (ACA), provided \$1.1 million to New York City for Nurse-Family Partnership services in the Bronx, which will continue annually through 2016; additional ACA funding for NFP programs will be disbursed through a competitive bidding process. As part of its Medicaid Redesign 1115 waiver application to the federal government, New York State has also applied for \$82 million in funding over five years to expand NFP. Nationwide, funding sources for NFP programs include such areas as juvenile justice and crime, child welfare, Title V and early education, among others. Accordingly, multiple revenue streams, including private funding from foundations and charities as well as government monies, would be the basis for an expansion of the current program and ensure that 12,090 new mothers and families would benefit from this program.

While funding is the most significant force driving expansion of NFP, other factors would also need to be taken into consideration to ensure “fidelity to the model,” an essential principle for NFP founder David Olds.⁴⁰ For example, the NFP model uses highly-skilled and specially-trained nurses who develop therapeutic relationships with their clients and make regular home visits to mothers over an extended time period. DOHMH requires that registered nurses possess a Bachelor’s of Science in Nursing for these positions, and the National Service Office limits caseloads to a maximum of 25 active clients for full-time nurse home visitors.⁴¹ At this staffing level, the full-time equivalent of approximately 484 new nurses would be needed, which represents less than one percent of licensed registered nurses in the five boroughs.⁴² Nurses ideally work with mothers for 30 months, from 16 weeks of pregnancy through the child’s second birthday for a total of 64 visits.

In addition, there are currently six NFP implementing agencies in NYC—DOHMH, Harlem Hospital, Public Health Solutions, Richmond Home Need Services, SCO Family of Services, and the Visiting Nurse Service of New York—with capacity ranging from 150 to 750 mothers. NYCDOH handles approximately 530 clients directly. It is likely that an expanded program

⁴⁰ Goodman, A., “The Story of David Olds and the Nurse Home Visiting Program,” *Robert Wood Johnson Foundation*, July 2006.

⁴¹ Note: DOHMH permits the hiring of bilingual Registered Nurses without a Bachelor’s of Science in Nursing.

⁴² Note: The actual number of nurses needed is understated because caseloads for certain populations, such as for women in foster care, prison, and homeless shelters, are generally set at a ratio of 1 to 15. In addition, nurse supervisors oversee the nurse home visitors who work directly with clients. In NYC, nurse supervisors typically oversee a team of six full-time nurse home visitors.

would rely upon a combination of current and new implementing agencies, preferably organizations with a substantial record of quality service to their community among other pre-requisites. Other types of providers, such as Federally Qualified Health Centers, could also offer the NFP program, as is done elsewhere in the country.

Careful attention to the implications of NFP expansion would be essential.

Careful attention to the implications of program expansion would be essential, including appropriate leadership, a realistic implementation timeline, and collaboration with the NFP National Service Office. Assuming an average rate of growth of 2,400 cases annually, it would take five years to reach a caseload of 12,000 new participants.

Accordingly, in years 1-4, costs would rise until the full estimated cost of approximately \$58.7 million to \$73.4 million is required.

4) Create an Office of Early Childhood Services

In order to meet the demand for high quality early childhood programming, and thus reap the benefits of its investment, the City will need to improve its interagency coordination and better align resources and efforts. In a City with an overall operating budget of \$70 billion and an education budget of \$20 billion (bigger than the GDP of many nations), realignment of priorities and the integration of early care and education programming within the overall spectrum of education and youth services will ensure that enhanced and adequate financing for ECE is achievable. The following recommendation calls for the creation of an office that will help make that happen.

In 2007, Mayor Bloomberg convened the Mayor's Early Care and Education Policy Steering Committee, which was an important first step in aligning agencies to more effectively blend resources. However, publicly-administered programs such as childcare, early intervention, special education preschool, home visitation programs, Head Start, Early Head Start, and all of the ACS pre-kindergarten programs should be administered and overseen by a new, integrated multi-agency—Office of Early Childhood Development and Learning (OECDL)—within the mayor's office.⁴³ The Office would draw on the expertise and capacity from the various agencies involved to define robust and far-reaching early learning programmatic goals, implement a coherent, innovative fiscal strategy, and develop a system-wide strategy for implementation. In order to develop a world class system of early childhood programming, OECDL, along with the respective agencies it coordinates (Administration for Children's Services, Department of Education, Department of Health and Mental Hygiene,

⁴³ Note: Early intervention consists of services, education, and support to young children who have been evaluated and diagnosed or deemed to have an established physical or mental condition and has an existing delay or is a child at-risk of developing a delay or special need that may affect their development or impede their education. Early intervention is meant to alleviate the effects of the disability or delay. Early intervention services are geared toward five developmental areas: physical development, cognitive development, communication, social or emotional development, and adaptive development. Early Intervention services are proven most effective when started as soon as the delay or disability is identified.

THE \$4 BILLION DEFICIT: Ratcheting Up Investment in Early Childhood Education

Human Resources, Head Start, and Department of Youth and Community Development), should seek to accomplish the following goals:

- Adopt a Vision and a Strategic Action Plan.

This recommendation was first developed by the Center for Children’s Initiatives (CCI) in 2009, and it is as critical now as it was then.⁴⁴ This new office will develop, adopt, and plan for a significantly enhanced system of early childhood programming opportunities. It must establish goals and a road map for getting there. It will codify formal interagency coordination.

This office will need to improve data integration, collection, and analysis and must conduct better, more frequent studies of quality, capacity, and need. The office must make the results of these studies public.

- Produce an Annual State of Early Childhood Services Report.

Such a report would include breakdowns of capacity and need. It would utilize GIS mapping and be interactive. It would also include a statement of goals and benchmarks to improve quality and enhance capacity.

- Be Ready to Integrate the Quality Review and Integration System.

The State is currently developing a data system called the Quality Review and Integration System (QRIS), also known as Quality Stars, to support early care and education, which will enable various City agencies to effectively share data with one another. The State was hopeful to win a Race to the Top Early Learning Challenge grant in order to pay for the development of the system. Since it did not win, the rollout will take longer than originally hoped. Currently, 22 states are using the QRIS system but

not all systems are structured in the same way. The system can provide online professional development and has the capability to codify teacher, environmental, and learning standards. Much of this information is then incorporated into a “rating” system whereby parents can see how many stars—1 through 5—an ECE provider has been awarded. Providers from different states that already use QRIS have raised concerns about standards being too narrow, especially for the youngest children, or that ratings do not paint an accurate picture of early care and education centers.⁴⁵ Others worry that competition and salary decisions inspired by QRIS could be problematic.⁴⁶ These are legitimate concerns and certainly mirror



44 “A New York City Office of Early Care & Learning: Proposal to Build a Winning Beginning for New York’s Children,” *Center for Children’s Initiatives*, 2009.

45 Schulman, K., et al., “A Count for Quality: Child Care Center Directors on Ratings and Improvement Systems,” *National Women’s Law Center and Council on Law and Social Policy*, 2012.

46 *Ibid.*

some of the problems the DOE has had with data generation and utilization, particularly having to do with teacher quality. We remain hopeful, however, that the City is capable of learning its lessons and will stay true to the purpose of using the system as a tool, thereby avoiding purpose-creep. In the meantime, the City should utilize another Title I feature to begin to share information between teachers about students. Section 1120B of Title I in ESEA calls for:⁴⁷



Developing and implementing a systematic procedure for receiving records of preschool children, with their family's consent; establishing communication between school staff and their early learning program counterparts; conducting meetings involving parents, kindergarten or elementary school teachers, Head Start teachers, or, if appropriate, teachers from other early learning programs to discuss the developmental and other needs of individual children; organizing and participating in joint transition-related training of school staff, Head Start staff, or, where appropriate, other early learning program staff; and linking the educational services provided by the LEA with those provided by Head Start programs.⁴⁸

- Create Childhood Development Benchmarks that Cautiously but Effectively Link with the DOE's Common Core Standards.

Research Scientist and Director of the School of the 21st Century at Yale University, Matia Finn-Stevens, recently noted to the Comptroller's office that it is not enough that children are school-ready; we must also ensure that *schools* are ready for children.⁴⁹ This is an important and often overlooked way of thinking about how we need to integrate early care and education with schools as well as how we must integrate schools with the community—schools should know who their students are before they become their students. By involving public schools in the delivery of early childhood and family services we can begin to breakdown the compartmentalization that currently takes place between the schools and the larger community, and especially between the schools and their prospective students.

The new Common Core State Standards (CCSS) that 48 states have adopted (more on CCSS below) provide a new blueprint for understanding what we hope our students will learn in public schools. This has advantages, but now is the time to be concerned with how students meet those standards. There is great potential to debate and develop critical strategies that ensure the students are school-ready, but we must proceed with caution. "We must be

⁴⁷ Note: Title 1 of the Federal Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.) seeks to improve the academic achievement of the disadvantaged. The purpose of this title is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging state academic achievement standards and state academic assessments. Disadvantaged students are identified by income.

⁴⁸ "Serving Preschool Children under Title I: Non-Regulatory Guidance," U.S. Department of Education, May 2, 2004, www.ed.gov/programs/titleiparta/psguidance.doc, accessed on May 14, 2012.

⁴⁹ Phone interview with Matia Finn-Stevenson, Associate Director, Edward Zigler Center in Child Development and Social Policy at Yale University; Director, the School of the 21st Century, September 27, 2012.

careful that those standards, particularly as they extend downward, appropriately recognize these important social, communication, and self-regulation skills that are really as critical for kids' learning in those early and later years as whether they know the alphabet," said Robert C. Pianta, the dean of the Curry School of Education at the University of Virginia, in Charlottesville.⁵⁰ Moreover, "school readiness initiatives should be judged not only on the basis of their effectiveness in improving the performance of the children they reach, but also on the extent to which they make progress in reducing the significant disparities that are observed at school entry in the skills of young children with differing backgrounds."⁵¹

Currently, the State has adopted (and is participating in the development of) Common Core standards for pre-kindergarten through twelfth grade and there is no reason why they could not do the same for preschools. The overarching goal for Common Core is college and career readiness; critical to achieving this goal is being school-ready and that process must begin as early as possible. Such an endeavor, however, must not be overly cognitive and/or prescriptive in design and instead be grounded in well-rounded childhood development theory and cultural competence. Moreover, within "The New York State Prekindergarten Foundation for the Common Core" the State ensures that it will assist all early childhood professionals in setting high expectations for children.⁵² We look forward to learning more about this commitment and are encouraged by the early enhancements in professional development opportunities for early care and education practitioners, but believe there could be more.

The Virginia "Alignment Project," is an example of the kind of programmatic Common Core alignment New York City could implement.⁵³ This project has worked to develop key sets of standards to form the backbone of professional development. Representatives from different agencies including the Virginia State Department of Social Services, the Virginia Head Start office, the Department of Education, the Head Start State Association, as well as agencies and organizations representing child mental health and disabilities issues have been working together to develop "Virginia's Milestones of Child Development." The Milestones are early learning guidelines for children from birth to age 5, competencies for early care and education professionals, and career opportunities from State-sponsored noncredit classes to higher education. In New York City, an Office of Early Childhood could also create developmental and school-readiness "milestones" and collaborate with the CUNY system (and other City-based universities) to develop course offerings for early childhood educators and workers toward meeting this goal.

⁵⁰ Zubrzycki, J., "Common Core Poses Challenges for Preschool," *Education Week*, December 6, 2011, last accessed on December 8, 2012, http://www.edweek.org/ew/articles/2011/12/07/13prek_ep.h31.html.

⁵¹ National Research Council and Institute of Medicine, Op. Cit.

⁵² New York State Prekindergarten from the Common Core," *NYS Board of Regents*, accessed on May 4, 2012, http://www.p12.nysed.gov/ciai/common_core_standards/pdfdocs/nyslsprek.pdf.

⁵³ "Milestones of Child Development: Learning and Development from Birth to Kindergarten, Virginia's Early Childhood Development Alignment Project," *State of Virginia Office of Early Childhood Development*, 2008.

Conclusion

The relationship between poverty and low levels of educational attainment is clear. “That is, if it is assumed that families in the top 20th percentile for income provide optimally for the development of their children, then children at the median income are approximately half as far below ‘optimal’ development as children from families in the bottom 20th percentile.”⁵⁴ Similarly these gaps in opportunity correspond to gaps in achievement later in life. We cannot afford for this to be the case in New York City, nor can we afford to rely on the public school system to make up for a deficit of opportunity that occurs in the first few years of a child’s life. In many cases, by the time a child reaches school age, it is already too late. Indeed, no preschool or parent education program alone can overcome homelessness, poverty, and other profound hardships. Dr. Jack P. Shonkoff, a research scientist who studies Adverse Childhood Experiences, stated recently: “It’s asking too much to require parent education and an enriched preschool program to counteract the effects of the level of adversity in some kids’ lives...”⁵⁵ Instead, early childhood programming needs to include a comprehensive system of supports starting as early as possible. Biological research about childhood experiences shows that, “good experiences, like nurturing parents and rich early-child-care environments, help build and reinforce neural connections in areas such as language development and self-control, while adversity weakens those connections.”⁵⁶

When it comes to high-quality early care and education, that which benefits the individual also benefits society. High quality programs that begin at infancy and provide continuity of services for four to five years show the greatest effect on children, particularly children from low-income and high-need backgrounds.⁵⁷ Likewise, home visitation programs such as the Nurse-Family Partnership show considerable benefits for children in terms of school readiness but also for young, first-time mothers, by increasing the likelihood that they will remain in school and find employment.⁵⁸ New York City has a moral, ethical, and economic obligation to help those most in need from cradle to career, and the place to start is at the beginning.

⁵⁴ Barnett, S. & Ackerman, D., “Costs, Benefits, and Long-Term Effects of Early Care and Education Programs: Recommendations and Cautions for Community Developers,” *Journal of the Community Development Society*, Vol. 37, No. 2, Summer 2006.

⁵⁵ Sparks, S., “Research Traces Impact of Childhood Adversity,” *Education Week*, November 7, 2012, <http://tinyurl.com/d6p4f3r>, accessed November 21, 2012.

⁵⁶ Ibid.

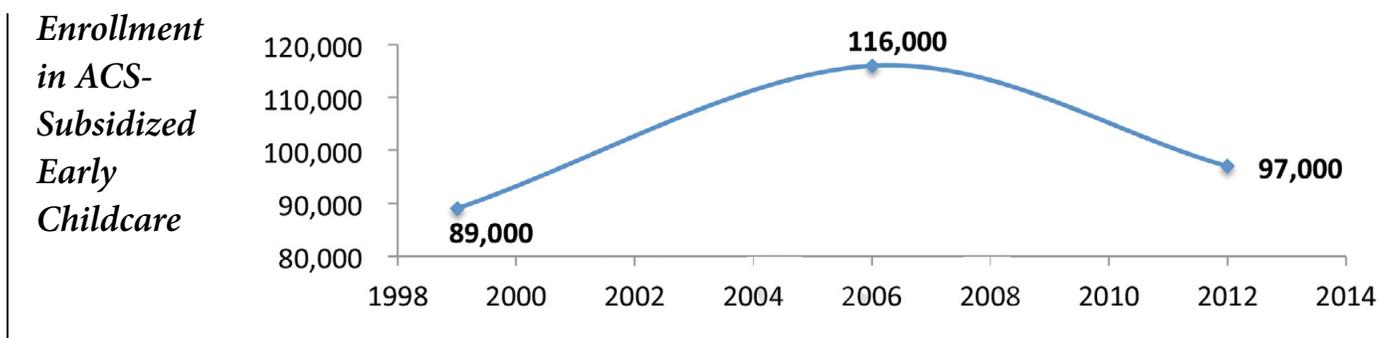
⁵⁷ Love, J., and Brooks Gunn, J., “Getting the Most out of Early Head Start: What Has Been Accomplished and What Needs to be Done,” in *Investing in Young Children: New Directions in Federal Preschool and Early Childhood Policy*, ed. Ron Haskins and Steven Barnett, Brookings Institute and National Institute for Early Education Research; September 2010.

⁵⁸ Goodman, Andy, Op. Cit.



Appendix A: Additional Background

Between 1999 and 2006 the number of children enrolled in some type of ACS subsidized early care and education rose significantly from 89,000 (1999) to more than 116,000 (2006).⁵⁹ Between 2006 and 2012, however, the number steadily declined to approximately 96,585.⁶⁰ As noted above, the rise in enrollment between 1999 and 2006 was due in part to an increase in the number of families receiving public assistance.⁶¹ During this period, the number of children on public assistance receiving childcare subsidies rose from approximately 30,000 to 57,000, a 53 percent increase, which was due to an increase in the overall number of families receiving public assistance, as well as improvements made in providing welfare clients with information about childcare assistance entitlements.⁶²



During the same timeframe—1999 to 2006—the number of low-income working families receiving subsidies held relatively steady. The period between 2006 and 2012 is marked by declines in overall subsidies and most notably, declines for low-income participants.

From 2006 to 2012 the number of children on public assistance receiving early care and education subsidies leveled off at approximately 52,000 while the number of children from low-income working families decreased from approximately 59,000 to 45,000, during that timeframe.⁶³ In 2012, children on public assistance made up 54 percent of the total number of children receiving early care and education subsidies.⁶⁴

There are 489,983 children under the age of 5 living in New York City.⁶⁵ The total number of children under the age of 5 who live below 135 percent federal poverty level is 196,249.⁶⁶ The current federal poverty level for a family of four is \$23,550.⁶⁷

⁵⁹ Lopatto, P., & Westman, S., “City’s Subsidized Child Care System Faces Rising Costs, Shrinking Funds,” and *Independent Budget Office*, October 2010.

⁶⁰ Letter from the Independent Budget Office Director, Ronnie Lowenstein, to Councilmember Brad Lander that includes analysis on the impact of childcare capacity with the implementation of EarlyLearn NYC, (May 30, 2012).

⁶¹ Lopatto, P., & Westman, S., Op. Cit.

⁶² Ibid.

⁶³ Letter to City Councilmember Brad Lander from the Independent Budget Office Director, Ronnie Lowenstein, May 30, 2012.

⁶⁴ Letter from the Independent Budget Office Director, Ronnie Lowenstein, Op. Cit.

⁶⁵ American Community Survey, adjusted per the Office of the New York City Comptroller (see page 25 for methodological information).

⁶⁶ Ibid.

⁶⁷ “The 2013 HHS Federal Poverty Guidelines” *Department of Health and Human Services*, accessed on June 10, 2013, <http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>.

Appendix B: Cost Analysis

The table below summarizes the total cost to provide comprehensive early childhood care and education for all of New York City's children. The \$5,996,593,017 total, when combined with \$73,386,300 for the Nurse-Family Partnership Program, yields a grand total of \$6,069,979,317.

Income Thresholds (based on Federal Poverty Guidelines)	# Children (ACS)	# Children (ACS Adjusted)	# Participants (Take-Up)	Per Child Cost	Per Child Expected Family Contribution	Total
0-24 Months						
< 135%	83,304	76,639	57,480	\$28,214	N/A	\$1,621,729,339
135% - 200%	24,828	22,842	17,131	\$22,904	N/A	\$392,377,305
200% - 275%	20,131	18,520	13,890	\$22,904	\$3,840	\$264,804,831
> 275%	77,023	70,861	53,146	\$22,904	\$10,800	\$643,279,761
Sub-Total	205,286	188,863	141,647	N/A	N/A	\$2,922,191,236
24-36 Months						
< 135%	45,898	42,226	31,670	\$24,358	N/A	\$771,407,717
135% - 200%	11,282	10,379	7,784	\$19,697	N/A	\$153,329,178
200% - 275%	12,552	11,548	8,661	\$19,697	\$3,840	\$137,334,481
> 275%	42,392	39,001	29,251	\$19,697	\$10,800	\$260,244,127
Sub-Total	112,124	103,154	77,366	N/A	N/A	\$1,322,315,502
UP3 (3-4 Year-Olds)						
< 135%	40,237	37,018	27,763	\$20,878	N/A	\$579,640,157
135% - 200%	14,112	12,983	9,738	\$16,883	N/A	\$164,399,997
200% - 275%	9,963	9,166	6,874	\$16,883	\$3,840	\$89,663,934
> 275%	42,866	39,437	27,211	\$16,883	\$10,800	\$165,526,473
Sub-Total	107,178	98,604	71,587	N/A	N/A	\$999,230,560
UPK 4-5 Year-Olds						
< 135%	43,876	40,366	30,274	\$11,297	N/A	\$342,010,436
135% - 200%	13,304	12,239	9,180	\$9,737	N/A	\$89,381,067
200% - 275%	13,636	12,545	9,409	\$9,737	N/A	\$91,612,603
> 275%	37,187	34,212	23,606	\$9,737	N/A	\$229,851,613
Sub-Total	108,002	99,362	72,469	N/A	N/A	\$752,855,719
Total	532,590	489,983	363,068	N/A	N/A	\$5,996,593,017

Source: NYC Comptroller's Office.

Income Thresholds

Federal Poverty Guidelines (FPG) are published by the U.S. Department of Health and Human Services and are dollar thresholds that vary based on household size. For example, for a household of four, below 135 percent of total household income is the equivalent of \$31,618 or less. Likewise, between 135 percent and 200 percent of total household income is less than \$47,100 for a household of four. Between 200 percent and 275 percent is less than \$64,388 for a household of four.

Population

We estimated the number of children in each New York City age group under age six by taking population estimates of each age group from the 2011 American Community Survey. We compared the American Community Survey estimates of the number of students enrolled in public kindergarten to actual 2011 kindergarten enrollment from the Official Audited October 31st Register 2011-2012 and found actual public kindergarten enrollments were only 92 percent of public kindergarten enrollments per American Community Survey. We took the American Community Survey estimates of the number of children in each age group under age six and deflated them by a factor of 0.92 to benchmark those estimates to actual enrollment.

Participation

We then estimated the expected participation rate for children at different income levels by looking at the rates at which children at different income levels enrolled in public kindergarten according to the American Community Survey. Accordingly, we estimated that 75 percent of children in families with incomes less than two times Federal Poverty Guidelines would participate, but only 69 percent of children in families with higher incomes. The remainder of kindergarten age children were either not enrolled in school, reflecting the fact that kindergarten was not mandatory, or were enrolled in private kindergarten. Children in families with higher incomes were more likely to enroll in private kindergarten.

Per Student Costs

In 2007, the Center for Children's Initiatives (CCI) designed four cost models of ECE programs reflecting the changes in per-child costs as children age (0-4 years, 2-4 years, 3-4 years, and UPK). The cost models take into account the following:

- Classrooms are large enough to serve the maximum number of children allowed by regulatory standards: 9 children under the age of two, 10 two-year-olds, 15 three-year-olds, and 20 four-year-olds.
- Every classroom is led by a certified teacher, as required in state regulatory standards. Salaries reflect entry-level compensation for public school teachers with comparable education.
- Every classroom will have three full-time staff assigned including one full-time appropriately certified teacher, assistant teacher and teacher aide. Three staff will be available to cover the pre-K day, as appropriate. At least two staff are present at all times. At least three staff are present in infant/toddler rooms.
- The director's qualifications and salary are based on the starting salary for an Assistant Principal in the public school.

THE \$4 BILLION DEFICIT: Ratcheting Up Investment in Early Childhood Education

- A full-time social worker, as well as consultants in mental health, health, and nutrition are included as core components. (Programs serving primarily at-risk children have a family worker for each class).
- Administrative expenses include secretarial, financial, and janitorial services, at five percent of personnel costs.
- The OTPS (Other Than Personnel Services) expenses for rent and related expenses are based on an assumption of 75 square feet of classroom and ancillary space per child based on cost per square footage, plus other non-personnel costs.⁶⁸

Age tends to be the primary driver of program costs. Older children require less staff, which decreases personnel costs.

From the CCI models, new models were generated to identify the per-child costs for 1) infants to two-year-olds, 2) two to three-year-olds, 3) UP3 (3-4 years), and 4) UPK (4-5 years) with the following modifications: costs were updated to reflect 2012 dollars; salaries were pegged to the current base salary rate for public school teachers, and then prorated to compensate for 242 days of ECE programming versus the 182 days that public school teachers are paid for; health costs were adjusted to reflect current rates (as were substitute teacher per diems, food, utilities, and facilities costs); and an “at-risk” premium was identified for children living in families earning less than 135 percent of the Federal Poverty Guidelines, accounting for additional family/social workers assigned to that population.⁶⁹

Expected Family Contribution

We assumed families with incomes over twice Federal Poverty Guidelines would contribute six percent of their family income toward the cost of providing pre-school, up to a maximum of the full per-child cost of pre-school. The six percent is based on the Federal Student Aid Application (FAFSA) “Estimated Family Contribution” and the belief that families should not be expected to pay more for early care and education than for college, especially considering that a family’s earning power typically is greater by the time a child is ready for college.

We estimated the average expected family contribution for children in different income groups by taking six percent of the average family income for people in each income range. For example, using ACS data, we estimated the average family with pre-school age children, and an income between 2 and 2.75 times Federal Poverty Guidelines had an income of roughly \$64,000 and would be expected to contribute six percent of that, or about \$3,840, toward their child’s education.

⁶⁸ “Early Care and Education—What it Costs: Full-day, Year-round, Early Childhood Program,” *Center for Children’s Initiatives*, November 2007.

⁶⁹ Note: Per child costs were adjusted using localized Consumer Price Indices change outputs for items such as health, utilities, and food; we also used the “Consumer Price Index Inflation Calculator” for other items. Bureau of Labor Statistics, U.S. Department of Labor-2007 estimates were adjusted to 2012 dollars. “Early Care and Education—What it Costs: Full-day, Year-Round, Early Childhood Program,” *Center for Children’s Initiatives*, November 2007.



Appendix C: Current Expenditure (\$000s)

PROGRAM	CITY	STATE	FEDERAL	OTHER	TOTAL
Child Care (ACS-TANF)	\$275,083	\$44,404	\$528,569	\$4,108	\$852,164
ACS-Head Start	N/A	N/A	\$190,591	N/A	\$190,591
Head Start (Non-ACS)	N/A	N/A	\$45,940	N/A	\$45,940
Early Head Start	N/A	N/A	\$23,913	N/A	\$23,913
Universal Pre-K	\$56,110	\$248,149*	\$15,244	N/A	\$319,503
LYFE	\$12,000	N/A	N/A	N/A	\$12,000
CUNY Child Care	\$1,000	\$2,000	\$3,000	N/A	\$6,000
Nurse-Family Partnership	\$2,950	\$6,250**		N/A	\$9,200
Total	\$331,206	\$292,555	\$804,260	\$4,108	\$1,459,311

Sources: Kolben, N., et al., "CCI Primer 2011: Key Facts About Early Care and Education in New York City and the NYC Comptroller's Office.

*This was the amount disbursed from the State to the City in FY2011. The City returned \$19,243,000 of this amount.

**It is not known what portion of these funds are Federal versus State.

Appendix D: Full-Day Equivalent and Children Served

The City currently provides early childhood development services in full- and half-day increments. The proposals in this paper will move the City towards ultimately offering full-day services to all children 5 years and younger. In order to provide a clearer picture of the incremental benefits of these proposals and the related cost, it was necessary to develop a measure that would take into consideration not only the number of children served but the hours children were served. The full-day equivalent (FDE) measure was developed to take this into consideration.

The full-day equivalent is not the same thing as the overall number of children served. Instead, it accounts for the fact that many children receive less than full-day services. In this report a FDE is equal to one child receiving one full day of services or two children each receiving a half day of service. Using this approach we determined that, in 2011, the City provided 142,436 FDE's—including UPK. In order to determine the gap in service needed we took the difference between what is currently being served, 142,436, and our overall target populations (infant to five-year-olds), 377,575, which gives us 235,139 FDEs not currently being served.

The FDEs needed were allocated over the various age groups allowing us to quantify the impact of the program proposals and expansions on those different groups. These proportions were determined by using per child, age group, and program costs developed for the cost-out analysis (see page Appendix B for methodology).

Appendix E: Jobs Analysis

Salaries and benefits for full-time employees account for 70 percent of overall classroom costs according to the model classrooms used in the cost-out analysis of this report (see Appendix B). Utilizing the average salary with benefits of a full-time employee for each classroom type,⁷⁰ we determined the number of additional full-time employees needed. The average salary for the specific UPK and UP3 proposals is \$64,469 and for expanded 0-to-36 months program the average salary is \$64,649. Dividing 70 percent of the overall program costs by the average salaries shows that a full roll-out would require an additional 51,003 full-time employees. It is unknown how many full-time ECE employees there currently are, so it was not possible to determine the net job increase of this program.

⁷⁰ Note: classrooms are differentiated by age and at-risk category of the children enrolled.



Appendix F: Glossary of Terms and Acronyms

ACA: Affordable Care Act

On March 23, 2010, President Obama signed into law the Affordable Care Act, putting in place comprehensive reforms to improve access to affordable health coverage for everyone and protect consumers from abusive insurance company practices. The law allows all Americans to make health insurance choices while guaranteeing access to care for the most vulnerable.

<http://www.whitehouse.gov/healthreform/healthcare-overview#healthcare-menu>

ACS: Administration for Children's Services

On January 10, 1996, the Administration for Children's Services (ACS) was created as the first agency devoted solely to serving children and their families. Children's Services' mission is to ensure the safety and well-being of New York City children. ACS's Division of Early Care and Education administers the largest publicly-funded childcare system in the country.

<http://www.nyc.gov/html/acs/html/home/home.shtml>

Beyond High School NYC

Beyond High School NYC is a major initiative launched by Comptroller John C. Liu to increase the proportion of New Yorkers with higher education to 60 percent by the year 2025 through strategic investments in public education.

Center-Based Care

Center-based care refers to a licensed child care center in which certified teachers care for children aged six weeks through pre-kindergarten.

http://www.nyc.gov/html/acs/html/child_care/child_care_eligibility.shtml

CBOs: Community Based Organizations

A community based organization is a public or private nonprofit (including a church or religious entity) that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

<http://nnlm.gov/sea/funding/cbodef.html>

CCI: Center for Children's Initiatives

Center for Children's Initiatives (formerly Child Care, Inc.) champions the right of all children to start life with the best possible foundation of early learning, care, and health. Founded in 1982, CCI has more than thirty years of experience supporting families by helping them to be more effective consumers of early care and learning services.

<http://www.centerforchildrensinitiatives.org/>

CCLS: Common Core Learning Standards

The New York State P-12 Common Core Learning Standards (CCLS) are internationally-benchmarked and evidence-based standards. These standards serve as a consistent set of expectations for what students should learn and be able to do, so that we can ensure that every student across New York State is on track for college and career readiness. The New York State Education Department (NYSED) will continue to develop educator resources to support the successful implementation of the CCLS in classrooms across New York State over the next several years.

<http://www.engageny.org/resource/new-york-state-p-12-common-core-learning-standards>

CUF: Center for an Urban Future

The Center for an Urban Future is a NYC-based think tank dedicated to highlighting the critical opportunities and challenges facing New York and other cities, and providing fresh ideas and workable solutions to policymakers. The Center's primary focus is on growing and diversifying the local economy, expanding economic opportunity, and targeting problems facing low-income and working-class neighborhoods. They consistently elevate important, but long overlooked, issues onto the radar of public officials and push policymakers to think differently about economic and workforce development.

<http://nycfuture.org/about>

CUNY: City University of New York

The University is an integrated system of senior and community colleges, graduate and professional schools, research centers, institutes, and consortia. From certificate courses to Ph.D. programs, CUNY offers postsecondary learning to students of all backgrounds. It provides the City with graduates trained for high-demand positions in the sciences, technology, mathematics, teaching, nursing, and other fields.

The City University of New York provides high-quality, accessible education for more than 269,000 degree-credit students and 270,000 adult, continuing, and professional education students at 24 campuses across New York City.

<http://www.cuny.edu/about.html>

DOE: Department of Education

The New York City Department of Education is the largest system of public schools in the United States, serving about 1.1 million students in more than 1,700 schools.

<http://schools.nyc.gov/default.htm>

DOHMH: Department of Health and Mental Hygiene

The New York City DOHMH is a department of the government of New York City responsible for public health along with issuing birth certificates, dog licenses, and conducting restaurant inspection and enforcement.

<http://www.nyc.gov>

Early Head Start

Early Head Start is a year-round program that provides services for pregnant women and for children from birth through age three and their families. Early Head Start children and their families receive high-quality early childhood education in a warm and nurturing relationship-based environment; parent education and engagement; health and mental health services or referrals, including prenatal education; nutrition education; and family support services.

<http://otda.ny.gov/workingfamilies/headstart.asp>

EarlyLearn NYC

In April 2010, ACS issued a concept paper describing the agency's vision for a redesigned early childhood education system in New York City. The new initiative, called EarlyLearn NYC, encompasses all center- and home-based contracted child care, as well as Head Start programs Citywide. The primary goals are to improve and standardize quality of care while expanding services to communities with the greatest need, as determined by the concentration of children eligible for subsidies along with other community characteristics. As stated in the concept paper, EarlyLearn NYC will focus on: expanding infant and toddler placements, increasing support for children and families served, ensuring that each child's needs and each program's performance are properly assessed, and making enrollment easier.

<http://www.ibo.nyc.ny.us/iboreports/earlylearn2012.pdf>

EFC: Expected Family Contribution

The Expected Family Contribution (EFC) is the amount a family will be expected to contribute to their child's early care and education. It is based on what is used in the Free Application for Federal Student Aid (FAFSA). Factors considered in the calculation include family size, income, and the per child cost of care and education at different ages between 0 and 4 years.

ESEA: Elementary and Secondary Education Act

The Elementary and Secondary Education Act was passed in 1965 under the Johnson administration. Before that, federal legislation dealing with education provided funding or land for schools and special programs but was careful not to intrude on states' rights to make decisions on curriculum and the general operations of schools. The No Child Left Behind Act (NCLB) is the latest reauthorization of ESEA.

<http://tinyurl.com/cmzhalr>

Family Care

Family care is care for up to six children, depending on their ages, in the care provider's home. The provider must be registered with the New York City Department of Health and Mental Hygiene.

http://www.nyc.gov/html/acs/html/child_care/child_care_eligibility.shtml

FPG: Federal Poverty Guidelines

The FPGs are issued each year in the Federal Register by the Department of Health and Human Services. The guidelines are a simplification of the poverty thresholds for use for administrative purposes—for instance, determining financial eligibility for certain federal programs. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

<http://aspe.hhs.gov/poverty/13poverty.cfm#guidelines>

GDP: Gross Domestic Product

GDP is the total market value of the goods and services produced by a nation’s economy during a specific period of time. It includes all final goods and services—that is, those that are produced by the economic resources located in that nation regardless of their ownership and that are not resold in any form. GDP differs from gross national product (GNP), which includes all final goods and services produced by resources owned by that nation’s residents, whether located in the nation or elsewhere.

<http://www.britannica.com/EBchecked/topic/246647/gross-domestic-product-GDP>

GED: Graduate Equivalency Degree

The GED® Test Battery is a national examination developed by GED Testing Service. It is made available to adults who did not graduate from high school or whose high school diplomas may not be recognized by New York State. In New York State, the GED® Tests are offered in English, French, and Spanish.

http://www.acces.nysed.gov/ged/about_us.html

GIS: Geographic Information Systems

A geographic information system integrates hardware, software, and data for capturing, managing, analyzing, and displaying all forms of geographically referenced information.

<http://www.esri.com/>

Group Family Care

Group Family Care involves a provider and an assistant caring for as many as 10 to 14 children, depending on the age of the children, in the provider’s home. The provider must be licensed by the New York City Department of Health and Mental Hygiene.

http://www.nyc.gov/html/acs/html/child_care/child_care_eligibility.shtml

GPA: Grade Point Average

GPA is calculated by taking the number of grade points a student earned in a given period of time divided by the total number of credits taken.

Head Start

Head Start offers educational programs for children ages three to five, and a wide variety of opportunities and support services for their families. Since 1965, it has joined with millions of low-income parents, from hundreds of different backgrounds, to help children succeed in school and life. The Administration for Children's Services (ACS) sponsors more than 250 Head Start centers in neighborhoods throughout New York City. Every one of them offers a safe, caring environment where both children and parents come to learn and grow and achieve. Every Head Start program is free.

http://www.nyc.gov/html/acs/html/child_care/headstart.shtml

LEA: Local Education Agency

A Local Education Agency is a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools.

<http://www.ed.gov/race-top/district-competition/definitions>

LYFE: Living for the Young Family through Education

The LYFE program makes it possible for student parents to stay on track toward graduating from high school or completing their GED and supporting their transition into parenthood by providing consistent, high-quality childcare and support services. LYFE has serviced more than 800 families in the 2011-2012 school year alone impacting more than 1,600 youth including infants, toddlers, and their student parents.

<http://lyfenyc.org/>

Mayor's Early Care and Education Policy Steering Committee

The New York Care & Education Policy Steering Committee was formed in 2007 with the goal of improving coordination of policies and procedures at City agencies to support quality, integrated services for children and families. It was comprised of senior level representatives from the Department of Education, Administration for Children's Services, the Department of Youth & Community Development, and the Mayor's Office. It was charged with developing short- and long-term strategies for development of a coordinated and unified early care and education system in New York City. The coordination issues included, but were not limited to, service expansion, quality enhancement, and integration of services.

http://www.nyc.gov/html/acs/downloads/pdf/Needs_Assessment_Summary.pdf

Medicaid Redesign Team

In January 2011, Governor Cuomo established the Medicaid Redesign Team (MRT), a group of stakeholders and experts from throughout the state whose purpose was to redesign and restructure the Medicaid system to reduce costs and improve patient outcomes. In Phase 1, the MRT produced its initial report, which it completed in February 2011 and contained 79 recommendations, 78 of which were approved by the Legislature as part of the enacted budget and are now being implemented. The MRT continued its work in Phase 2 by establishing 10 work groups to address more complex issues, as well as monitor the implementation of key recommendations enacted in Phase 1. These work groups provided an additional 175 stakeholders the opportunity to participate in the MRT process. All work group meetings were public and multiple public hearings were held. The group's end product will be a multi-year road map with the goal of creating a more efficient program and system that is affordable and will achieve better health outcomes for New Yorkers.

http://www.health.ny.gov/health_care/medicaid/redesign/

MIECHV: Maternal, Infant, and Early Childhood Home Visiting

The Maternal, Infant, and Early Childhood Home Visiting program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

<http://mchb.hrsa.gov/programs/homevisiting/>

NFP: Nurse-Family Partnership

Nurse-Family Partnership (NFP) delivers critical support to first-time mothers in order to have healthy pregnancies, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The program provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth.

<http://www.nursefamilypartnership.org/>

OECDL: Office of Early Childhood Development and Learning

A recommendation in this report is the creation of a NYC Office of Early Childhood Development and Learning to draw upon the expertise and capacity from the various agencies involved to define robust and far-reaching early learning programmatic goals, implement a coherent, innovative fiscal strategy, and develop a system-wide strategy for implementation.

QRIS: Quality Review and Integration System

A quality rating and improvement system (QRIS) is used to assess, improve, and communicate the level of quality in early care and learning programs and in school-age child care programs. Similar to rating systems for restaurants and hotels, QRIS awards quality ratings to early learning and school-age programs that meet a set of defined program standards. By participating in a QRIS, early learning and school-age child care programs and providers embark on a path of continuous quality improvement. Even providers that have met the standards of the lowest QRIS levels have achieved levels of quality that are above and beyond the minimum requirements to operate.

<http://www.qualitystarsny.org/discover-QRIS.php>

Race to the Top

The federal Race to the Top-Early Learn Challenge grant competition focused on improving early learning and development programs for young children by supporting states' efforts to: (1) increase the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs; (2) design and implement an integrated system of high-quality early learning programs and services; and (3) ensure that any use of assessments conforms with the recommendations of the National Research Council's reports on early childhood.

<http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html>

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) is the nation's most important anti-hunger program. In 2012, it helped almost 47 million low-income Americans to afford a nutritionally adequate diet in a typical month. Nearly 72 percent of SNAP participants are in families with children; more than one-quarter of participants are in households with seniors or people with disabilities. After unemployment insurance, SNAP is the most responsive federal program providing additional assistance during economic downturns. It also is an important nutritional support for low-wage working families, low-income seniors, and people with disabilities with fixed incomes. The federal government pays the full cost of SNAP benefits and splits the cost of administering the program with the states, which operate the program.

<http://www.cbpp.org/cms/index.cfm?fa=view&id=2226>

TANF: Temporary Assistance for Needy Families

TANF is a block grant program to help move recipients into work and turn welfare into a program of temporary assistance. Under the welfare reform legislation of 1996, TANF replaced the old welfare programs known as the Aid to Families with Dependent Children (AFDC) program, the Job Opportunities and Basic Skills Training (JOBS) program, and the Emergency Assistance (EA) program. The law ended federal entitlement to assistance and instead created TANF as a block grant that provides states, territories, and tribes federal funds each year. These funds cover benefits and services targeted to needy families.

<http://www.hhs.gov/recovery/programs/tanf/tanf-overview.html>

TANF Vouchers

As of FY 2010, more than 72,000 children in low-income New York City families were receiving child care services through vouchers. The vast majority of these vouchers are from TANF. These vouchers are the first to be distributed and are issued to any family on public assistance participating in a mandated work activity or making a transition to employment. The City then sets priorities for issuing additional ACS vouchers to low-income parents NOT on public assistance, such as children in the child welfare system.

http://nycfuture.org/pdf/Subsidizing_Care,_Supporting_Work.pdf

Title I: Provision of ESEA

The purpose of this title is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging state academic achievement tests and state academic assessments.

<http://www2.ed.gov/policy/elsec/leg/esea02/pg1.html>

UP3: Universal Preschool for Three-Year-Olds

Universal Preschool for Three-Year-Olds is a recommended program developed by the Office of the Comptroller. The UP3 program is, in spirit, a downward extension of UPK, although there are key differences. UP3 assumes a full-day (8 to 10 hours), full-year (242 days) program and would require an expected family contribution (EFC) from families living above 200 percent of the Federal Poverty Guidelines.

UPK: Universal Pre-Kindergarten

Universal Pre-Kindergarten is a New York State early childhood initiative focused on the educational development of four-year-olds. Through comprehensive age appropriate educational experiences, the program promotes the development of children's language, early literacy skills, cognitive, physical, social, and educational skills.

WIC: Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

<http://www.fns.usda.gov/wic>

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