Rethinking Child Care

An Integrated Plan
for Early Childhood Development in New York City

October 2005

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Administration for Children's Services

Division of Child Care and Head Start Strategic Plan

October 2005

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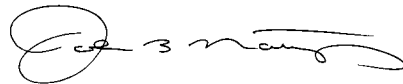
Letter from the Commissioner

I am pleased to present you with *Rethinking Child Care*, a strategic plan that sets the course for our efforts to better support New York City's young children and their families. This document outlines a series of strategic reforms to further promote the positive development of young children and ensure a better future for our children and our city.

This plan describes the City's goals and actionable strategies to maximize our existing resources devoted to early care and education and to improve the quality of these services to better meet the needs of young children and families. This effort builds on work done over several years by ACS and the extended New York City early childhood care and education community, and follows a six-month collaborative process involving City leaders from ACS, other City agencies, and the providers and advocates of early childhood care and education services. We are proud to say that many of these innovative strategies are already being implemented.

Many hands must join together to support children and families, especially those who most need assistance. Fortunately, there are thousands of caregivers and educators of our young throughout this city who dedicate themselves to this mission. Many men and women work tirelessly within the ACS Division of Child Care and Head Start and affiliated City agencies; in addition, programs, teachers, parent body leadership, and the advocacy community are committed to improving the early care and education. This plan builds upon their good work that is being done every day and supports them in their efforts to improve the lives of children and their families. I am grateful to them.

We have much work to do to build the kind of first class early childhood care system New York's families deserve. To ensure that the Division of Child Care and Head Start continues its work in concert with the early childhood development community, we will regularly provide updates on the progress of individual elements of the plan to City leaders, including the Mayor's Office, and to the public via the ACS website. We will also ensure accountability by establishing periodic check points to evaluate our efforts against our stated goals, and report on our progress to the public.

Given the depth and extent of the changes we are proposing, we are going to need everyone's help. Join me as we embark on this collaborative journey towards a stronger comprehensive early childhood care and education system in New York City.

John B. Mattingly

Executive Summary

New York City's Administration for Children's Services' mission is to foster the healthy and positive development of children. ACS has long recognized that early childhood development programs play a critical role in supporting young children's development, and evidence has shown that high quality early learning programs can lead to later success.[1] The Child Care and Head Start (CCHS) Division of ACS is committed to ensuring that New York City's low-income young children have positive early experiences. Over the next several years, the division plans to better align its services and use its resources to provide a broad continuum of high quality child care options to meet the developmental needs of children and to support parents. ***ACS is committed to putting children and their developmental needs first in early childhood services and to supporting children within the real contexts and needs of their families and communities.***

ACS does not uphold this commitment alone. In fact, publicly supported early care and education in New York City is comprised of a variety of child care and early education programs administered by three major City agencies: the Administration for Children's Services, the Human Resources Administration, and the Department of Education. In addition, the Department of Health and Mental Hygiene licenses all child care centers, including private child care. In total, more than 135,000 young children attend some form of subsidized early care and education. Despite New York City's significant commitment to its youngest citizens, the delivery of early care and education services has suffered from inconsistent priorities, administrative redundancy, lack of coordination and unreliable accountability.

ACS recognizes the need to examine its operations in order to provide more effective and efficient programs in concert with other City early care and education services. Therefore, the strategic planning process has established broad goals for improved services and realistic, actionable steps to achieve immediate and enduring change. This plan guides our work over the next several years and will hold the division accountable for accomplishing the changes outlined in the plan. Since ACS's core values of family and community-centered services have long been the basis of early childhood care in the city, this is a natural step for Children's Services' continuing reform efforts.

In response to current funding constraints and historical lack of coordination across the City for early care and education services, *Rethinking Child Care* aims to improve CCHS and the early care and education system in New York City. Several principles for an early care and education system guide this work:

- **Developmentally-focused:** Fostering children's development is the primary goal in early childhood care and education.

- **Community-based and Family-focused:** Child Care and Head Start programs should respond to family and community needs and strengthen vital neighborhood institutions that deliver services to children and families, and support families as young children's most significant developmental influence.

- **Accessibility:** Child Care and Head Start should provide many front doors, easy access, and comprehensive information for families who are choosing early care and education.

- **Continuity:** Child Care and Head Start should promote the stability of care arrangements, with seamless and developmentally appropriate transitions in care.

- **Efficiency:** Child Care and Head Start services should be fully utilized.

- **Coherence:** Child Care and Head Start procedures for contracted and voucher systems should allow these systems to work together, integrated at the program level and administrative level, and with the HRA voucher system.

- **Quality and Accountability:** Child Care and Head Start should make programmatic decisions based on high quality data and performance measurement.

Six strategic goals will help Child Care and Head Start to fulfill its mission and better serve young children and families with high quality early childhood development services.

Goal 1

Resources and Community Needs: Analyze and respond to communities' early care and education needs by reallocating services and by using a strategic combination of contracted care and vouchers to achieve full utilization of resources.

Public resources for young children's developmental care are scarce. In fact, per-child spending for children in the early years is roughly only a tenth of the per-pupil spending for children in K-12 education; $1,300 compared to approximately $11,900.[2] A great many families with young children need support to meet the dual demands of both nurturing and providing for their children. To provide some of this much needed assistance to families, a complex web of services aims to ensure that many of New York City's young children have early care and education experiences. *Rethinking Child Care's* most pressing goal is to establish a mix of services that promotes full utilization of resources, makes contracted care and vouchers efficient and complementary, and responds to changes in communities. Most importantly, the achievement of this goal will serve more of New York City's children and their families. To improve the utilization of services, CCHS has set the following two objectives:

Objective I – Shifting Services: Expand services in areas with greatest unmet needs and target underserved age groups.

Objective II – Maximize Resources: Modify contracts to reflect enrollment and enable programs to enroll voucher and private-pay families.

Goal 2

Community-Based Enrollment: Improve eligibility determination, enrollment, and recertification processes to better support the needs of young children and their families.

Families face significant obstacles in finding appropriate and stable care arrangements for their children, and accessing the subsidies they need for securing this care. Complex enrollment and eligibility procedures discourage some families from applying for early care and education programs. Because working parents do not always have the time, resources, or access to information to locate high quality care, they often make child care arrangements they find far from ideal.

We have heard a great many parents' stories of making desperate care arrangements, leaving their children in settings of poor quality, or even potentially harmful situations.[3] CCHS must ensure that the process of applying for early care and education services is as easy as possible and aids, rather than hinders families' efforts to meet their children's needs. To better facilitate parents' child care choices, CCHS has identified the following three objectives related to enrollment and eligibility:

Objective I – Enrollment Access: Easy access to early childhood services with simplified forms, streamlined eligibility, and community-based enrollment.

Objective II – Continuity of Care: Enable families to choose and maintain stable care arrangements and make developmentally appropriate transitions in care smooth for young children.

Objective III – Parent Information: Provide parents with consistent and comprehensive information about enrollment and eligibility for all early childhood programs.

Goal 3

Quality and Accountability: Improve and monitor the quality of early care and education services and devote more resources to quality enhancement.

Young children thrive when they have responsive, nurturing, stable care relationships. Despite broad recognition of the importance of high quality care for young children, children throughout New York City attend some programs of questionable quality. With streamlined eligibility, Children's Services may shift resources from eligibility determination to quality enhancement. *Rethinking Child Care* improves program quality by identifying features of high quality programs, measuring program quality more rigorously and consistently, and using these measures to supply necessary support to care providers. Because New York City has diverse early care and education services, *Rethinking Child Care* identifies specific quality enhancement initiatives for providers in both center-based and home-based settings. An effective early care and education system that favors technical assistance and results-based incentives beyond enforcement of basic requirements will be better able to achieve considerable quality enhancement.

This element of the plan also seeks to support parents as their children's most important developmental influence. Working parents may have little time and resources to devote to a search for child care, and information about the quality of child care programs is not easily accessible. To help parents make informed decisions about the nature of their children's care arrangements and choose the best care options available, CCHS seeks to develop a unified performance measurement system that will help parents know more about the quality of their children's care.

Objective I – Performance Measurement: Establish a set of quality standards and a performance measurement tool to evaluate all publicly-funded contracted child care programs.

Objective II – Technical Assistance: Establish mechanisms to help programs raise quality.

Objective III – Home-based Child Care: Focus on improving the quality and oversight of home-based providers.

> *The quality of children's early relationships and environments has a substantial impact on their well-being, particularly during the early years when development occurs at a remarkable pace.*

Goal 4

Information Systems: Develop a unified, user-friendly, reliable, and comprehensive information system for early childhood programs.

The achievement of many goals of *Rethinking Child Care* depends upon the realization of a new management information system. CCHS relies on program and community information to identify needs, allocate funding, and ensure children and families are receiving the support they need. However, "more often than not, early childhood policies are developed without the support of sound data."[4] Indeed, effective governance of early care and education services across many of the goal areas in this plan depends on much better and more accessible information systems.

Numerous problems arise from the fragmented way in which data on Child Care and Head Start services are currently collected and maintained. Specifically, current management information systems employ data that (a) are not always reliable; (b) are obsolete and difficult to change and manipulate; and (c) are neither connected nor coordinated within CCHS and across City agencies.

Objective I – Current Information System: Improve the reliability, coordination, and use of current data systems where possible.

Objective II – New Information System: Develop a new information system that is reliable and allows for coordination across City agencies.

Goal 5

Facility Expansion and Management: Focus resources on facility development and enhancement.

ACS plays a central role in helping programs meet their facilities' needs. ACS recognizes the importance of facilities and this plan identifies opportunities to expand and enhance the child care facilities of its provider network.* Because programs generate thin profit margins, they often struggle to maintain basic programmatic services. As much child care funding as possible must necessarily go toward program operating costs, such as classroom personnel and supplies, rather than capital investment and real estate. However, investments in services instead of structure may compromise the quality of early care and education children receive.

Objective I – Efficiency of Facilities: Improve the management of facilities to more easily respond to programs and communities' needs.

Objective II – New Facilities: Facilitate the development and enhancement of quality child care centers throughout New York City.

Yet improving facilities in New York City is not an easy task. The very high-priced and unpredictable real estate market in New York City aggravates the challenge of developing new early care and education facilities. ACS has made a commitment to facilities by applying for long-term leases on behalf of programs. While this arrangement represents a significant investment in programs, it limits ACS's ability to adapt to changing community needs. This plan seeks to shift over time more responsibility toward programs to maintain their own leases, and in future facilities development seeks to replace ACS's practice of leasing and maintaining child care facilities with a model of collaboration between the public and private sectors. In addition to changing ACS's facilities model, *Rethinking Child Care* outlines strategies to support the development of new facilities to serve unmet needs by age and location. Child care facilities are a key feature of urban development. By improving facilities, ACS is improving the quality of care available for New York City's youngest children.

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*This element of *Rethinking Child Care* draws upon *Building Blocks for Child Care: A Facilities Plan for the 21st Century (2003),* developed by ACS and the ACS Advisory Board Child Care and Head Start Subcommittee.

Goal 6

Early Care and Education Integration and Coordination: Bring together different early childhood care services to offer higher quality care options that better meet the varying care needs of families by integrating Child Care and Head Start Division internally, and within the broader spectrum of City government's children's services.

The fragmented nature of the early care and education system in New York City inhibits efforts to support children and families with access to appropriate care. New York City's families in need of subsidized child care have a variety of options – all with different enrollment processes, eligibility criteria, hours, levels of family support services, and administrative auspices. Currently, these differences tend to create confusion for families seeking services, cause mismatches in services to needs, and create discontinuities in care. This goal of *Rethinking Child Care* aims to streamline the differences between early care and education programs to help parents find appropriate child care, reduce redundant administrative procedures for programs, and use ACS's resources more efficiently.

Certainly, integration and coordination of early care and education services is one of the most challenging, but likely most rewarding of these efforts. Integration and coordination also undergirds much of the strategic plan. Indeed, each of the aforementioned goals includes efforts to better integrate and coordinate policies, programs, and practices to better serve children and families. Integration will utilize Children's Services' expertise to provide services that draw upon the most effective elements of its services. By maximizing resources, CCHS will provide more comprehensive high quality early care and education services.

Objective I – Child Care and Head Start: Integrate Child Care and Head Start functions as fully as possible.

Objective II – Integration within ACS: Better integrate CCHS into the work of ACS as a whole and especially around family support and neighborhood-based services.

Objective III – Intra-agency Coordination: Integrate Child Care and Head Start services into the broader fabric of early care and education services to move toward a unified early care and education system in New York City.

> *Better coordination and collaboration is necessary for a comprehensive early care and education system.*

The Division of Child Care and Head Start has embarked on an ambitious and viable process to improve early care and education programs throughout the city. This plan has already guided efforts to improve management functions and ease child care access for parents and programs. The positive outcomes for New York City and its families are numerous: the City and ACS will incur savings and eliminate inefficiencies throughout the system to reinvest in children; providers will have fewer administrative burdens and receive greater support to improve their programs; and most importantly, families will have greater access to higher quality early care and education services.

Fortunately, the Division of Child Care and Head Start is not alone. CCHS relies on a vital network of strong community-based organizations and local provider networks to provide care and developmental services for children. Thus, cooperation and guidance from these organizations are critical as the plan unfolds. Working in collaboration with the community, ACS will strengthen Child Care and Head Start by eliminating duplicative administrative structures, moving the front door for all child care services to neighborhoods, and better integrating child care options to offer families a seamless continuum of quality services. This community-based system will continue to include center-based services, family child care networks, and access to informal care. It is our hope that the early childhood community support and help us improve this plan to make meaningful improvements to how we serve New York City's families with young children. As ACS implements the strategies and reaches the goals detailed in the full report, ACS will fulfill its commitment to providing quality early care and education programs for the children who most need them.

Introduction

I. A Commitment to Early Childhood Development

New York City has a long tradition of supporting young children's growth and development with early childhood programs. Since 1941, under the leadership of Mayor LaGuardia, New York City has assisted families with their child care needs. Early care and education programs have grown over time and now, one child out of every five receives some form of subsidized early care and education. Of the 650,000 children under the age of six who call New York City home, the Administration for Children's Services provides early care and education for nearly 60,000 of these young children (please refer to Appendix 1 for a brief history of early care and education in New York).

Administration for Children's Services' Mission

To protect and ensure the safety and well-being of New York City children and families.

Administration for Children's Services' Mission for Child Care and Head Start

To support families by promoting the safe and healthy development of children, enabling families to work and broadening the array of quality child care options in New York City.

New York City's Administration for Children's Services' (ACS) mission is to foster the healthy and positive development of children. ACS has long recognized that early childhood development programs play a critical role in supporting young children's development. Indeed, high quality early learning programs can and often do improve children's chances for later success in school and in life.[5] For that reason, ACS has made a commitment to ensure that New York City's low-income young children have positive early experiences by participating in Child Care and Head Start programs. The Child Care and Head Start (CCHS) division of ACS plans to achieve this goal over the next few years by providing a broader continuum of child care options to better meet the developmental needs of children and to support parents. CCHS is committed to putting children and their developmental needs first in early childhood services and to supporting children within the real contexts and needs of their families and communities.

Children's Services does not uphold this commitment alone. In fact, subsidized early care and education in New York City is comprised of a variety of child care and early education programs administered by three major City agencies: the Administration for Children's Services, the Human Resources Administration, and the Department of Education. In addition, the Department of Health and Mental Hygiene licenses all child care centers, including private child care.

In total, more than 135,000 young children attend some form of publicly supported early care and education. Despite New York City's significant commitment to its youngest citizens and the hard work of people throughout the city to support young children, the delivery of early care and education services has suffered from inconsistent priorities, administrative redundancy, lack of coordination, and poor accountability. Children's Services has recognized the need to examine its operations in order to provide more efficient and effective programs in concert with other city early childhood development services. To this end, ACS has embarked on a strategic planning process – with broad goals for improved services and realistic actionable steps to achieve immediate and enduring change. This plan will guide our work over the next several years and will hold the agency accountable for accomplishing the changes outlined in the plan. This initiative will strengthen Child Care and Head Start's capacity to meet children's developmental needs and incorporate essential family supports into the rest of ACS programs. Since Children's Services' core values of family and community-centered services have long been the basis of early childhood care in New York City, this is a natural step for Children's Services' continuing reform efforts.

II. Young Children and Families in New York City

There are more than 650,000 children under the age of 6 in New York City. Many of these young children and their families face daily economic strains on their livelihood. Approximately 29 percent of young children live in families with incomes below the official U.S. poverty threshold, which in 2005 amounts to a little more than $19,000 for a family of four. The percentage of children living in poverty in New York City is significantly higher than the nation's child poverty rate. Nationally, in 2000, 17.1 percent of children under age 6 lived in poverty while 28.8 percent of New York City's young children were poor. The poverty rate for young children is also greater than it is for any other age group. Moreover, because the poverty standard is widely seen as an unrealistic measure of want and the cost of living in New York City significantly outpaces living expenses elsewhere, the poverty standard underestimates the real poverty facing New York City's young children. Thus young children in New York City live through particularly grave poverty and need assistance to thrive developmentally.

Table 1. Profile of Young Children (Under Age 6) in New York City (2000)

New York City Total Population	8,008,278
Population of Young Children (under age 6)	652,423
Young Children as Percentage of NYC Population	8.1%
Poverty Rates for Young Children	
U.S. Poverty Rate for Young Children	17.1%
NYC Young Children in Poor Families (Incomes Below the Federal Poverty Line (FPL))	188,213
NYC Poverty Rate For Young Children	28.8%
Approximate Number of Young Children in Low-Income Families (below 200% of FPL)	275,000
NYC Rate for Young Children in Low-Income Families (below 200% of FPL)	42.2%
Poverty Rates For Young Children by Borough	
Bronx	39%
Brooklyn	39%
Manhattan	26%
Queens	18%
Staten Island	13%

Source: Tabulations from U.S. Census Bureau, 2000 Census

Even with this high overall percentage of children living in low-income families, the rate of child poverty varies widely across the city. In some neighborhoods very few children experience poverty, while in other neighborhoods poverty is highly concentrated. Specifically, out of New York City's 180 zip codes where children live, there are 51 zip codes where less than 10 percent of children live in poor households and 55 zip codes where more than 30 percent of children are poor. The strong concentration of child poverty in the Bronx and Brooklyn is particularly startling, with large geographic areas within these boroughs that have very highly concentrated child poverty. As such, the needs of communities vary dramatically across New York City as seen by the poverty rates and other indicators.

Figure 1. Geographic Distribution of Child Poverty in New York City, 2005
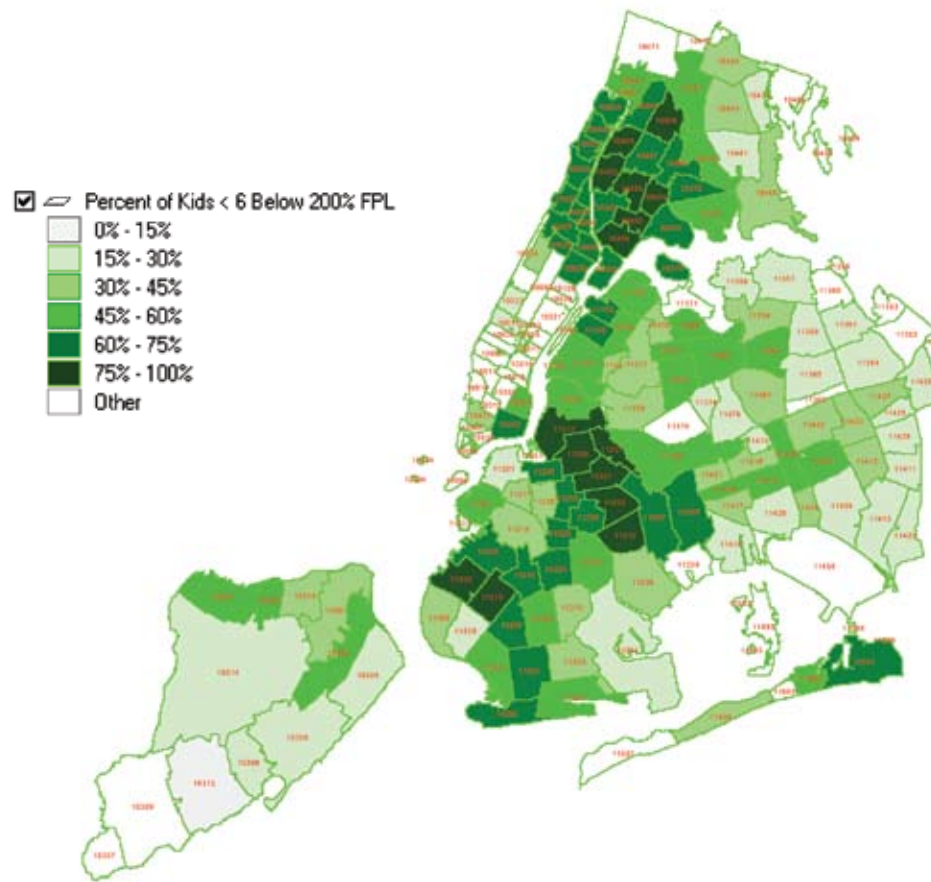
To assist low-income children and their families, ACS provides subsidized early childhood development services. Children from low-income families and those at-risk based on other socio-demographic characteristics are eligible for ACS early childhood services. Approximately 275,000 New York City children under age 6 are from families that live below 200 percent of the Federal Poverty Line, or about $40,000 for a family of four.* Most of these children are potentially eligible for ACS early care and education. However, the current capacity of subsidized early care and education programs, about 89,000, accommodates approximately 30 percent of the 275,000 children from low-income families.

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* In New York State, the State sets the maximum level for income eligibility at 200 percent of FPL, for which localities can use federal and State contributions to child care funding. New York City provides a somewhat higher cutoff level of between 225 and 275 percent of FPL (depending on family size) on a limited basis, but uses the City tax levy portion of child care funding to support the families above 200 percent who receive assistance, which amounts to less than 7 percent of those receiving subsidized child care. Federal guidelines allow states to set the maximum eligibility level still higher, at 85 percent of a state's median income, or closer to 300 percent of FPL. At these higher eligibility levels even more of the young children under 6 would qualify for child care assistance, amounting to more than half of the young children in the city.

A patchwork of early care and education programs serve New York City's young children prior to K-12 school entry. Currently, the **Administration for Children's Services** oversees contracts for center-based child care, family child care, and the majority of New York City's Head Start programs. ACS also administers child care vouchers (subsidies that can be used in a variety of child care settings). The federally-funded **Head Start** program, a developmentally-focused early childhood program, serves mostly 3- and 4-year-old children whose families have incomes below the Federal Poverty Level. Through these programs, ACS serves 60,000 young children.

Glossary of Child Care Terms

Contracted Care – A form of child care subsidy in which a public agency contracts with a provider, usually a community-based organization, for slots in child care centers or family child care homes.

Family Child Care – Care by a licensed provider for a small number of children in his/her own home.

Group Child Care – Child care and early education programs in licensed centers that have contracts with the City to provide subsidized care. (In addition, there are private group child care programs.)

Head Start – A federally subsidized pre-school program in local communities that offers care to children living in poverty. The program has an explicit developmental focus, includes family social services, and emphasizes parental involvement. The majority of New York City's Head Start programs are administered by the Administration for Children's Services Division of Child Care and Head Start.

Subsidized Care – Child care that is fully or partially paid for by a source other than the child's parents, such as the federal, State, or local government.

Vouchers – A portable form of child care subsidy in which the parent selects a type of care and caregiver and receives vouchers that pay a given amount toward that care.

Other entities also contribute to early care and education efforts. The **Human Resources Administration** (HRA) administers New York City's largest voucher program for child care services. This program primarily serves children whose parents participate in welfare-to-work activities or are transitioning off of public assistance. New York City's Department of Education (DOE) provides part-day pre-kindergarten programs to approximately 50,000 4-year-olds every year. Children attend pre-kindergarten in different settings; some are in schools and others are in community-based organizations. Some DOE contracted programs are combined with Head Start and Child Care to provide more comprehensive programs for longer days. Unlike ACS and HRA programs, this universal service does not have financial eligibility criteria. Additionally, most New York City 5-year-olds are served in publicly supported kindergarten programs. Yet many of these children have further care needs at the end of the school day, and a small number continue to attend full-day ACS Child Care programs. Lastly, New York City's **Department of Health and Mental Hygiene** (DOHMH) regulates all center-based and family child care providers. By licensing child care programs, DOHMH plays an important role in New York City's early childhood development system. Including private child care programs that are formally licensed through DOHMH, approximately 190,000, or 29 percent, of all children under age 6 participate in some early care and education arrangement.[6]

In sum, New York City provides a diverse range of services that begin to meet the early care and education needs of families with young children. However, because of administrative redundancy, regulatory differences, and variation in program objectives, these services in some ways fail to realize their potential. Overall there is still a significant shortage of care to meet the full developmental needs of New York City's children, and much of the care available does not approach the quality of care children need to fully succeed in school and life.

**Table 2. Early Childhood Care and Education Services in
New York City (June 2005)**

Type of Early Childhood Care	Children Served (Birth to 6)
ACS (Contracted) Center-Based Group Child Care	27,200
ACS (Contracted) Family Child Care	8,800
ACS Vouchers	7,500
ACS-Administered Head Start Programs	16,400*
Direct Head Start Grantees (including Early Head Start)	4,700
HRA Vouchers	25,000
Subtotal ACS, HRA, and HS Slots	89,600
DOE Pre-Kindergarten Programs	49,000**
NYC Total Subsidized Services	132,600
Private Licensed Slots	56,100
NYC Total ECE Services	188,700

* An additional 3,000 children who are enrolled in ACS Child Care Centers and are also Head Start-eligible receive supplemental HS services. These "CCHS Collaboration" programs conform to HS standards for care and for the comprehensive child and family services that are part of the HS-model. This figure does not include children in the collaboration programs for clarity in counting, but overall more than 19,400 children are served by ACS Head Start.

** This number includes at least 6,000 children who are also receiving Child Care or Head Start services for part of the day. The above totals do not include private, no-permit-required child care programs, such as religious institutions, which also supply child care in the City of New York.

IV. Context and Rationale for the Strategic Plan

ACS recognizes its challenge to overcome barriers to effective and efficient program administration. New York City is at a critical juncture for early childhood services, with the convergence of external demands to increase access and improve the quality of early childhood care and internal pressures to improve service management and implementation.

The broader community has increased recognition of the importance of early growth and development. Based on a large scale longitudinal study of early childhood conducted by the National Institute for Child Health and Development, investigators highlighted that the science of early human development is very clear about the specific importance of regular caregiving relationships to a child's development and life chances:

> The scientific evidence on the significant developmental impacts of early experiences, caregiving relationships, and environmental threats is incontrovertible. Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending through the early childhood years... The question today is not whether early experience matters, but how early experiences shape individual development and contribute to children's continued movement along positive pathways.[7]

Because recent research has documented the extraordinary growth and development that occurs during the early childhood years, children's early experiences are of paramount concern to families, communities, and policymakers.

Moreover, families' need for developmentally appropriate care continues and grows as labor force participation has skyrocketed among low-income parents. Due, in part, to changes spurred on by the 1996 Welfare Reform that required public assistance recipients to engage in work activities, labor force participation has become especially high for single mothers. According to analysis done by the Community Services Society, the percentage of employed single mothers increased from 42 percent in 1996 to 61 percent in 2004, an increase of more than 40 percent in eight years. For mothers of children under 6 years old, employment growth was even greater.[8] To support low-income working parents, investments in early care and education have increased. However, some child care that has met this need has been low quality, low cost, inconsistent, and unregulated (often lacking developmental content and sometimes placing children in harm's way). One parent expresses her frustrations in finding care and needing to make do with lower quality care:

> "There was an opening with a woman named Lizette, and I made a visit to the house right away and agreed to put Aaron in the home. I was desperate, so at first I felt lucky, but it turned out it was just terrible. The place was like a shoebox, and Aaron just watched TV there, and he was tortured in the home by the woman's grandkids, who were the other children she was providing care for and were not even part of the programs... He would cry and beg me not to take him to the provider's home." [9]

Four major interrelated factors are widely recognized as barriers to families' search for high quality care for their young children: availability, information, affordability, and quality. First, there is a shortage of care available because of the high costs of providing care. Even with government subsidies to rectify this market failure, many families cannot access care. Additionally, care may not be available during the time that many low-income parents need assistance because they work nights, weekends, and may have unpredictable schedules. This shortage is especially acute for infants and toddlers. Second, parents often lack clear and comprehensive information, particularly regarding subsidized child care options. Inadequate information on care options limits parent choice and asymmetries in information make it hard for parents to accurately assess quality of the child care they choose. Third, child care is expensive, and the true cost of care puts it out of reach for most low- and moderate-income families without the financial support of a subsidy. Even with subsidies, low-income families spend more than twice the proportion of their income on child care than high income families.[10] In

New York City, child care costs are often the single largest expense in a low-income family's budget; child care expenses for a family of four can exceed the cost of food, rent and taxes. Because high quality care requires well-trained teachers and high quality environments, the cost of high quality care is often prohibitive for low-income families.[11] Fourth, access to high quality care is especially limited because, even though high quality care is expensive, parents value early care and education so greatly that demand exceeds supply, creating long wait lists. In addition, some programs have difficulty securing the resources needed to provide high quality care, such as the income needed to hire and compensate qualified teachers. ACS recognizes that a commitment to multiple public policy interventions is needed to overcome these challenges.

The challenges families face in finding high quality, affordable care are exacerbated by the fragmented early care and education system in New York City. Families looking for early childhood services must navigate a complex array of agencies in order to apply for the most appropriate care to meet their circumstances. Even then, families may spend months on wait lists; some who seek child care never receive the assistance at all. Consequently, many families must make compromises in the type of care arrangement they find for their child. Then, some families face disruptions in their children's care as they lose and regain benefits due to disconnects in the system. Instead of expanding child care spending, severe State and City budget shortfalls have threatened the availability, affordability, and quality of child care. A $60 million cut in federal money allocated for child care that was included in the State's 2005 budget would have eliminated child care assistance for more than 12,000 children (1/5 of children currently served) in the next year. Fortunately, the Mayor's Office stepped in to preserve early childhood development services for thousands of young children by finding other resources to maintain the level of child care funding in the short-term. But, this stopgap measure will not be enough to sustain CCHS because the State's cuts are expected to be maintained and may possibly even grow in the coming years. Furthermore, prior years of severe budget cuts have left ACS with inadequate resources to perform its key function of providing early development and learning opportunities for New York City's children with the greatest needs.

Current changes in federal, State, and local government policies and priorities have contributed to the shortage and instability of child care. Unfunded State mandates for Child Care, such as child support enforcement, funnel resources, time, and attention away from efforts

to improve the quality of services. Additionally, federal pressure on Head Start jeopardizes the most vital developmental program in the neediest neighborhoods. Clearly, Child Care and Head Start programs have recently encountered many challenges.

Despite these challenges, we have reasons to be hopeful for the future. All of this comes at a time when ACS has championed and been successful in pursuing a reform agenda and the Commissioner of ACS has asked each and every division to evaluate and improve operations. One department staff member expressed enthusiasm for the plan; "this is long overdue" and "the leadership is committed to the plan." Significantly, Mayor Bloomberg has expressed a commitment to improving the City's support for young children and their families. An early childhood care and education system that does not share a common mission or coherent service model for young children cannot stand for long; while it does, it fails to serve the children whose developmental promises go unfulfilled.

As a result of these factors, Children's Services has a significant opportunity to take meaningful steps toward improving the way New York City supports young children's development. The challenges outlined above have forced CCHS to re-examine its policies and programs. In order to fully meet its mandate to support young children's growth and learning, ACS embarked on a strategic analysis of all Child Care and Head Start operations. This analysis identified opportunities to improve the effectiveness of ACS's early childhood programs. In other words, the analysis found that Children's Services needs to streamline services for young children and improve the quality of the programs that serve them. *Rethinking Child Care* charts the course for this change.

Fortunately, ACS is not starting from scratch in these efforts, nor is it doing it alone. In 2001, CCHS staff and early childhood education advocates participated in a six month planning process for the first coordinated plan for Child Care and Head Start called Counting to 10: New Directions in Child Care and Head Start (refer to Appendix 2 for a summary of Counting to 10). A diverse and broad group of stakeholders identified 10 long-term goals to improve early care education with associated recommendations and tasks to achieve those goals. Work on these goals continues and *Rethinking Child Care* provides a detailed map for achieving many of the Counting to 10 goals.

In addition to building on our past work, this plan is a citywide effort to reform early childhood services which draws upon resources available throughout New York City. Partners in this strategic effort include the Mayor's Office, Office of Management and Budget, HRA, DOE, and DOHMH, who have all participated in the planning efforts and share in making them successful. Finally, the broader early childhood care and education community of parents, program providers, and advocates shape this work through the concerns, ideas, and suggestions they have shared with us. Informed by previous work and analyses of current operational issues, *Rethinking Child Care* moves CCHS forward with a broad vision and feasible goals to improve operations. This effort is grounded in current administrative policies and contexts and shaped by a community-based customer model. For example, it reconciles fundamental differences in Child Care and Head Start internally and then aims to streamline early childhood services with DOE and HRA. This plan finds the common threads of the services that nurture children and support their families with high quality programs. ACS simply cannot afford to ignore these opportunities to better serve young children.

V. Developing and Implementing the Strategic Plan

The Administration for Children's Services embarked on a strategic planning process to respond to current crises in early childhood development services and to lay out the path toward better serving New York City's youngest children. *Rethinking Child Care* aims to improve CCHS and the early care and education system in New York City. That is, this plan looks at early care and education services and the infrastructure that supports those services.[12] Several principles for an early care and education system have guided the work:

Developmentally Focused: Fostering children's development is the primary goal in early childhood care and education.

- **Community-based and Family-focused:** Child Care and Head Start programs should respond to family and community needs and strengthen vital neighborhood institutions that deliver services to children and families, and support families as young children's most significant developmental influence.

- **Accessibility:** Child Care and Head Start should provide front doors, easy access, and comprehensive information for families who are choosing early care and education.

- **Continuity:** Child Care and Head Start should promote the stability of care arrangements, with seamless and developmentally appropriate transitions in care.

- **Efficiency:** Child Care and Head Start services should be fully utilized.
.
- **Coherence:** Child Care and Head Start procedures for contracted and voucher systems should allow these systems to work together, integrated at the program level and administrative level, and with the HRA voucher system.

- **Quality and Accountability:** Child Care and Head Start should make programmatic decisions based on high quality data and performance measurement.

Rethinking Child Care incorporates these principles throughout its goals and strategies. In realigning early childhood services and operations, Child Care and Head Start identified six strategic goals to better fulfill its mission and adhere to the aforementioned principles.

Goal 1. **Resources and Community Needs:** Analyze and respond to communities' early care and education needs by reallocating services and by using a strategic combination of contracted care and vouchers to achieve full utilization of resources.

Goal 2. **Community-Based Enrollment:** Improve eligibility determination, enrollment, and recertification processes to better support the needs of young children and their families.

Goal 3. **Quality and Accountability:** Improve and monitor the quality of early care and education services and devote more resources to quality enhancement.

Goal 4. **Information Systems**: Develop a unified, user-friendly, reliable, and comprehensive information system for early childhood programs.

Goal 5. **Facility Expansion and Management:** Focus resources on facility development and enhancement.

Goal 6. **Early Care and Education Integration and Coordination:** Bring together different early childhood care services to offer higher quality care options that better meet the varying care needs of families by integrating the Child Care and Head Start Division internally, and within the broader spectrum of City government's children's services.

ACS established several work groups to accomplish these goals (please refer to Appendix 3 for a complete list of participants in the work groups). These groups reviewed current operations within each area, recognized obstacles imposed by current structures, set forth a vision for a system with rational, identified goals for realizing the vision, and developed strategies and an action plan to achieve those goals. A discussion of the goals follows in the next section of this report. ACS CCHS has used this framework as the guide for the overall direction of the division. To maintain momentum and ensure that progress is made toward achieving *Rethinking Child Care's* goals, Child Care and Head Start has developed detailed implementation action plans that correspond directly to the goals and strategies identified below. These implementation plans include specific tasks, steps, responsible parties, resources available, and target dates. Using these tools, ACS is confident that CCHS will improve services and fulfill its mission.

CCHS has already accomplished tangible results due to ACS's vision and commitment to the plan. New user-friendly enrollment processes are being piloted in the Bronx. Job descriptions to meet the personnel and consulting resources that will be needed to further develop and implement these plans have been written and we have begun to hire new staff. Most of the proposed strategies, however, will require substantial resources, time, and support from the City government and broader early care and education community. Fortunately, the Division of Child Care and Head Start is not alone. CCHS relies on a vital network of strong community-based organizations and local provider networks to provide the care and developmental services for children. As such, cooperation and guidance from these organizations are critical as the plan unfolds.

Working in collaboration with the community, ACS will strengthen and build upon Child Care and Head Start by eliminating duplicative administrative structures, moving the front door for all child care services to neighborhoods, and better integrating child care options to offer families a seamless continuum of quality services. This community-based system will continue to include center-based services, family child care networks, and informal care. It is our hope that the early childhood community will support and help us implement this plan to make meaningful improvements to the way in which ACS serves New York City's families with young children. As ACS implements the strategies and reaches the goals detailed in the subsequent section of this report, ACS will fulfill its commitment to providing quality early childhood development programs for the children who most need them.

Strategic Goals for Comprehensive Early Childhood Care & Education in New York City

Goal 1

Resources and Community Needs: Analyze and respond to communities' early care and education needs by reallocating services and using a strategic combination of contracted care and vouchers to achieve full utilization of resources.

Rationale

Across the country, public resources for young children's developmental care prior to kindergarten entry are limited. In fact, in New York City, per-child spending for children in the early years is roughly only one-tenth of the per-pupil spending for children in K-12 education: $1,300 compared to $11,900.[13] In early care and education, this poses a particular challenge because a great many families with young children need support to meet the dual demands of nurturing and providing for their children. To provide some of this much needed assistance to families, a complex web of services aims to ensure that many of New York City's young children have early development and learning experiences. Because New York City's child care system has faced severe budget constraints in recent years even while the need for care has continually mounted, *Rethinking Child Care's* most pressing goal is to establish a mix of services that promotes full utilization of resources, makes contracted care and vouchers efficient and complementary, and responds to changes in communities. Most importantly, this goal will serve more of New York City's children and their families.

Guiding Principles

1. New York City's resources for young children should be distributed both according to need, and equitably across the city's neighborhoods.

2. New York City's resources for young children should be distributed more equitably to serve children of different ages.

3. New York City's resources for young children should be used efficiently.

4. New York City's services should be responsive to changing community needs.

Even with optimal use of available resources, the system cannot serve all who may benefit from child care assistance. Thus we seek to balance the need to serve as many children as possible with the need to ensure quality of care provided benefits those children during their period of unparalleled developmental growth.

Rethinking Child Care identifies opportunities to better support more families without compromising the public's role in ensuring that services provide families and children with opportunities to thrive. ACS undertook a comprehensive community needs assessment and utilization review in order to determine what these opportunities are. First, ACS performed a thorough review of existing early childhood resources and community needs across New York City. Next, CCHS staff investigated patterns of service utilization and their relationships to service levels and need indicators. Lastly, staff identified neighborhoods that have a relative mismatch between services and need.*

The utilization review and needs assessment found that:

- Only 30 percent of the low-income population is currently served by subsidized early childhood programs.
- Much of the current services are concentrated in the highest need neighborhoods.
- The amount of services available to families varies widely across the geographic areas.
- The vast majority of early childhood care resources are targeted toward preschool aged children *(3 to 5 years old)*, leaving many infants and toddlers without access to subsidized care and in unregulated care.

*A needs assessment report with detailed presentation and analyses of these findings is forthcoming.

The results highlighted several opportunities to maximize public resources for supporting young children's care. By reallocating services to underserved geographic regions and ages, ACS can achieve full utilization while serving the children most in need of subsidized care. Moreover, by changing contracts and empowering programs to accept vouchers and private-pay clients, ACS will promote greater efficiencies and a more accessible and responsive system of care. This system will have the flexibility to respond to changing circumstances and community needs. Based on this information, we set forth two strategic goals to improve service allocation. The first goal relates to service expansion.

Objective 1 **Shifting Services:** *Expand services in areas with greatest unmet needs and target underserved age groups.*

Many of the services in the current child care system, especially the contracted care offered in Children's Services' Child Care and Head Start centers, are aligned with the relative need across communities. Indeed, the distribution of ACS early childhood development services mirrors the dispersion of low-income children in New York City. A City map reflecting the density of low-income populations of children and the locations of ACS contracted child care centers and Head Start programs shows how closely these programs are aligned with neighborhoods of eligible populations. An estimated 124,164 low-income children live in zip codes with 40 percent poverty rates or higher. While these areas house less than one quarter of the City's population, almost half of all low-income children reside in such economically isolated neighborhoods, and more of ACS's care resources are concentrated in these areas of very high need. Even with this high overall percentage of children living in low-income families, the rate of child poverty varies widely across the city. In some neighborhoods very few children experience poverty, while in other neighborhoods poverty is highly concentrated. Specifically, out of New York City's 180 zip codes where children live, there are 51 zip codes where less than 10 percent of children live in poor households and 55 zip codes where more than 30 percent of children are poor. The strong concentration of child poverty in the Bronx and Brooklyn is particularly startling, with large geographic areas within these boroughs that have very highly concentrated child poverty. As such, the needs of communities vary dramatically across New York City as seen by the poverty rates and other indicators.

Figure 1: Utilization Review and Community Needs Analysis: Percentage of Children Under 6 Below 200% FPL by ZIP Codes in New York City – DCP, Census 2000.
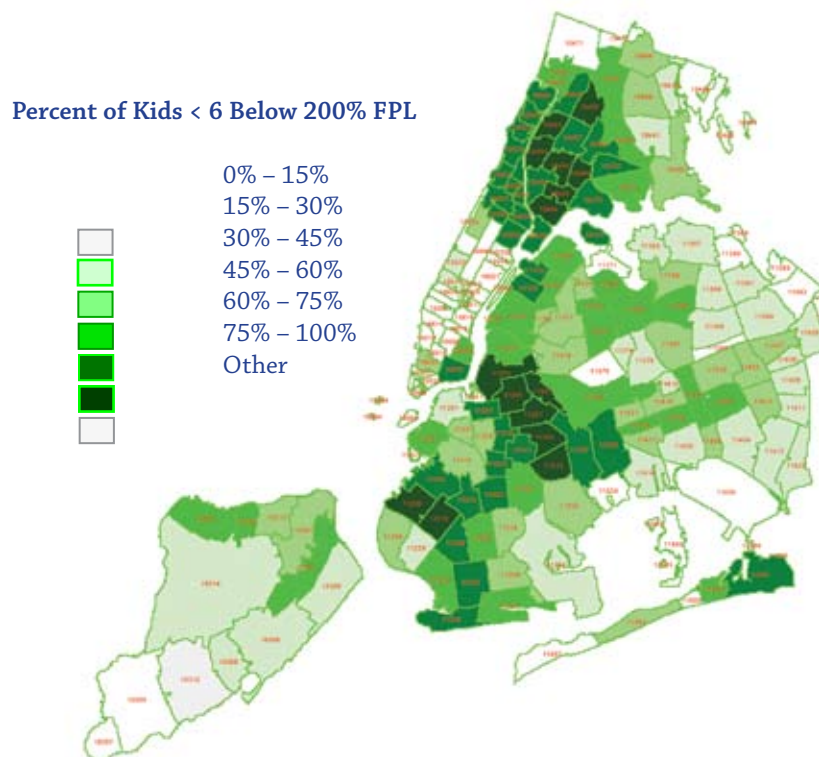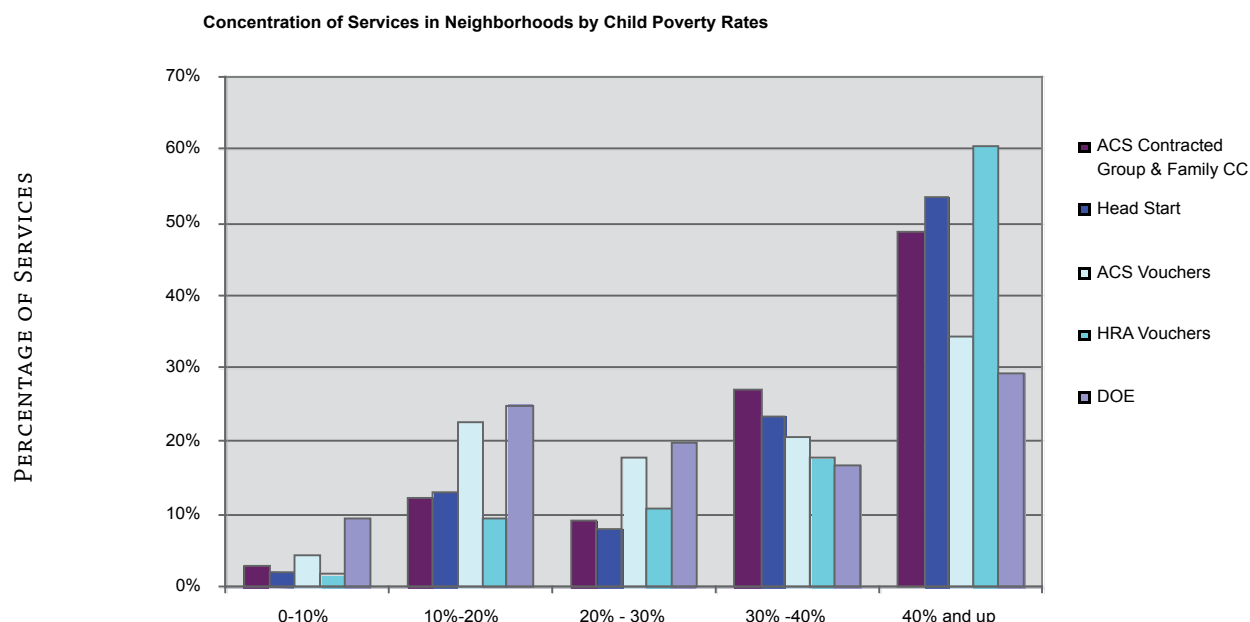

Percent of Kids < 6 Below 200% FPL

0% – 15%
15% – 30%
30% – 45%
45% – 60%
60% – 75%
75% – 100%
Other

Figure 2: ACS Vouchers and Subsidized Center-based Care (HS&CC) Compared with Private Licensed Care, by Neighborhood Poverty Rates, 2005.

Concentration of Services in Neighborhoods by Child Poverty Rates

About 75 percent of the care across ACS's Group Child Care, Family Child Care, and Head Start programs is concentrated in the lowest-income communities in New York City, where more than 30 percent of children live in poverty. By comparison, less than 3 percent of contracted care is located in areas with low rates of child poverty where there more private licensed care is available. In areas with highly concentrated child poverty, a disproportionate share of contracted care resources is warranted; many children living in these communities are eligible for publicly supported care, there are limited private child care options, and public resources may have an especially positive impact for poor children. In contrast, private care resources and access to vouchers may better serve families in areas with relatively low child poverty.

In addition, there are a great many children who live in gap communities with moderate to high poverty. Compared to low-income and high-income areas, these communities have disproportionately fewer subsidized resources and less total licensed public and private care combined. In areas of moderate-to-high poverty where between 10 percent and 30 percent of the young children live in poor families, families may have more limited child care options. These gap communities warrant a mix of contracted and voucher care, as well as new models of public-private care.

ACS contracted Child Care and Head Start programs serve about 19 percent of the children in families with incomes below 200 percent of the poverty standard (less than $40,000 for a family of four). However, this 19 percent service rate is not distributed equally around New York City, or even across the high need neighborhoods. On one end of the spectrum, in one-third of the 108 zip codes with

contracted care, available slots serve less than 12 percent of the income-eligible children; on the opposite end of the spectrum, 18 zip codes have Child Care and Head Start slots for more than 48 percent of the children in low-income families. When looking at both ACS and HRA sponsored child care, this variation in service concentration persists.

Though there is strong alignment overall between high need and high service areas, the mismatch between the concentration of services and the needs of communities holds true even among the high need areas. For example, the availability of Head Start slots in the most concentrated areas of child poverty (zip codes with 40 percent and higher child poverty rates) ranges from none to 90 percent of eligible children. For instance, there are no Head Start slots in the Fordham-Belmont section of the Bronx but there are enough slots for 94 percent of poor 3- and 4-year-olds in East Harlem in Manhattan. In areas with more than 500 poor children and overall child poverty rates greater than 30 percent, the availability of Child Care and Head Start slots ranges from zero to 50 percent of all low-income children under age 6.

What is the ideal level of service? Based on the service take-up rate in states that guarantee child care to all who are eligible, the ideal level of service would be to provide care for approximately 40 percent of eligible children.[14] Therefore, there is a service saturation rate well below the provision of services for 100 percent of the population of young children. Our data confirm this. Areas with relatively high level is of service for eligible children have significantly more programs with lower utilization rates than areas with fewer slots available for eligible children.

Specifically, in the 18 zip codes with the highest services ratios (highest relative met needs), 46 percent of programs have utilization rates below 85 percent, while in the 35 zip codes with the lowest service ratios, more than 60 percent of programs have utilization rates above 95 percent. Thus, shifting services to areas with lower service ratios should correspond to a greater utilization of resources.

Even in a child care system where all who might seek new services cannot be served, it is appropriate to distribute services more equitably. The utilization review and needs assessment also revealed that an overwhelming majority of children who receive early care and education services are 3 and 4 years old. Despite research that clearly shows that children undergo the most rapid development of their lifetimes from birth to age 3, most services prioritize services for preschool age children. In New York City, Head Start targets 3- and 4-year-old children and the DOE UPK initiative targets 4-year-olds exclusively. It is not surprising

then that of the more than 130,000 children under age 6 in subsidized early care and education programs each year, more than three-quarters are preschool aged. Furthermore, many families prefer home-based care services for their children under age 2. In fact, among those using subsidized care, more than three quarters of children under 2-years old have family child care or informal child care arrangements. The current age distribution of early childhood services is such that a 4-year-old is almost 10 times more likely to receive services than a 1-year-old. Yet even by the time children enter 3- and 4-year-old programs, many children would benefit from high quality care to ensure they reach developmental benchmarks and to set them on a path to become ready for kindergarten.[15] Children's Services has an important role to play in providing infants and toddlers with the kinds of positive and stimulating early experiences they need to thrive. A critical element of this strategic plan is to serve a much greater and more proportionate share of younger children.

Figure 3: Age of Children Served by Publicly Supported Early Care and Education Programs, 2005.
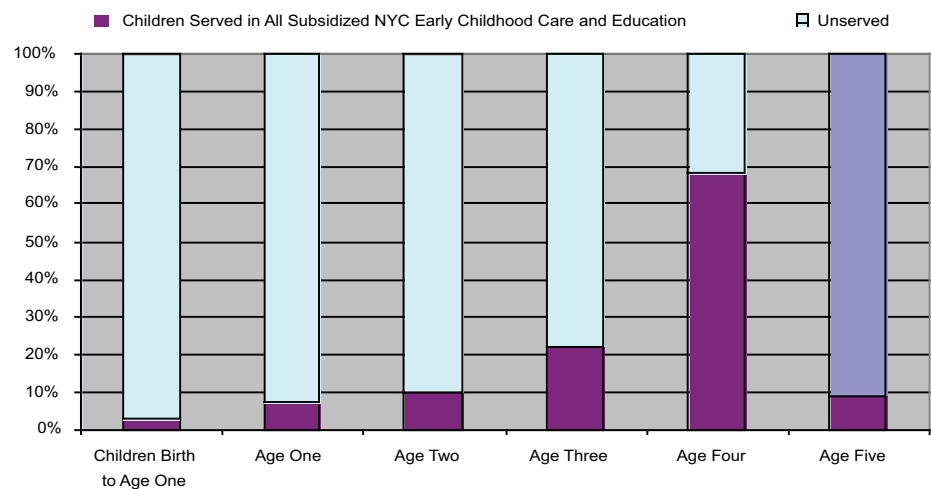
* The majority of children age 5 are served by the public schools, but just fewer than 10% of 5-year-olds citywide are in ACS subsidized child care programs.

Because of the dramatic under-allocation of services for infants and toddlers, one of the goals of *Rethinking Child Care* is to increase the capacity to serve New York City's very young children. In one respect, the shift of ACS's school-age child care to the Department of Youth and Community Development presents an opportunity to convert some former school-age classrooms in contracted care facilities into infant and toddler classrooms. Alongside efforts to expand the number of early childhood slots

in underserved geographic areas, ACS also intends to increase service to underserved age groups, particularly children under age 3. Over the next 12 to 18 months, CCHS hopes to add more than 600 slots for 2-year-olds. Ultimately, ACS would like to shift the balance of ACS care by age to emphasize children from birth to age 3. (Please refer to Table 5 in Appendix 5 for target changes in age of children served).

Strategies	Timeline
A. Design community needs analysis.	Summer 2005
B. Conduct detailed utilization review.	Summer 2005
C. Determine target areas for reallocation.	Fall 2005
D. Document and institutionalize community needs assessment process.	Winter 2005/06

Objective II

Given the immense unmet needs for early childhood care and education in New York City and limited funding in the system, the early care and education system must operate efficiently in order to fund the maximum number of children and create the additional child care capacity discussed above. *Rethinking Child Care* identifies two changes in the contract system that will generate savings. First, contracts will be modified to reflect enrollment histories in programs that have been under-enrolled for some time. Second, over the course of the next year, ACS will modify the payment system to compensate each program for the actual number of children attending the program rather than the program's budgeted capacity. The current system, which pays programs based on their contracted capacity rather than their enrollment, reduces or even eliminates the incentive for programs to be at full enrollment and limits ACS's ability to respond to child care needs elsewhere.

The first step in this process will be to require that all fully-funded Child Care and Head Start programs achieve full enrollment by a short-term deadline. ACS will revise contracts for those Child Care programs that do not reach full utilization so that the contracts reflect their actual levels of enrollment over the prior 12 months. These programs will still have contracts for a majority of their capacity and ACS will provide incentives to encourage them to enroll families with vouchers or who pay privately for services so programs may maintain their full capacity. After this initial change, every time a contract comes up for renewal, ACS will adjust the number of slots in the contract to reflect that program's utilization history. In the case of Head Start, the federal government monitors the overall enrollment of the City's contracted programs to ensure that New York City's young children are receiving these important child development services. To maintain high utilization of Head Start services, ACS will assess community needs and move slots regularly. ACS will build on Head Start's recent success in reaching high enrollment and utilization goals.

Although *Rethinking Child Care* will modify contracts, it recognizes the importance of preserving contracted child care's numerous strengths. First, New York City developed its child care infrastructure ahead of most of the country and did so by establishing contracted care in the lowest-income areas of the city. Therefore, early care and education in New York City is quite closely aligned with need. The contracted care system allows New York City to provide services in areas with great need where organized care may not otherwise exist. By developing and supporting community-building and child-serving institutions in neighborhoods with highly concentrated poverty, ACS helps to overcome social isolation and the lack of organizational infrastructure; one of the most devastating properties of concentrated urban poverty. Second, contracted center-based care provides a higher level of accountability than voucher care by establishing and enforcing standards and providing leverage to influence the quality of care. Contracts are effective mechanisms for monitoring and supporting high quality early education for children from low-income families, for whom the quality of out-of-home child care is most needed and potentially most beneficial:[16] – the same children for whom "market" incentives to influence quality do not exist in the same ways they do in areas with higher use of competitive private care. Third, contracted care also provides more stable arrangements for children. Center care and family child care offer children much greater durability and better care transitions than voucher and/or informal care arrangements. Formal contracted care programs serve low-income children two and three times longer than informal care supported by vouchers. Because continuous child care arrangements contribute to positive child well-being, CCHS endeavors to maintain the stability of care for families with high needs and who live in underserved areas. Contracted care models facilitate stable care arrangements, and thus CCHS is addressing one of the highest priorities for this strategic planning initiative.

This plan addresses shortcomings of the contracted child care model. The contract system locks funding into place for programs for a pre-determined period of time. The rigidity of contracts makes it difficult to shift services to areas as populations and relative needs shift. That is, ACS cannot move services to an area with rising service needs or disperse care resources in lower need areas through vouchers. Also, while the contract system provides important security to programs, it may also reduce incentives for programs to operate efficiently and improve quality of services in order to attract clients. In a contracted care system without strong assessment mechanisms, the existence of contracts often begets the next contract.

Rethinking Child Care addresses these obstacles by making contracted and voucher care complementary rather than the largely separate forms of care they are

now. Better coordination between voucher care and contracted programs will open up the system so that programs will be able to accept both forms of subsidies as well as private pay clients. Indeed, programs will have every incentive to do so. Also, with CCHS's effort to increase community-based enrollment and eligibility processes, detailed later in this plan, programs will have greater control over their own enrollment. The capacity for programs to meet child care need through the full range of payment methods will enable the system to adapt more quickly and respond to the changing needs of communities over time. As economic resources of the local population shift, so will the mix in payment methods as contracts are regularly revised to reflect utilization. Programs will be able to make small changes

in order to maintain services. For instance, as the child care needs of public assistance recipients have increased so has the funding required for their child care. Under the new model of integrated voucher and contracted care, programs will likely begin to target services more toward public assistance clients. Programs will be encouraged to compete for vouchers and private-pay clients to achieve full enrollment; thus they will need to recruit public assistance clients with vouchers and help meet their increased demand for regulated care. Strategic deployment of vouchers will encourage competition for full enrollment and more of New York City's children may receive the critical early care and education experiences they need.

Strategies	Timeline
A. Outline opportunities for programs to reach full enrollment without losing contracted slots.	Summer 2005
B. Establish general guidelines for contract changes and new administrative procedures to move toward a rate-based system of payments.	Fall 2005
C. Modify contracts as they come up for renewal to pay only for average rates of enrollment.	Spring 2006
D. Establish an oversight mechanism for implementation of service shifts and contract changes.	Spring 2006
E. Integrate contracted and voucher care at the program level.	Summer 2006

Goal 1 **Indicators of Progress**

- Increase Child Care utilization from 96 percent to nearly 100 percent within 12 months.
- Continue to operate Head Start at 100 percent enrollment.
- Move between 625 and 850 additional Child Care and Head Start slots to the most underserved areas.
- Move between 625 and 850 additional Child Care slots to serve 2-year-olds.

Goal 2

Community-Based Enrollment: Improve eligibility determination, enrollment, and recertification processes to better support the needs of young children and their families.

Rationale

Families face significant obstacles in finding appropriate and stable care arrangements for their children, as well as accessing the subsidies they need for securing this care. Complex enrollment and eligibility procedures discourage some families from applying for early childhood programs. CCHS needs to ensure that the process of applying for child care services does not deter families from meeting their children's needs. Currently, parents must navigate a very complex web of administrative entities to enroll their child in quality child care programs. Once parents find the appropriate location to apply for child care, parents must schedule a face-to-face interview with an ACS Child Care resource area. Parents may not receive a resource area appointment for weeks and when they do, the appointment may take a considerable portion of a day, forcing many parents to take time off work. Many parents cannot defer arranging care until they get an appointment and others are not able to take time off work without jeopardizing their employment. Discouraged parents do not try to access the care they may want for their child, and thus, compromise their child's development. Then, parents face lengthy wait lists to actually get services, further discouraging them and elongating the process. The current structure exacerbates, rather than eases, parents' struggle to balance work and family life. A common experience expressed by one parent:

> *Guiding Principles*
>
> 1. Children's Services should help, not hinder, parents as they enroll their young children in appropriate early childhood programs.
>
> 2. The application process should be *unified and similar* across programs with entry points for access to all early childhood development services.
>
> 3. There should be many front doors into early childhood development programs and enrollment should primarily be community-based.
>
> 4. Enrollment and eligibility determination systems should make access and retention of care straightforward and more streamlined with simple and clear eligibility forms, documentation requirements, and automated systems.
>
> 5. Children's Services should better and more broadly integrate eligibility determination to help parents enroll their children in the most appropriate early care and education arrangement available, choose stable care arrangements, and make developmentally appropriate transitions in care smooth for young children.

"You have to find a day care. They have a list of day cares. Then you have to run back and forth down there with all these kind of papers they want. They want pay stubs. They want children's birth certificate. They want all this stuff... And you miss so many days sometimes from your job 'cause you're trying to supply these people with all these documents to get your child into day care. Meanwhile, I'm going to lose my job because I keep running three of four days for different interviews... Forget about it." [17]

Rethinking Child Care identifies real opportunities for CCHS to make it easier for families to access early childhood development services and choose early care that best meet their needs. As such, CCHS will build upon existing pilot efforts to expand community-facilitated eligibility and enrollment. First, CCHS will rely much more on program-based enrollment and simplify the enrollment process. Second, CCHS will provide parents with a variety of ways to apply for early childhood services. Parents will be able to mail in or fax applications and CCHS will schedule face-to-face appointments during evenings and Saturday hours. By initiating fax and mail-in enrollment procedures, CCHS will also comply with State regulations that require localities to offer parents multiple avenues to apply for child care. Finally, by using selected nonprofits as neighborhood hubs for enrollment, CCHS will make it easier for families to apply for early care and education services in their own communities.

Beyond easing the enrollment process, this plan intends to help parents learn about early care and education and become informed consumers so they can know more about and be more confident in their child care choices. The current system is so fragmented that parents must contact separate agencies to learn about the full range of early care and education options. Because programs offer different types of services for different children (varying based on income eligibility, age, length of day, etc.) some programs may meet a family's needs better than others. Therefore, parents often do not have adequate information to choose stable care arrangements and ensure that children have smooth transitions in care. Research asserts the importance of continuous care for young children,[18] yet stable care and smooth transitions in care have not been a high enough priority for New York City's early childhood services. New communication methods must be developed to share information with parents so they may enroll their children in the most appropriate type of care based on family circumstances.

Objective I

Enrollment Access: *Ease access to early childhood services with simplified forms, streamlined eligibility, and community-based enrollment.*

The CCHS application process should facilitate, not hinder, families' search for child care. Therefore, this plan's second goal will improve enrollment for Child Care services by helping families apply for early care and education services in their communities using clear and straightforward application forms.

Currently, resource area staff completes applications for Child Care during face-to-face interviews with parents. This process requires staff training and a considerable amount of time. Simplifying child care application forms will enable parents to fill out the applications themselves and with the assistance of staff from community-based programs where they might enroll their child. Both parents and program staff will also be able to seek assistance from resource area staff as needed. Almost identical-looking forms will be developed for the initial application for services, recertification of subsidized Child Care, and for Head Start applicants. In addition to serving families more effectively, similar application forms will serve to unify CCHS's image as well (see sample subsidy application, Appendix 6).

Eventually, CCHS aims to streamline the application process for all early care and education services in New York City. Currently, each type of subsidized service has a different enrollment process. To receive assistance, applicants usually provide very similar information to each agency - a time consuming and overwhelming process. Instead, ACS will develop common and complementary forms to facilitate access for families. ACS evaluated DOE and HRA application forms so that the new CCHS application may better meet the needs of the different administrative entities. In the future, ACS will encourage these entities to also use or accept the CCHS form. Compatible application procedures will eliminate paperwork for parents and ease their search for early childhood development programs. CCHS is also moving toward automating much more of the application process

and transfer of information so that the process is further streamlined and completed information can be more easily used for multiple application purposes.

Another key feature of the enrollment process relates to where families go for services and the interactions families have with ACS staff. To improve these interactions, *Rethinking Child Care* introduces many more front doors for families to access early childhood development services. Under the current system, most families seeking child care assistance make an appointment with a resource area specialist. The process entails scheduling an appointment followed by a time-consuming face-to-face interview and often multiple visits to a resource area office. There are only four resource area offices in New York City, where there are more than 650,000 children under age 6. Vast geographic differences coupled with uneven public transportation systems across the five boroughs make this enrollment process burdensome and highly inefficient for many families. *Rethinking Child Care* addresses this problem by having most contracted programs conduct eligibility and enrollment on-site where the children receive their care and also by developing community-based hubs to assist families and neighboring contracted programs with initial eligibility and enrollment.

Rethinking Child Care will also ease the burden of eligibility appointments for recertification. Families must be re-determined as eligible every 3 to 12 months, depending upon their reason for care and initial eligibility determination. Currently, many families have to visit a resource area office to complete this process, while others, approximately 25 percent, complete this process by mail, allowing families to submit documentation and information by mail with ACS staff available to answer questions. *Rethinking Child Care* will make the mail-in process available to all working families for recertification.

Strategies	Timeline
A. Review and redesign the Child Care eligibility and enrollment process.	Summer 2005
B. Revise enrollment forms.	Summer 2005
C. Pilot and evaluate new forms in the Bronx.	Fall 2005
D. Implement new application form citywide.	Winter 2005/06
E. Coordinate enrollment process across City early care and education services.	Winter 2005/06
F. Identify process for contracted programs to engage in enrollment process.	Fall 2006
G. Monitor community-based enrollment to ensure sound enrollment and eligibility determination.	Spring 2006
H. Add hubs to serve high need areas across New York City while maintaining staff to complete a smaller number of initial enrollment applications at the Resource Areas.	Winter 2006/07

Objective II

Continuity of Care: *Enable families that need support to choose and maintain stable care arrangements and make developmentally appropriate transitions in care smooth for young children.*

There are more than 650,000 children under the age of 6 in New York City. Approximately 29 percent of those children live in families with incomes below the official U.S. poverty threshold, which in 2005 amounts to a little more than $19,000 for a family of four. Nearly 42 percent of New York City children under age 6 live in low-income families below 200 percent of the Federal Poverty Line, or about $40,000 for a family of four. Based on the income eligibility for child care assistance, more than 275,000 children may be eligible for subsidized early childhood care and education through ACS.* Due to myriad factors, far fewer children actually participate in subsidized early learning programs. This strategic plan calls for a review of eligibility criteria across New York City's early childhood programs to ensure we are reaching children that need our services.

Additionally, this plan calls for a review of Head Start eligibility. Currently, the income guidelines for Head Start preclude many families from enrolling their young children in this developmental program because they surpass the income eligibility criteria established by the federal government. These criteria fail to consider New York City's higher cost of living and so many poor families cannot receive services. As such, ACS will review the criteria and utilization of services to prepare a petition to the federal government to modify eligibility criteria.

Once children are in an early care and education program, we want to ensure that children have stable arrangements that are developmentally appropriate. First, parents must be able to find and maintain good quality services. Many of our very young children, especially those in informal care, are shuffled from one child care provider to the next and so these children do not form ongoing relationships with their caregivers. One single mother noted the negative impact instability had on her son; "Aaron has been in so many child care situations and has had a hard time. The change is hard for him—he needs adjustment time, he acts aggressive and tough, but he is scared by an uncomfortable situation." Aaron's story is not unique. On average, low-income children have more than five different care arrangements before they reach their fifth birthday. Lack of stability undermines children's development because young children need secure relationships with

adult caregivers in order develop the trust, initiative, and self-concept they need to thrive.

To help parents maintain quality child care and to encourage stable arrangements, CCHS is reviewing the recertification process and eligibility criteria. Expansion of the mail-in process for recertification of eligibility will help families to better maintain stable care arrangements for their children. Currently, families seen in the resource areas for recertification are scheduled for an appointment by an automated system. If a family is unable to keep the appointment or reschedule for another time within the recertification month, they may lose their eligibility and therefore their care arrangement. Opening the option for mail-in recertification for all working families, as well as allowing families to complete their recertification paperwork at program sites, will reduce the chance that a family would lose eligibility because they were unable to complete the recertification process.

In addition to easing the recertification process, CCHS will evaluate eligibility criteria for recertification to minimize disruptions in care. Currently, parents who receive a minor increase in income may lose child care support if their incomes surpass the income threshold. This policy actually penalizes increases in earnings, creates a disincentive for work, and undermines the stability of a child's care arrangement. By introducing a moderately higher income threshold at the time of recertification, CCHS will lengthen the period of time a family is eligible for a subsidy, encourage families to increase earnings, and promote more stable care arrangements.

However, some transitions for children may be desirable. As children grow and develop, the type of service they need may change. While an informal arrangement might be best when a child is 1, a child care center may be more developmentally appropriate for a 3-year-old. This goal also emphasizes the importance of facilitating smooth transitions for children over the first five years of their life. It is incumbent upon us to foster high quality stable care for our youngest children because children, parents, and communities suffer when children do not receive high quality care.

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* In New York State, the State sets the maximum level for income eligibility at 200 percent of FPL, for which localities can use federal and State contributions to child care funding. New York City provides a somewhat higher cutoff level of between 225 and 275 percent of FPL (depending on family size)on a limited basis, but uses the City tax levy portion of child care funding to support the families above 200 percent who receive assistance, which amounts to less than 7 percent of those receiving subsidized child care. Federal guidelines allow states to set the maximum eligibility level still higher, at 85 percent of a state's median income, or closer to 300 percent of FPL. At these higher eligibility levels even more of the young children under six would qualify for child care assistance, amounting to more than half of the young children in the city. However, a higher income standard would require further rationing of a subsidy system that cannot meet the needs of more than a small fraction of those eligible for and in need of assistance.

Strategies	Timeline
A. Review eligibility criteria across early care and education programs.	Summer 2005
B. Petition federal Head Start agency to modify eligibility criteria to serve more families.	Fall 2005
C. Modify eligibility criteria so that families can maintain child care arrangements.	Winter 2005/06

Objective III

Parent Information: *Provide parents with consistent and comprehensive information about enrollment and eligibility for all early childhood programs.*

Parents are a child's first teachers. Each child and his or her family are unique with different values and needs. Therefore, there is not one type of program that will adequately serve every family's circumstances. A focus group of resource and referral specialists from across New York City identified some trends in child care preferences. For example, a counselor from the Chinese American Planning Council "revealed that nearly all of their callers with infant requested placement in a family child care home and only after the child turned 2, did they show interest in a child care center." Meanwhile, "parents with higher family incomes normally requested placement for their infants in a child care center, rather than a family child care home."[19] Because of diverse needs, it is incumbent upon CCHS to provide parents with information about the full range of early care and education services available throughout New York City so that they may make the best choices for their young children.

With comprehensive information, parents may choose the care option that meets their work, family, and cultural needs. A positive early care and education arrangement will also help parents choose high quality and stable care arrangements which, as discussed above, are essential for children development. CCHS is committed to helping parents make good choices for their children. To achieve this goal, CCHS will pursue the following strategies in collaboration with other organizations and agencies throughout New York City.

Strategies	Timeline
A. Develop a comprehensive list of array of child care services to which to refer families and create a shared information and referral database.	Fall 2005
B. Create materials describing all types of ACS care as well as other publicly supported subsidized options.	Winter 2005/06
C. Distribute promotional materials that relate to all subsidized child care options through Resource Areas, 311, community-based enrollment eligibility hubs, Child Care Resource and Referral Agencies, and community based organizations.	Winter 2005/06
D. Revise enrollment/placement processes to include review of comprehensive program options.	Spring 2006

Goal 2 *Indicators of Progress*

- Significantly increase the percentage of child care contracted care agencies conducting on-site enrollment.
- Offer all working parents the option to mail in child care recertification applications.
- Child Care and Head Start develops promotional materials and enrollment forms in multiple languages.

Goal 3 **Quality and Accountability:** Improve and monitor the quality of early care and education services and devote more resources to quality enhancement.

Rationale

Young children thrive when they have responsive, nurturing, stable care relationships. Because young children develop at such a remarkable pace in their early years, the quality of their early relationships and environments has a substantial impact on their well-being. Despite the broad recognition of the importance of high quality care for young children's development, some children in New York City attend programs that are of questionable quality. Children attending low-to-mediocre quality child care programs lose an important opportunity to reach their development/learning potential during the period when their cognitive and social growth is greatest.[20] Currently, more Child Care resources are devoted to determining if families are eligible for subsidized care than are focused on measuring and improving the quality of the care that its contracted programs provide. ACS can and should extend its ongoing quality enhancement efforts to promote the safe, healthy, and successful development of young children. To achieve this goal, this strategic plan identifies opportunities to promote quality care by identifying features of high quality programs and programs that need support, measuring program quality more rigorously and consistently against quality standards, and helping more providers achieve those standards.

> ### *Guiding Principles*
>
> 1. Young children thrive in *high quality* early care and education settings with *responsive and stimulating interactions and experiences*.
>
> 2. Children's Services should *support parents in their decision-making* role, especially in relation to choosing the most appropriate early care and education for their children.
>
> 3. Children's Services should *provide technical assistance* to help early childhood programs improve the quality of their services.
>
> 4. Children's Services *holds programs/ providers accountable for the care they provide* by making information on program quality available.

This element of the plan also recognizes that parents deserve to make informed decisions about the nature of their children's care arrangements. Working parents have little time and resources to devote to a search for child care, and information about the quality of child care programs is not easily accessible. The foresight in selection and access to better quality care is a luxury that too few parents can afford. A unified and more rigorous performance measurement system will provide a mechanism to help parents know more about the quality of their children's care, by making the quality of care more transparent to the consumers.

Children's Services also has a responsibility to ensure that publicly-funded programs provide high quality care as efficiently as possible. To facilitate decision-making and ensure accountability on the part of the programs, ACS needs the capacity to measure the overall quality of each program. Under the current system, CCHS collects data from several different units for information on pieces of a program. As such, ACS lacks the mechanisms to understand and gauge the overall performance of an agency. With a clear delineation of the measurable components that constitute high quality early care and education for children, CCHS can help community-based service providers to better manage and improve the quality of their services. CCHS recognizes that an effective early care and education system that favors more rigorous assessments, technical assistance, and results-based incentives, instead of just enforcement of basic requirements, will be better able to achieve considerable quality enhancement.

CCHS is also planning more consistent and hands-on quality initiatives, tailored to the unique needs of different providers. Because New York City has diverse early care and education services, *Rethinking Child Care* identifies specific quality enhancement initiatives for providers in home-based settings. A significant portion of young children receive care in home-based settings (family child care and informal child care), and these providers need special assistance because they tend to have less access to quality enhancement opportunities. In sum, a unified performance measurement system for early care and education programs will:

- Identify quality care to facilitate parental choice.
- Improve accountability for New York City's spending on child care services.
- Target resources to improve overall program quality.

Objective I

Performance Measurement: Establish a set of quality standards and a performance measurement tool to evaluate all publicly-funded contracted child care programs.

Well documented research shows that high quality programs contribute to positive child well-being. In response to the incidence of too many low quality programs that sometimes jeopardize children's well-being, many states are adopting policies to evaluate the quality of early childhood settings available and accessible to families.[21]

ACS will measure and monitor quality in its Child Care and Head Start programs by establishing unified performance standards that meet the needs of both Child Care and Head Start programs. ACS will use this data for program management, evaluation, technical assistance, and as a vehicle for sharing information with the public. The proposed system will draw upon Head Start program performance standards, the Child Care Program Assessment Instrument, the Department of Education's program audit, and guidelines from the National Association for the Education of Young Children to identify comprehensive indicators of program quality. CCHS identified several features of high quality early childhood development programs that contribute to positive child outcomes. The performance measurement system will incorporate the following nine elements:

1. Program administration and fiscal management
2. Professional qualifications of staff
3. Teaching (pedagogy)
4. Curriculum and program structure
5. Assessment (of children for individualized instruction and for overall program planning)
6. Learning/physical environment
7. Child health and safety
8. Family support/partnerships
9. Community partnerships

Once CCHS specifies the unified quality criteria, we will develop and implement a system for assessing program performance. At last count, 10 states had initiated early care and education rating systems.[22] These efforts have shown promising results in improving program quality and some states have established tiered-rating systems that reward higher quality and encourage providers to focus on improving program quality.[23] Demonstrated success with these initiatives has engendered support for performance measurement as a tool to raise program quality. Rating child care settings is precisely what parents need so they can understand the quality of their care options. A rating system will encourage providers to offer high quality care which will expand quality improvement across New York City.

Strategies	Timeline
A. Develop uniform program quality standards.	Fall 2005
B. Develop a comprehensive performance assessment tool.	Winter 2005/06
C. Develop rating system for overall program quality.	Winter 2005/06
D. Conduct quality assessment pilot of CCHS programs.	Spring 2006

Objective II

Technical Assistance: Establish mechanisms to help programs raise quality.

The performance measurement system is just the first step in raising the quality of CCHS subsidized programs. Once the criteria are established, many programs will need assistance reaching those criteria and improving the quality of their programs. Indeed, the proposed performance measurement system will identify programs' strengths and weaknesses and guide efforts to support programs. Technical assistance for programs has been shown to increase the quality of child care over time. For example, an evaluation of quality rating systems in North Carolina found that programs' quality assessment scores (ECERS) were significantly related to the number of local quality improvement activities in which individual centers participated.[24] ACS will build on Head Start's technical assistance model that targets Head Start grantee funding to ensure that programs receive the support they need based on ongoing program evaluation. Through more intentional communication between CCHS assessment and technical assistance functions, programs will receive support to raise quality in a meaningful and sustainable way. In addition to CCHS resources, multiple institutions across New York City provide targeted technical assistance to address programs' weakest components. Coordinated support for programs is a key feature of *Rethinking Child Care.*

Achieving this goal will require ACS Child Care to shift the relative focus of resource areas toward much greater quality and technical assistance responsibilities. Presently, the majority of Child Care resource area staff focuses on eligibility and enrollment rather than program quality. With comparatively less staff devoted to eligibility functions as the goals of greater program-based enrollment and automated systems are achieved, over time Children's Services will have the capacity to refocus more CCHS resources on quality enhancement. With a commitment to technical assistance, CCHS can and must support programs as they work to improve the quality of their services.

Strategies	Timeline
A. Identify, maximize, and garner internal and external resources for quality initiatives.	Fall 2005
B. Enhance technical assistance efforts to support low-performing child care programs.	Winter 2005/06

Objective III – Home-based Child Care: *Focus on improving the quality and oversight of home-based providers.*

A great many of New York City's young children receive care in home-based settings – family child care or informal child care. Before children become eligible for New York City's Universal Pre-Kindergarten program at age 4, nearly 48 percent of children who receive publicly subsidized care attend either family child care or informal care settings. For families in some communities and in some cultural groups, home-based care may be the preferred or the only feasible child care option. Furthermore, a child's age and the need for many parents to make arrangements when responding very quickly to new work opportunities also increases the use of home-based care. Much of the recent growth in child care subsidies has been in home-based care, especially informal child care.

Because there is less institutional oversight in home-based settings, the needs of home-based providers differ from the needs of providers in center-based child care. As such, CCHS will develop indicators of quality that are consistent with quality in center-based care but tailored to the unique circumstances of home-based care. With the implementation of processes to better monitor the quality of care in home-based environments, CCHS will also better support providers in home-based settings.

Not all providers in home-based settings are the same and the terms may be confusing. Family child care is not usually provided by a family member. These programs provide an organized form of care in a home setting for a group of young children and must be registered.

Mechanisms to support family child care programs vary. Some family child care providers are organized into family child care networks, which have contractual agreements with ACS which facilitate referrals to their homes. This arrangement also institutionalizes some degree of program accountability. Yet multiple conditions inhibit family child care programs from providing high quality care. Family child care providers are small businesses with a host of responsibilities; they are responsible for record-keeping, accounting, cooking, marketing, and meeting training requirements. Within reduced organizational structure, these responsibilities may be especially burdensome, infringing on program quality.[25]

Membership in family child networks may provide more ready access to training, ongoing quality oversight and assistance, and administrative assistance for members. However, these networks do not necessarily provide quality oversight and not all providers belong to networks. Also, ACS provides minimal quality oversight of or assistance to these care providers. *Rethinking Child Care* addresses this gap with a more comprehensive approach to family child care, which will be led by a Director of Family Child Care. The Director will oversee this effort to monitor the needs of family child care providers and guide ACS's efforts to meet those needs through training opportunities, technical assistance, and other mechanisms to provide support for family child care providers. In order to better monitor the quality of family child care providers, CCHS intends to create a family child care assessment tool which can be used by

Table 3: Age of Young Children in Different Types of Care, 2005

Age of Child	Type of Care			
	Group Child Care, Head Start, and UPK	Family Child Care	Informal Care	Total
Birth to 1	465 (14%)	820 (26%)	1,893 (60%)	3,178
1	1,383 (18%)	2,647 (35%)	3,643 (47%)	7,673
2	3,692 (35%)	3,427 (33%)	3,391 (32%)	10,510
3	18,391 (77%)	2,425 (10%)	3,097 (13%)	23,913
4	71,164 (94%)	1,501 (2%)	2,888 (4%)	75,553
5	6,899 (67%)	704 (7%)	2,622 (26%)	10,225

networks or ACS to measure care quality in family child care settings. To better support family child care providers, we will incorporate family child care and family child care networks into the performance measurement and technical assistance system.

Informal child care (which can include care by family, friend, neighbor or any informal provider) is a non-licensed form of care typically involving care for one or two children. Unlike family child care providers, informal providers are not licensed by the Department of Health and Mental Hygiene and providers have limited oversight. Historically, informal providers are subject to almost no oversight, even when they are supported by vouchers. ACS has incorporated informal providers into the Automated Child Care Information System (ACCIS) and informal providers must register with ACS to receive payment. This process includes information about basic health and safety. New York City and State will begin implementing additional screening of informal care providers to ensure that children using vouchers in informal settings are in safe environments. Still, little attention is paid to the quality of the early learning environment in informal settings. Because informal care providers have child care responsibilities, are isolated from networks of early childhood programs, have little information about training opportunities, and limited time, access to improved caregiving practices is limited. In 2002, a survey of New York

City's informal care providers found that more than 76 percent of providers who expect to provide child care in the future expressed an interest in receiving information in training.[26] Clearly, this data highlights that ACS has opportunities for improving the quality of informal care.

Both family child care and informal care providers face obstacles to accessing opportunities that will enhance the quality of their care. In order to provide a greater degree of quality monitoring in all home-based care as well as access to training and support, *Rethinking Child Care* addresses this type of care through screening of informal providers and monitoring and ongoing support for family child care providers. Several strategies have been shown to enhance the quality of home-based care, including: home visits, accreditation programs, family child care networks, tiered reimbursement systems, and training scholarships. In addition, family child care providers can be supported by providing a single entry point for family child care services, improving access to training, and including unlicensed providers in outreach efforts.[27] CCHS will pursue the following strategies to improve the quality of care in home-based settings:

Strategies	Timeline
A. Improve oversight and assessment of family child care, including networks.	Fall 2005
B. Expand availability of training for family child care providers.	Spring 2006
C. Ensure background checks of informal providers, conduct quality inspections, and develop career ladders for informal care providers.	Winter 2006/07

Goal 3 *Indicators of Progress*

- A unified program performance measurement tool is adopted by Children's Services and the Department of Education.
- Home-based care providers and family care networks are identified and needs assessment is completed.

Goal 4

Information Systems: Develop a unified, user-friendly, reliable, and comprehensive information system for early childhood programs.

Rationale

Management information systems are a critical component of the early care and education infrastructure. CCHS relies on information to identify needs, allocate funding, and ensure that children and families receive the support they need. However, "more often than not, early childhood policies are developed without the support of sound data."[28] Indeed, effective governance of early childhood development services depends on good information.

Currently, information on Child Care and Head Start services is collected in a fragmented system. ACS uses a system called the Automated Child Care Information System (ACCIS) to track eligibility, enrollment, program data, vacancies, and other related information. ACCIS, which is housed in HRA, is the primary repository for information related to program operations. Meanwhile, Head Start program data are maintained in spreadsheets, Word documents, and an Oracle database. In addition to ACCIS and Head Start program tracking, information about ACS contracted child care programs is kept in several additional systems. In total, separate information systems or spreadsheets are kept for at least 15 aspects of programs, including: licensing; facilities; audits; payments; budgets; contracts; and program assessments.

> ### *Guiding Principles*
>
> 1. Data should be *reliable, of high quality*, *and comprehensive* to help CCHS meet management, performance measurement, and program support goals.
>
> 2. Data systems should be *responsive* to the data collection and analysis needs of key operations.
>
> 3. Data systems should be *flexible* enough to accommodate the changing needs of users.
>
> 4. Data systems should be *accessible and easy to use* for a wide range of users.

Numerous problems arise from the fragmented way in which data are collected and maintained. First, for data collected by delegate agencies, it is time consuming and labor intensive to collect that data and there is little quality assurance by ACS. Second, the capacity to perform analytic or planning functions is constrained by the functionality of platform and availability of data. There is no access to historical data to support research. Third, ACS staff are unable to access complete information about a program for the purpose of decision-making and must make multiple data requests in order to know critical program components. In sum, ACS's current management information systems:

- Employ data that are not always reliable;
- Are obsolete and difficult to change and manipulate; and
- Are neither connected nor coordinated within CCHS and across City agencies.

Several initiatives are currently underway at ACS and across New York City to improve the information systems for early childhood programs.

- **Integrated Human Services System:** Initiated by City Hall, and currently under the auspices of the New York City Department of Information Technology and Telecommunications (DOITT), this project aims to create a single citywide information system for all human services agencies. With active participation from ACS and HRA, the first step for this system is to develop a uniform attendance and enrollment system that would be used by Child Care, Head Start and Universal Pre-Kindergarten.

- **Human Resources Administration Assessment:** HRA, which manages ACCIS, is looking at the functioning of this system and assessing what actions are most productive in creating a better child care information system.

- **ACS's Information Technology (IT) Quality Assurance Initiative:** A review of all of ACS's IT systems and needs, including Child Care and Head Start, is currently being conducted and a report detailing the specific system needs of the entire agency is forthcoming.

ACS is involved with all three of these initiatives and is working to ensure that our efforts are not duplicated and that all projects complement one another. CCHS's goal is to learn from each initiative and coordinate all projects into a single effort that will address all information needs for early childhood services. This long-term plan will coordinate CCHS with the ongoing initiatives to improve the child data.

To rectify these problems, CCHS will first focus on improving the use of current data systems and where possible, will better coordinate and consolidate various information sources. Second, CCHS will completely overhaul the information system and create a uniform early childhood services information system that is user-friendly and consistent with the needs of all early childhood programs.

Objective I

Current Information System: *Improve the reliability, coordination, and use of current data systems where possible.*

Reliable data is integral to the success of any information system, regardless of the systems in which data is input. Yet poor data quality has consistently plagued CCHS's information systems. CCHS does not have dedicated staff to monitor the quality of data and as a result, data in ACCIS have numerous problems, including incorrect addresses, discrepancies between budgeted and enrolled capacities, outdated licensing information, incorrect geographic coding of programs, and incomplete information for family child care providers. Without clean and timely data entry, even the best information system will not be useful. Thus, CCHS must immediately improve the quality of its data. The first step of data clean-up will be to assign clear responsibility and accountability for all data elements.

In addition to data quality, data coordination is needed to improve CCHS's information. In most cases, Child Care and Head Start have separate information stored in separate locations. To the extent that the two departments measure or track the same data, this causes redundant or inconsistent information. Over the coming months, ACS will undertake an effort to coordinate all spreadsheets, databases and other information systems, where possible. Beyond intra-divisional information sharing, it is essential that CCHS support the efforts to improve existing systems in other ACS Divisions, such as Facilities, Finance, and Contracts. Currently, each Division manages its own data for Child Care and Head Start related issues. ACS has begun to generate reports from all of these sources to assist staff in accessing program information, but an intentional long-term solution to coordinate data is needed to meet ACS's many data needs. This work will continue to improve the integrity of the data in each of these systems.

The coordination of data will also enhance the utilization of data. Children's Services will begin to expand the development and use of management reports for Child Care and Head Start services. Initial reports will help us to identify where there are data discrepancies and help us focus the data clean-up effort. Additional reports will be developed to address other management issues, such as borough utilization, number of eligibility appointments per month by borough, and average time on reservation list and waiting list in each borough. Creating the reports is only the first step. Effective use of the information and reports will support CCHS's quality assurance and improvement efforts.

Strategies	Timeline
A. Improve data-entry and assign accountability for data quality.	Fall 2005
B. Run new reports to help identify problems with reliability of data.	Fall 2005
C. Coordinate existing databases.	Fall 2005
D. Revise current management reports and offer training in use of management reports.	Spring 2006

Objective II

New Information Systems: *Develop a new information system that is reliable, allows for coordination across agencies, and will be flexible to meet ACS's changing needs.*

In order to truly meet Children's Services' management and analytic needs as well as fulfill the goals outlined in the strategic plan, a new management information system must be developed. High quality useful data would have huge implications for children, families, programs, and internal operations. For parents, more user friendly systems will help them locate programs with availability to make good child care choices. For programs, better data will indicate program strengths and weaknesses to identify opportunities to improve quality. For Children's Services, the proposed system will facilitate utilization assessments to ensure programs serve as many eligible children as possible. In short, management information systems underlie all of CCHS functions; improved information will lead to improved operations and services.

The vision for a new information system includes three main elements:

1. Reliable data, improving CCHS's commitment to up to date and accurate information.

2. Flexible systems that will meet changing mandates, business practices, and internal management needs.

3. Coordinated systems, providing complete information to support more effective management of and support for contracted agencies.

As ACS develops a new management information system, remote and improved access to the system will facilitate data entry, improve communication with contracting agencies, and facilitate community-based eligibility and enrollment processes. Reliable data will ensure that ACS has a transparent public information sharing process that in turn, will enhance public confidence in Child Care and Head Start's operations.

The lack of coordination among data systems has long been identified as a problem with reporting and management functions. Beyond ACCIS, there are many ad hoc systems that have been created to make up for the shortfalls of the existing system. However, this fragmented ad hoc system reduces CCHS's ability to ensure the quality of data and generate useful management reports. With the growing collaborations between Head Start, child care and UPK programs, it is important that these systems have a mechanism to share data and information. For example, often one child may receive services from two of these programs, and there is not currently a mechanism to easily track or share information on this individual child. With coordinated information, New York City will have the information needed to support children's care.

The achievement of many goals outlined in *Rethinking Child Care* is dependent upon the realization of a new management information system. The system will support community-based enrollment, public access to information, quality monitoring and assurance, and coordination of services. However, achieving these objectives depends on resources. Children's Services must invest in a new management information system to develop a reliable, accurate and coordinated information system that truly meets Children's Services' management and analytic needs.

Strategies	Timeline
A. Determine needs and business requirements for the system across the various agencies.	Spring 2006
B. Garner resources and dedicated staff for management information systems.	Summer 2006
C. Design and implement a system that is flexible to meet changing needs of early childhood services that allows for coordination across agencies.	Fall 2006
D. Develop oversight mechanism to continuously monitor system functions and generate management reports that will meet CCHS needs.	Winter 2006/07

Goal 4 *Indicators of Progress*

- All Child Care and Head Start data are located in one information system.
- Programs are able to enter and submit enrollment and attendance data remotely.

Goal 5

Rationale

ACS has a central role to play in helping programs meet their facilities' needs. ACS recognizes the importance of facilities and this plan identifies opportunities to expand and enhance the child care facilities of its provider network.* Because programs generate thin profit margins, they often struggle to maintain basic services. Therefore, programs must dedicate funding primarily for program operating costs, such as classroom personnel and supplies, rather than invest in real estate. However, investment in services without attention to facilities compromises the quality of early care and education children receive. Empirical evidence shows that the maintenance and arrangement of space can either help or hinder adult-child interactions.[29] By improving facilities, ACS is improving the quality of care available for New York City's youngest children.

> ### Guiding Principles
>
> 1. High quality, well maintained facilities are an important component of the quality of early care and education services.
>
> 2. Children's Services should be responsive and supportive of communities' facilities' needs.
>
> 3. Children's Services should support the expansion of facilities to provide more center-based early care and education services throughout New York City especially to add greater capacity to serve more toddlers in centers.
>
> 4. Children's Services contracted programs should be entrepreneurial and able to manage facilities independently.

However, improving facilities in New York City is not an easy task. The very high-priced and unpredictable real estate market in New York City aggravates the challenge of developing new early care and education facilities. As real estate costs go up, as they have at a remarkably sustained pace for almost a decade in NYC the quite limited funding for child care is challenged as money that is budgeted for programmatic operations is siphoned away for facility costs. In the past, ACS has made a commitment to facilities by applying for long-term leases on behalf of programs. In fact, approximately one third of ACS-sponsored programs currently operate with long-term leases held by the City – the Department of Citywide Administrative Services (DCAS) on behalf of ACS. While this arrangement represents a significant investment in programs, it limits ACS's ability to adapt to changing community needs. Under the current facilities lease structure, ACS cannot readily shift services to those underserved areas. This plan seeks to develop a more efficient and flexible model for supporting child care facilities, which may include shifting more responsibility to programs, and in the long-term, replacing ACS's practice of leasing and maintaining child care facilities with a model of collaboration between the public and private sectors.

In addition to changing ACS's facilities model, *Rethinking Child Care* outlines strategies to support the development of new facilities to serve unmet needs by age and location. Child care facilities are a key feature of urban development. Just as parents need transportation to get to work every day, parents need accessible early care and education for their young children in order to work. If given the option, parents prefer center-based care that is close to their homes. However, as a result of parental preferences and the high cost of facilities, there is an inadequate supply of center-based child care. *Rethinking Child Care* takes tangible steps toward addressing the child care facility shortage. Fortunately, substantial work related to facilities occurred in 2003, when ACS commissioned *Building Blocks for Child Care: A Facilities Plan for the 21st Century*. This effort contained many ideas that are incorporated into this strategic plan. *Rethinking Child Care* extends some features of Building Blocks by providing additional guidance on how we may better address facilities issues.

Objective I

Efficiency of Facilities: *Improve the management of facilities to more easily respond to programs and communities' needs.*

Historically, Children's Services has supported programs by constructing, leasing, and maintaining child care facilities. CCHS is re-evaluating current leases to consider the most effective way to support programs and meet community needs. As such, this objective calls upon CCHS to modify leases to infuse the facilities model with flexibility. Moreover, CCHS aims to facilitate programs' independence so that each program sets its own course for the future.

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* *This element of Rethinking Child Care draws upon Building Blocks for Child Care: A Facilities Plan for the 21st Century (2003), developed by the ACS Advisory Board Child Care and Head Start Subcommittee.*

CCHS acknowledges concern over how to achieve this reduction of direct-leases while maintaining stability in the center-based child care system. This plan identifies strategies to accomplish this objective with realistic timeframes that will maintain a quality center-based system. CCHS will continue to provide facility costs in the child care contracts.

The first step toward achieving this objective of *Rethinking Child Care* is to conduct an in-depth analysis to determine if there are savings with sponsor-held leases, and the degree of variation that exists in the relative efficiency of the city-held leases for child care. This analysis will assess the current sponsor-lease process and determine how it should be revised. Based on this analysis, CCHS will define new leasing models that will move CCHS away from leasing space for contracted care programs. Instead, CCHS will help programs pursue and manage their own leases.

Strategies	Timeline
A. Evaluate cost effectiveness of different types of lease structures.	Fall 2005
B. Establish guidelines and a process to transition programs to new system.	Winter 2005/06
C. Train and support sponsors to adapt to new model.	Summer 2006

Objective II **New Facilities:** *Facilitate the development and enhancement of quality child care centers throughout New York City.*

CCHS recognizes the shortage of adequate child care facilities throughout the city. As such, this objective of *Rethinking Child Care* focuses on providing programs with opportunities to expand and enhance facilities. Too many centers do not have the resources to improve the conditions and amenities of existing facilities. According to one provider,

> "It's the little things that count – a storage space for trikes when the kids are done, instead of just piling them on the side of the room; a cheery corner where parents can have a cup of coffee after dropping off their kids, or speak with teachers about their

progress; a cozy space with sofas and soft rugs, where kids can curl up with a teacher and read a book. These things make all the difference for families and staff members, but far too many of our centers can't provide them."[30]

By shifting to more privately held leases, ACS will concentrate on helping programs manage and enhance their child care facilities. For example, CCHS will promote partnerships with developers and others within the economic development community to assist programs.

Strategies	Timeline
A. Provide technical assistance to programs to help maintain, manage, and enhance child care facilities.	Summer 2006
B. Develop methods for using capital funding on non-City property to build new facilities.	Fall 2006
C. Develop new child care facilities by private/nonprofit entities.	Fall 2006

Goal 5 **Indicators of Progress**

- ☐ Lease analysis of critical elements of all leases, City- and Sponsor-held, in order to better manage facilities and identify problem leases.
- ☐ Program performance, facility condition, lease costs, and other program operations criteria are used to review and decide on lease renewals.

Goal 6

Early Care and Education Integration and Coordination: Bring together different early childhood care services to offer higher quality care options that better meet the varying care needs of families by integrating the Child Care and Head Start Division internally, and within the broader spectrum of City government's children's services.

Rationale

The fragmented nature of the early childhood care and education system in New York City inhibits efforts to support children and families. New York City's families in need of subsidized child care have a variety of options – all with different enrollment processes, eligibility criteria, hours, levels of family support services, and administrative auspices. Currently, these differences create confusion for families seeking services, cause mismatches in services to needs, and create discontinuities in care, rather than the opportunity they should offer for targeting services to diversified needs. This goal of *Rethinking Child Care* aims to streamline the differences between early care and education programs to help parents find appropriate child care, reduce redundant administrative procedures for programs, and eliminate inefficiencies for ACS.

As previously mentioned, multiple agencies fund early childhood services, each with some distinct and many overlapping goals. Because early childhood services have varied priorities, distinct funding, and different regulations, they tend to be inequitable, not comprehensive, and scattered. "Early care and education has become a field in which dedicated practitioners are forced to compete with their colleagues for resources, causing a continual struggle not only for new programs, but among them."[31]

> ## Guiding Principles
>
> 1. Children's Services should serve families *effectively,* by providing *high quality* programs.
>
> 2. Children's Services should be flexible to meet the changing needs of families, in order to serve young children *efficiently*.
>
> 3. CCHS should be *integrated* internally, within ACS as a whole, and coordinated within the broader context of government children's services.
>
> 4. Integration will help move New York City closer to having a comprehensive early care and education *system* that meets children's and families' needs, which are unique and changing.
>
> 5. Current internal, intra-agency, and interagency integration and coordination efforts should be *informed by and built on prior* integration efforts.

Certainly, integration and coordination of early care and education services is one of the most challenging, but likely most rewarding of these efforts. Integration and coordination also underlies much of the strategic plan. Indeed each of the aforementioned goals includes efforts to better integrate and coordinate policies, programs, and practices to better serve children and families. Integration will utilize Children's Services' expertise to provide services that draw upon the most effective elements of its services. By maximizing resources, CCHS will provide more comprehensive high quality early care and education services.

Objective I

Child Care and Head Start: *Integrate Child Care and Head Start functions as fully as possible.*

With Child Care and Head Start administered within one agency, New York City has an opportunity to take advantage of the different programs' strengths and better meet the needs of families. While Child Care provides longer hours of service, Head Start provides more comprehensive services and addresses particular child and family needs. In combination, these programs can provide longer hours and more comprehensive early care and education that truly support young children's development and family functioning.

First, CCHS will identify and then reduce operational redundancies to use resources more efficiently. ACS is

in the process of engaging a management consulting firm to evaluate each area of Head Start and Child Care program operations (e.g., licensing, training and staff development, quality assurance) to determine and promote the best management practices. ACS is also developing common administrative procedures that may be streamlined and improved for programs so that they may spend less time on administrative issues and focus more energy on serving children with high quality care. For example, new cost allocation guidelines will be developed to help CCHS-contracted programs manage fiscal issues. In New York City, some sponsors may have an ACS child care program, a Head Start program, and

a UPK program. The funding from each of these sources must be allocated properly to prevent the possibility of over-charging to any funding source, and for true fiscal accountability. This is one of the many action steps that CCHS is taking to support programs through internal integration.

Second, CCHS will create mechanisms to provide care that meets parents' schedules. Most parents need full-day, year round services for their young children. With an increase of service industry entry level jobs, fewer parents work Monday through Friday from 9am to 5pm; low-wage jobs often require non-traditional hours and unpredictable schedules. Because parents need child care during these hours, CCHS will seek ways to expand access to care during evenings and weekends.

Third, CCHS will make every effort within its jurisdiction to reduce discrepancies between Child Care and Head Start programs as they relate to staff compensation and staff training opportunities. CCHS will also encourage sponsor organizations, partner City agencies, participating unions and public oversight agencies to promote parity. In the past, these differences have caused tension between the two programs and reluctance among staff at the program level to accept, cooperate with, or advance efforts at integration. By eliminating these differences and mitigating tension between the two programs, CCHS will move toward presenting a more unified image.

ACS recognizes the need for the proposed strategies to truly help, not hinder, programs and operations. Indeed, support for the proposed integration efforts is essential for their success. Therefore, it is important that CCHS build on previous successful integration models. Efforts to integrate Child Care and Head Start within New York City's Settlement Houses in the 1990s proved effective and provided a model for Collaboration sites. Currently, CCHS has several collaboration sites that work together to provide young children and families with more comprehensive developmental services. Many lessons have been learned from these initiatives that inform CCHS's current integration plans. First and foremost, integrated programs require dedicated resources to ensure that the programs complement one another.

Past integration efforts have been sidelined by changing leadership, priorities, and policies. In particular, significant changes have occurred in early care and education policy at the State and federal level. To be sure, change is inevitable. It is incumbent upon Children's Services to develop incremental and sustainable steps toward integration that can withstand policy changes over time. Recognizing that the CCHS's needs will change as new policy changes arise, the division will develop techniques to safeguard integration and push for common policies and approaches to ever changing regulations.

Strategies	Timeline
A. Better integrate common operational function areas, policies, and procedures and achieve efficiencies in service delivery.	Fall 2005
B. Coordinate scheduling across CCHS programs to meet the needs of working families.	Spring 2006
C. Analyze staff functions across programs and promote parity in pay and benefits across Head Start and Child Care services.	Winter 2006/07

Objective II

Integration within ACS: *Better integrate CCHS into the work of ACS as a whole and especially around family support and neighborhood-based services.*

Each component of ACS's work focuses on the same overall mission to support children and families. It is not surprising therefore, that program areas have complementary functions. This objective focuses on making the most out of those pieces that complement one another. CCHS has expertise in supporting children's development, a vast service system of contracted care agencies across New York City's low-income communities, and a focus on providing broader family services in the context of children's care. These capabilities should be shared throughout the agency. At the same time, ACS family support services

have expertise in working with families facing many challenges. Because many parents with ACS child care assistance face the same problems, ACS family support services may contribute to child care programs' work with parents.

Early childhood education can be a primary preventive service for those in the child welfare system. An integrated approach to service delivery will transform the nature of ACS services into a comprehensive support system that focuses on the varied needs of young children and their families. This integrated effort is

consistent with the overall theme of re-conceptualizing Children's Services as neighborhood-based supports to meet community needs

CCHS has several administrative operations common to the agency, including administration, contracting, facilities, finance, personnel, legal, policy and planning, and management information systems (MIS). Over time, ACS has centralized some of these functions. This process facilitates specialization in administrative functions and ensures consistency across the agency. *Rethinking Child Care* continues this integration while ensuring that program area needs receive necessary administrative support. For example, with the centralization of management information systems, CCHS will have dedicated staff to interact with MIS, request reports and analyze data. At the same time, MIS will have specific personnel assigned to working with CCHS that have the expertise in MIS to produce high quality information. By institutionalizing these

personnel responsibilities and lines of communication, ACS will maximize its program and administrative capacity. Although CCHS will gain some additional resources through this reorganization, sometimes key managers and staff originally dedicated to CCHS program issues may be reassigned to work on other ACS priorities. When this occurs, it may create problems for CCHS when the priorities conflict. Perhaps the biggest obstacle to efficient and integrated operations is the lack of integrated and comprehensive program, fiscal, contracts, and facilities data and reporting.

With intra-agency integration, better communication between divisions is absolutely essential, and previous efforts at integration within the agency must be evaluated. To ensure intra-agency coordination is mutually beneficial for all entities, ACS will conduct regular meetings, establish consistent policies, adopt joint decision-making, and set clear rules for decisions.

Strategies	Timeline
A. Enhance family support functions by coordinating ACS family support interventions and recognizing early care and education programs as a vital neighborhood-based resource.	Fall 2005
B. Merge appropriate CCHS administrative functions into agency-wide divisions and improve upon existing efforts.	Winter 2005/06

Objective III

Since multiple agencies are responsible for supporting young children and their parents, integration across these services is critical. First and foremost, ACS can better support young children and their families by ensuring that all early care and education programs complement one another. ACS has evaluated the roles and responsibilities of different agencies that support young children to identify opportunities for integration, coordination, and strategic adoption of services.

At the program level, integration will also ease the administrative procedures for programs that co-locate different services. Currently, many programs co-locate programs with different funding streams and reporting requirements. Frequently, co-location allows programs to provide more comprehensive services that meet families' needs. However, it also increases the administrative burden and complicates accountability; for programs that house these programs, the administrative requirements can increase three-fold. CCHS will ease these redundancies with the development of cost-sharing allocation models for programs. In addition, CCHS is exploring methods of coordinating audits for programs that co-locate UPK, Head Start, and Child Care contracts.

At the agency level, *Rethinking Child Care* proposes integration between ACS child care services and HRA's voucher program into a unified program. Together, CCHS and HRA have the shared goal of ensuring that families are moving toward self-sufficiency, and that child care is an integral component of the array of services families need in their progress toward self-sufficiency and sustained employment. Although the agencies have somewhat different target populations, the child care needs of these families are the same, and in many cases they are the same families at different points in time. The two agencies administer their child care programs in somewhat different ways and the differences in administration can steer families to different forms of care and create other problems for families and the management of child care in the City, including:

⊡ Many low-income families seeking child care assistance do not know which agency to contact and differences in the system significantly complicate child care access to families who face different eligibility systems and choices for care.

⊡ Having two different administrative entities can make the process complex, creating problems for families, including: barriers to entry; discontinuities in care; loss of benefits as families move between systems; and fragmentation and categorical organization of services that do not meet families' and children's needs over time. By planning, budgeting, and developing policy for child care services within a single agency, one integrated system of care will offer the full range of early care and education options so that parents will more easily access appropriate services.

Rethinking Child Care also identifies opportunities for coordination across City, State, and federal agencies as well. Several efforts are currently underway to improve the coordination between agencies. For example, DOHMH has a newly created automated system that tracks licensing of all child care programs throughout New York City. DOHMH and ACS are working together to grant ACS access to this data and will develop mechanisms to ensure licensing information in ACCIS is current and reliable. While the agencies' functions remain distinct, they will complement one another.

This process of integration will evolve over time. As new needs and opportunities arise, ACS will adapt its services toward increased integration. For example, with the possible further expansions of UPK, ACS will have the opportunity to build around longer hours of care in Pre-K for preschool-age children to offer more wraparound services for Pre-K children and age-down more of child care services to serving younger children, one of the foremost priorities of this strategic plan. As ACS serves more infants and toddlers, integration with other efforts focused on young children will be necessary, such as DOHMH early intervention services. Only through the thoughtful coordination of public and private services, will New York City achieve a comprehensive and effective early childhood development system. Through interagency integration, more children will receive high quality, stable early care and education.

Strategies	Timeline
A. Develop cost-sharing allocation models for children served across programs.	Summer 2005
B. Merge HRA's child care voucher program with ACS.	Fall 2005
C. Share intake, enrollment, and contract data across agencies.	Spring 2005
D. Coordinate and co-locate CCHS services with UPK.	Spring 2006
E. Establish simpler, more streamlined licensing procedures with DOHMH.	Spring 2006
F. Coordinate assessment, audit, performance, and quality measures across early care and education programs.	Summer2006

Goal 6 *Indicators of Progress*

- HRA child care vouchers are integrated into ACS Child Care and Head Start.
- Best practices and policies are adopted for each functional area within ACS Child Care and Head Start.
- Parity within the early care and childhood development system is supported by the unions, sponsor board councils and City agencies that have a vested interest.
- Families receiving CCHS services also receive information and referrals to family support services in their communities through their CCHS program or through another ACS neighborhood-based program connected to their CCHS program.

Conclusion

More than 100,000 of New York City's children spend a vast amount of time during their youngest years in publicly-supported child care while their parents are working. This includes many of our most vulnerable and youngest citizens whose cognitive, emotional and physical capabilities are taking shape at a rapid pace. Early childhood education presents literally the opportunity of a lifetime for children and for the city where they will eventually attend school and work. Research on the quality of child care confirms that early care and education is a very important developmental context; low-quality care places children at greater developmental risk, while good, stable care arrangements can compensate for many of the risk factors experienced by young children growing up in poor and low-income communities.

Much can be done to improve the early childhood care system to better serve children in their time of greatest developmental need. As many as 100,000 children, including the large majority of infants and toddlers, are currently not served, and much needs to be done to expand this system gradually as it is improved to better meet children's critical early developmental needs.

The elements outlined in this strategic plan for early childhood care are a starting point for an improved, better integrated, and over time, expanded early childhood care and education system. We start by refocusing the mission of the entire early childhood care system to emphasize child development. This means better aligning the expectations of parents, providers, and public administrators to the needs of children. It means redirecting the early childhood system toward the goals of facilitating child care quality, access, information, and choice. We continue by bringing together the disparate systems of care across different city agencies. The steps we are taking toward a better integrated early childhood care and education system are meant to comprehensively serve the diverse needs of families in a consistent way. It will allow families to better access and use combinations of care that match their needs, and to make developmentally appropriate transitions in care as individual children's needs change.

This plan sets the strategic direction to provide more effective services to support the development of young children and their families. By reallocating services to areas of high need, ACS effectively meets more of the need for care in the city, with its limited resources. ACS currently pays for contracted slots that may not be used. This plan will eliminate vacancies and reinvest the funding for those slots to serve additional children in high need areas. Moreover, with the coordination of contracts and vouchers, Children's Services will increase utilization, reduce vacancies, and help to better meet the increased demands of public assistance families seeking more stable care arrangements. Most importantly, ACS will target resources on program quality enhancement efforts so that more of New York City's young children attend high quality programs that nurture children's development.

Implementation of *Rethinking Child Care* will require up-front investments. ACS needs the human capital to implement the strategies laid out in the plan, while also maintaining the day-to-day operations of an overstretched child care system. First, this will include supporting current personnel to carry out this vision for our early care and education system. For example, eligibility workers will spend more time on final eligibility determinations and technical assistance to programs than on face-to-face appointments with clients. This shift in responsibility will require professional development opportunities for CCHS staff. Second, Children's Services will need additional staff to accomplish the goals of *Rethinking Child Care*. For instance, with a renewed commitment to high quality care, Children's Services will need to hire additional personnel to provide technical assistance for helping programs. Without a doubt, Children's Services needs to invest in personnel to accomplish this needed, but ambitious plan.

With this plan, the Administration for Children's Services has embarked on an ambitious and viable process to improve early childhood development programs throughout New York City. This plan has already guided efforts to improve management functions and ease the child care access for parents and programs. The positive outcomes for the City as a whole and for families are numerous: the City and ACS will incur savings and eliminate inefficiencies throughout the system to reinvest in children; providers will have fewer administrative burdens and receive greater support to improve their programs; families will have greater access to higher quality early care and education services; and most importantly, young children will have greater developmental opportunities.

This is the future we choose for our city's children.

APPENDICES

1 History of Child Care in New York City

2. Summary of Counting to 10 Report

3. Workgroup Participants

4. Utilization Maps

5. Data Tables and Figures

6. Enrollment Forms

7. Endnotes

Appendix 1: History of Child Care and Head Start in New York City

New York City has a long history of providing child care services. Beginning in 1941, Mayor LaGuardia established a Mayor's Committee on the Wartime Care of Children to meet the needs of the City's working families. Through this committee, he established New York City as the only city in the nation with publicly subsidized day care services and laid the groundwork for a partnership between City, State, and child care sponsoring boards that continues today. Prior to this time, child care services in New York City had been provided almost entirely through private philanthropy, nonprofit, and religious organizations. During this period, federal funding for child care came from the Works Projects Administration (WPA) and was limited to 14 school-based nurseries creating jobs for unemployed teachers to care for poor children and setting the stage for the development of child care programs that provided care and education services to children.

In 1949, the New York City Department of Health established health code standards for all child care services that are still enforced today and in 1950, a Bureau of Day Care was created within the Bureau of Child Welfare. Fifteen years later 1965 Head Start was introduced in New York City as a federal War on Poverty initiative designated to mitigate the effects of poverty on children by offering educational, health, and other services during the day and maximizing parent and community involvement. Head Start programs were first managed by the City's Economic Opportunity Commission and later by the Community Development Agency. Until the 1970s, child care and Head Start services were managed by separate City agencies – the Bureau of Child Welfare and the Community Development Agency.

In 1971, Mayor Lindsay created the Human Resources Administration (HRA) and consolidated the management of all public funds for child care and Head Start in HRA's Agency for Child Development (ACD). In 1995, Mayor Giuliani and the New York City Council created the Temporary Task Force on Child Care Funding to suggest ways to maximize and enhance the availability, quality, effectiveness and efficiency of child care services in New York City. Among other recommendations, the Task Force concluded that the city needed to establish a child care advisory group to provide ongoing guidance on Head Start and child care policy direction. In 1996, Mayor Giuliani established the Administration for Children's Services (ACS) as a freestanding city agency to protect children and their interests, bringing together for the first time: child welfare, child care and Head Start services under one city agency dedicated solely to children. Also, the advent of welfare reform in the mid-1990s increased both work requirements for welfare recipients and funding for child care. With New York City's implementation of welfare reform, HRA's child care voucher program expanded significantly. The following year, New York State enacted legislation that called for Universal Pre-Kindergarten (UPK) for every four-year-old to receive two and one half-hours of early childhood education per day. Since 1997, the UPK program has grown to serve almost 50,000 of New York City's four-year-olds. UPK has introduced new linkages between the public schools and community-based organizations providing child care and Head Start programs.

Within the last five years, ACS has committed to ongoing improvement of services. In September 2000, the ACS Advisory Board Child Care Sub-Committee was created to establish a new conceptual framework for Child Care and Head Start services. In July 2001, ACS released a Renewed Plan of Action for the Administration for Children's Services and in December 2001, ACS released the City's first coordinated plan for Child Care and Head Start called, "Counting to 10: New Directions in Child Care and Head Start." By the year 2005, ACS was responsible for a $650 million Head Start and Child Care budget, providing services through vouchers and contracts with delegate agencies and sponsoring boards to over 80,000 New York City children.

Counting to 10: New Directions in Child Care and Head Start Summary

In 2001, ACS Child Care and Head Start convened a broad group of internal and external stakeholders in the early care and education system. This group set goals and made recommendations for specific activities to provide vision and direction for Child Care and Head Start services in New York City. These goals and activities reflected the top priorities of the ACS Advisory Board Child Care SubCommittee and its 6 workgroups: Family Engagement, Innovative Programming, Professional Development, Quality Improvement, Facilities Development and Fiscal Management. The 10 broad goals identified include:

> *Goal 1:* **Ensure quality care for children.**
>
> *Goal 2:* **Increase access to care.**
>
> *Goal 3*: **Expand availability of care.**
>
> *Goal 4:* **Broaden parent involvement and community engagement.**
>
> *Goal 5:* **Strengthen workforce and sponsoring agencies.**
>
> *Goal 6:* **Promote program innovation.**
>
> *Goal 7:* **Build state-of-the-art facilities.**
>
> *Goal 8:* **Enhance child development and support family functioning.**
>
> *Goal 9:* **Maximize revenue to broaden the base of support.**
>
> *Goal 10:* **Improve ACS operations.**

In addition, the Counting to 10 plan includes the goals, recommendations and membership of the 6 workgroups. Taken together, the goals and recommendations in the plan reflect broad participation and thoughtful planning by New Yorkers committed to insuring that children and families have access to safe and high quality child care and Head Start opportunities. **Counting to 10: New Directions in Child Care and Head Start** laid much of the ground work for *Rethinking Child Care* and informs much of the current plan's goals and corresponding strategies.

Appendix 3: Work Group Participants

Leadership Team

John B. Mattingly	*Commissioner,* ACS
Ajay Chaudry	*Deputy Commissioner,* CCHS
Jennifer L. Marino	*Associate Deputy Commissioner,* CCHS
Frances Phipps	*Assistant Commissioner,* Head Start
Robert Finch	*Executive Director for Eligibility Services,* CCHS

ACS Workgroup Participants

Horace Abrams	*Director,* CCHS Payment Services
Julie Asher	*Special Assistant and Project Coordinator,* CCHS
Jennifer Jones Austin	*Deputy Commissioner,* ACS Policy and Planning
Marilyn Bartlett	*Assistant Commissioner,* HS Program Operations, CCHS
Hayden Blades	*Assistant Commissioner,* Facilities Management
Carol Brown	*Program Management Consultant,* CCHS
Denise Borak	*Director,* Budget, Financial Services
Debra Cloud-Marcus	*Chief of Staff,* CCHS
Maria Cordero	*Executive Assistant,* CCHS
Kenzell Cozart	*President,* Head Start Citywide Policy Council
Delroy Davey	*Assistant Commissioner,* Payment Services, Financial Services
Steven Deutsch	*Director,* Child Care Facilities Management
Virginia Dowd	*Director,* Resource Area Manhattan, CCHS
Daryl Dyer	*Special Assistant,* CCHS
Gloria Ellis	*Executive Director,* Child Care Services and Administration, CCHS
Peggy Ellis	*Acting Deputy Commissioner,* Family Support Services
Deena Fox	*Urban Fellow,* CCHS
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Jeff Golden	*Director,* Child Care Information Services, MIS
Mike Hawkins	*Director,* Head Start Information Services, MIS
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Caroline McKay	*Urban Fellow,* CCHS
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Edwina Meyers	*Director for External Relations,* CCHS
Ji-Hua Nan	*Computer Application Developer,* Child Care Information Services, MIS
Eric Nicklas	*Assistant Commissioner,* Research and Evaluation, Policy and Planning
Susan Nuccio	*Deputy Commissioner,* Financial Services
LaVerne Parker	*Director for Information and Referral Services,* CCHS

Judy Perry	*Director,* Policy, Planning and Analysis, Head Start, CCHS
Valerie Russo	*Deputy Commissioner,* Child Welfare Programs, QA
Dan Sedlis	*Associate Commissioner,* MIS, Administration
Judy Shernicoff	*Assistant Commissioner,* Budget, Claiming, and Revenue, Financial Services
Chris Strnad	*Special Assistant,* ACS Policy and Planning
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Richard Towber	*Senior Analyst,* Management Planning and Analysis, CCHS
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Boonpat Vattan	*Computer Application Development Manager,* Child Care Information Services, MIS
Gylinda Washington	*Computer Application Developer,* Child Care Information Services, MIS
Gary Weinstock	*Director* for Eligibility and Legislative Review, CCHS
Synia Wong	*Senior Analyst,* Research and Evaluation, Policy and Planning

Workgroup Participants: External Stakeholders

Candice Anderson	*Senior Policy Associate for Education and Child Care,* Citizens' Committee for Children
Beryl Clark	*Collaboration CCHS Program Director,* Staten Island Mental Health Services
Marian Detelj	*Collaboration CCHS Program Director,* Lenox Hill Neighborhood Association
Susan Feingold	*Executive Director,* Bloomingdale Family Program
Ronnie Fisher	*Associate Executive Director,* University Settlement
Laurel Fraser	*Deputy Director,* DOE UPK
Kay Hendon	*Executive Director,* HRA Child Care
Rebecca Koffler	*Director,* Early Childhood Programs, JCCA
Nancy Kolben	*Executive Director,* Child Care Inc.
Andree Lessey	*Early Childhood Education Administrator,* DOE UPK
Marjorie McLoughlin	*Executive Director,* Cardinal McCloskey
Gail Nayowith	*Executive Director,* Citizens' Committee for Children
Janice Molnar	*Formerly of DYCD;* Private Consultant
Richard Oppenheimer	*Director,* Nuestros Niños and *Vice President*, CSA
Suzanne Reisman	*Program Coordinator,* NY Child Care Seed Fund
Sheila Smith	*Director,* Best Practices for Quality Early Childhood Programs New York University, Steinhardt School of Education Child and Family Policy Center
Sandy Socolar	DC1707 *Budget Analyst*
Hilda Valdez	*Child Care Policy Analyst,* United Neighborhood Houses of New York
Michael Zisser	*Executive Director,* University Settlement

Workgroup Participants: Consultants

Janice Nittoli	*Executive on Loan to ACS,* Annie E. Casey Foundation
John Kim	*Consultant,* Annie E. Casey Foundation
Kathleen Noonan	*Consultant,* Annie E. Casey Foundation
Kate Tarrant	*Consultant,* Early Care and Education

A P P E N D I X   4 :   M A P S

Map 4a:
Distribution of young children (650,000).

Map 4b:
Distribution of children under 200% FPL (275,000).

Map 4c:
Distribution of single parents.

Map 4d:
Distribution of children with all parents working.

Map 4e:
Distribution of poverty and HS services.

Map 4f:
Distribution of low-income children.

Map 4g:
Brooklyn, Distribution of low-income children and ACS services.

Map 4h:
Bronx, Distribution of low-income children and ACS services.

Map 4i:
Manhattan, Distribution of low-income children and ACS services.

Map 4j:
Queens, Distribution of low-income children and ACS services.

Map 4k:
Staten Island, Distribution of low-income children and ACS services.
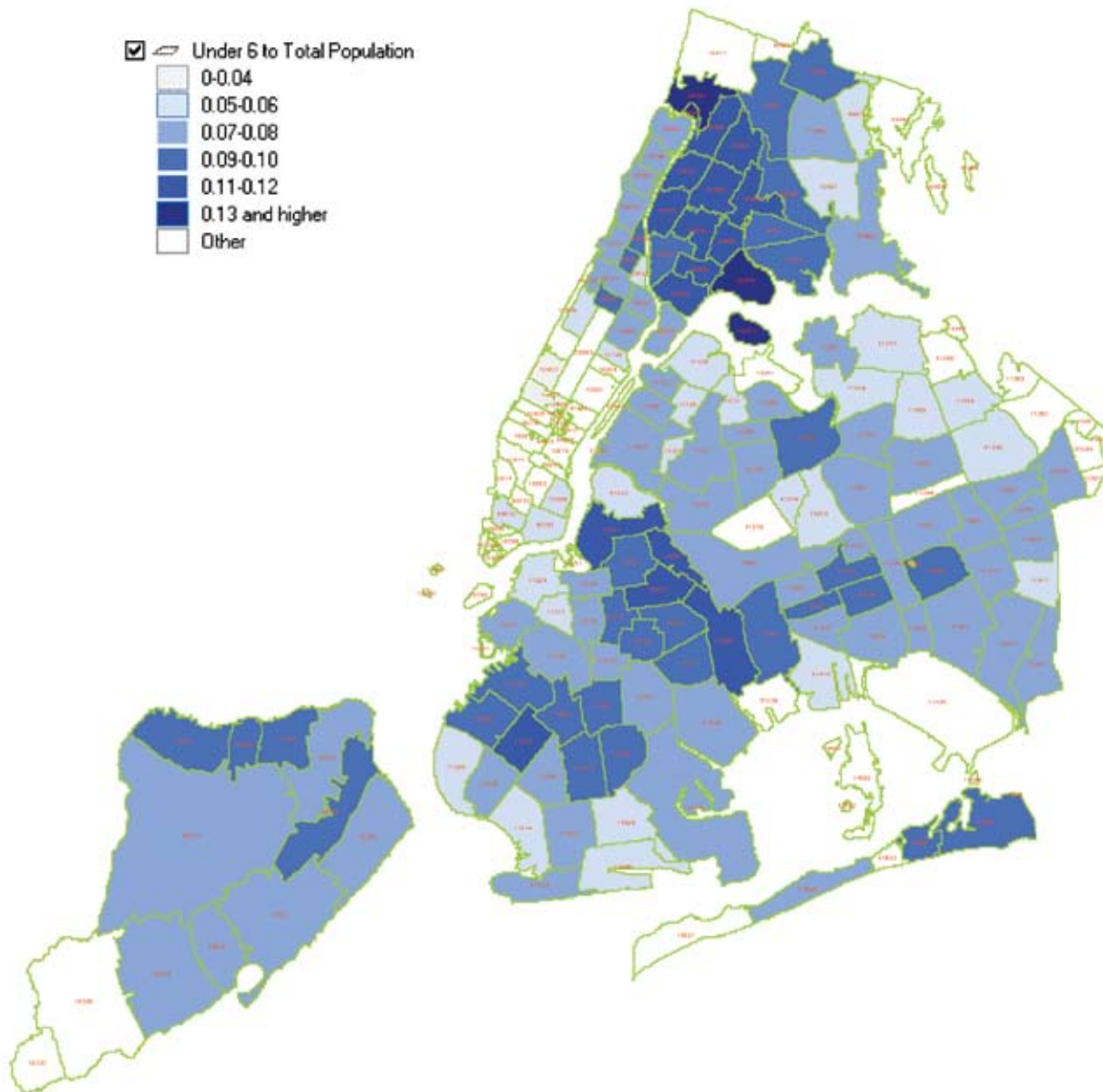
Map 4l:
Ratio of available service to need, children under 200% FPL.

Map 4a: *Distribution of Young Children*
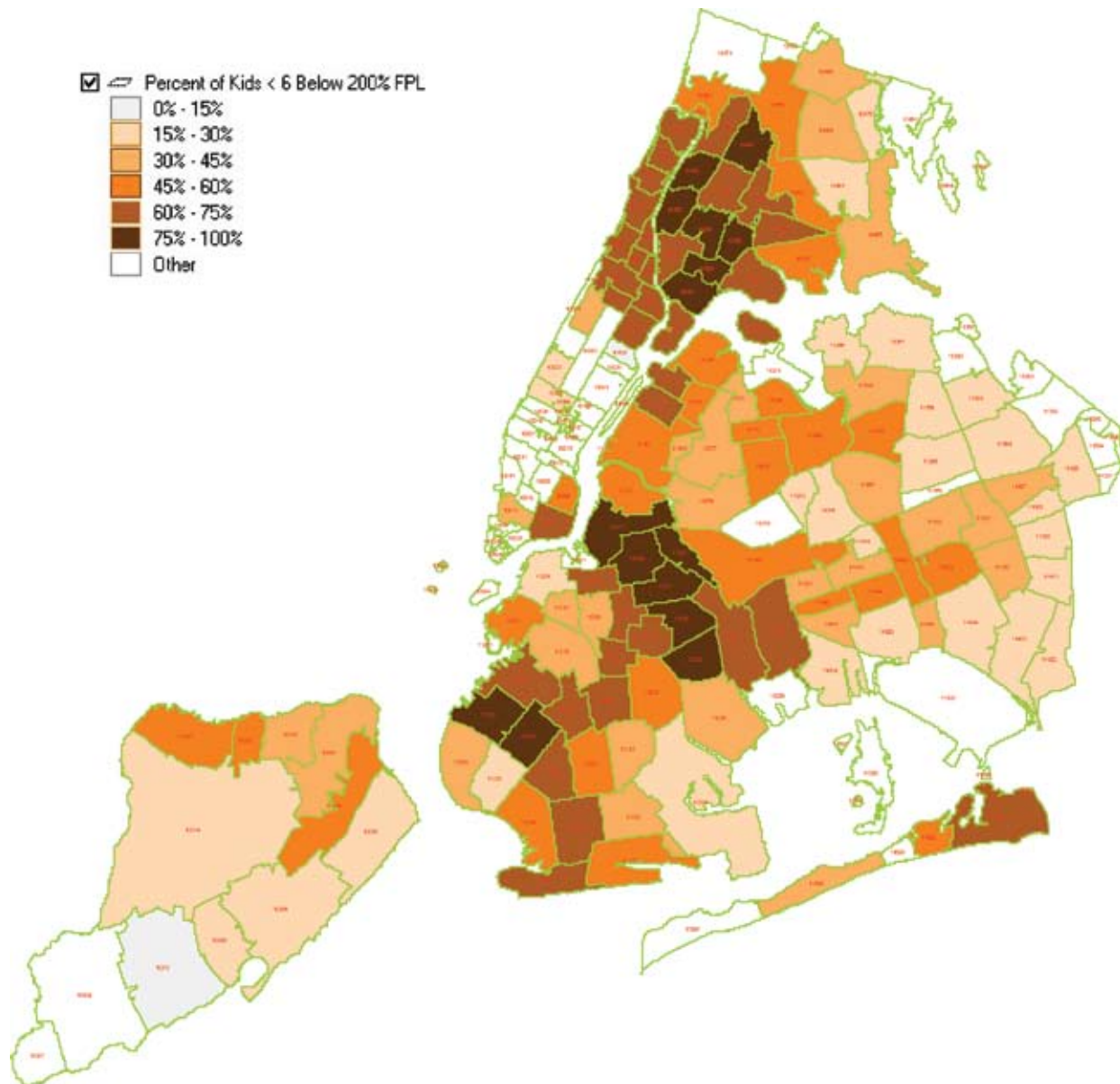
Utilization Review and Community Needs Analysis:

Child Concentration by ZIP Codes in New York City - DCP, Census 2000.

Map 4b: *Distribution of Children Under 200% FPL*

Utilization Review and Community Needs Analysis:

Low-Income Children by ZIP Codes in New York City - DCP, Census 2000.

Map 4c: *Distribution of Single Parent Families*

Utilization Review and Community Needs Analysis:

Percent Children Living with One Parent by ZIP Codes in New York City – DCP, Census 2000.

☑ ⬠ Percent of Kids w/ 1 parent

- 0% - 10%
- 10% - 20%
- 20% - 30%
- 30% - 40%
- 40% - 50%
- 50% - 100%
- Other
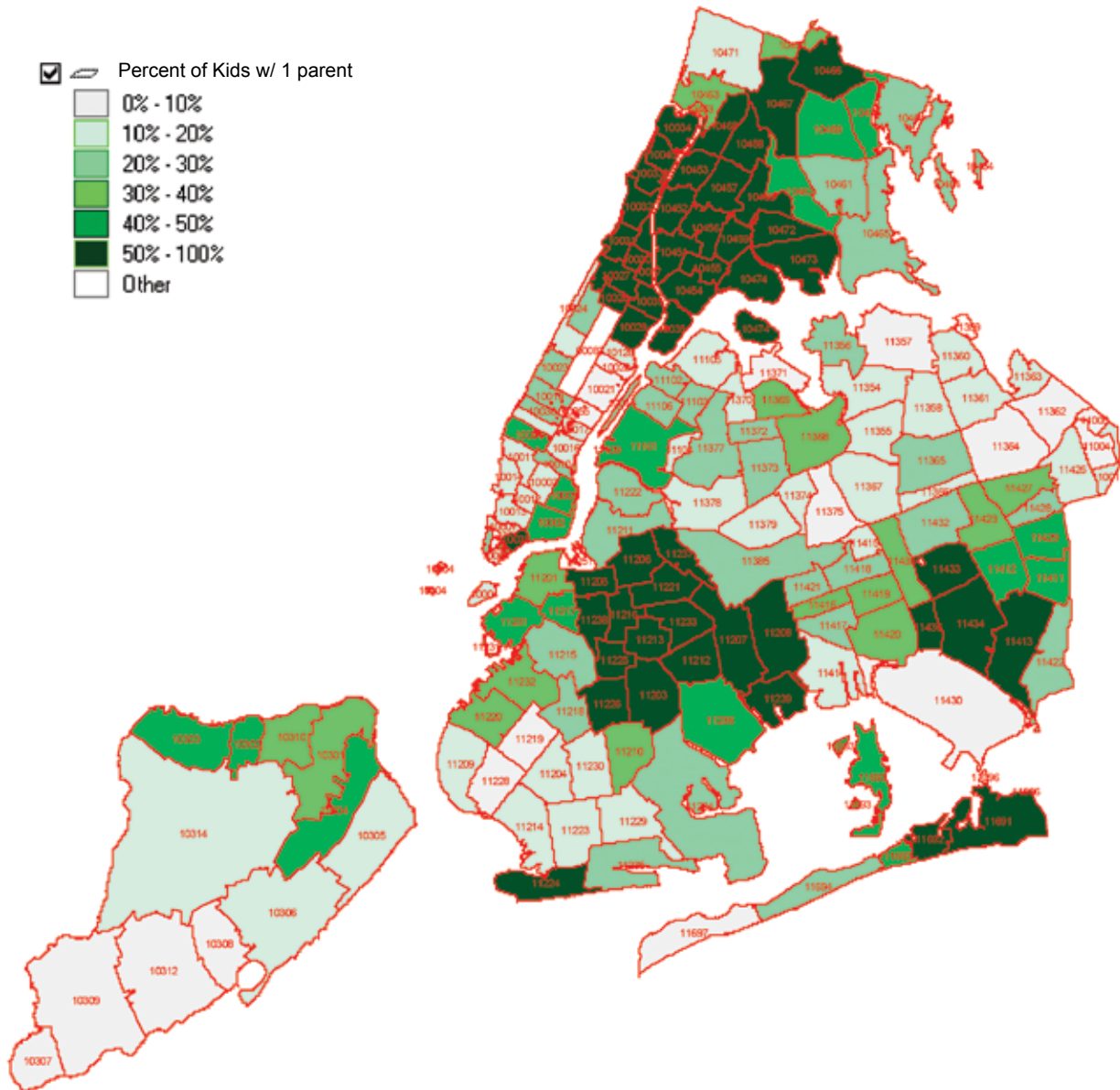
Map 4d: *Distribution of Children with All Parents Working*

Utilization Review and Community Needs Analysis:

Children Under 6 with Working Parents by ZIP Codes in New York City – DCP, Census 2000.

Map 4e: *Distribution of Poverty and HS Services*
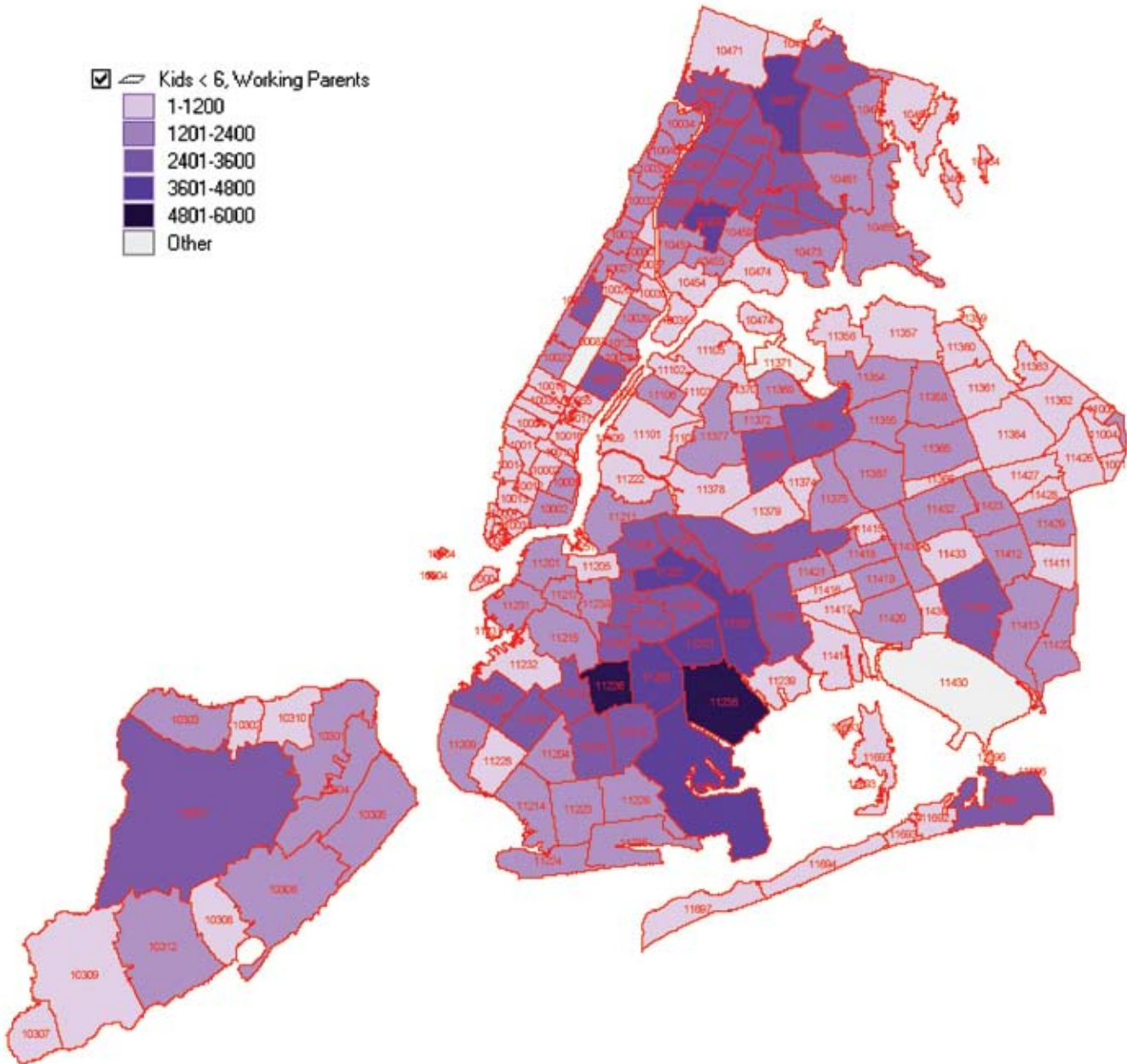
Utilization Review and Community Needs Analysis:

Percentage of Children Under 6 Below 100% FPL by ZIP Codes in New York City – DCP, Census 2000.

ACS Head Start, April 2005
☑ Percent of Kids < 6 Below FPL
- 0% - 10%
- 10% - 20%
- 20% - 30%
- 30% - 40%
- 40% - 50%
- 50 and above
- Other
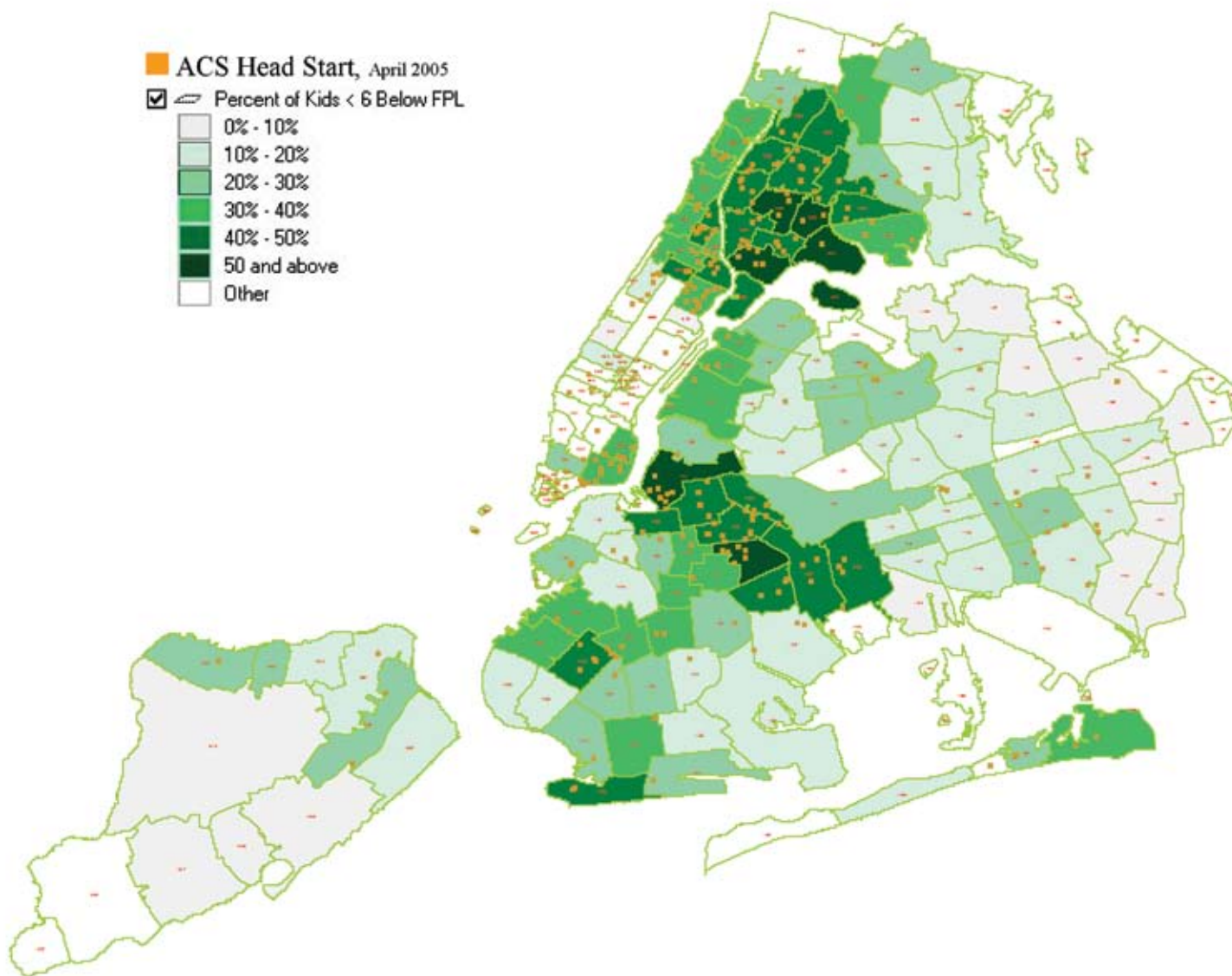
Map 4f: *Distribution of Low-Income Children*

Utilization Review and Community Needs Analysis:

Percentage of Children Under 6 Below 200% FPL by ZIP Codes in New York City – DCP, Census 2000.
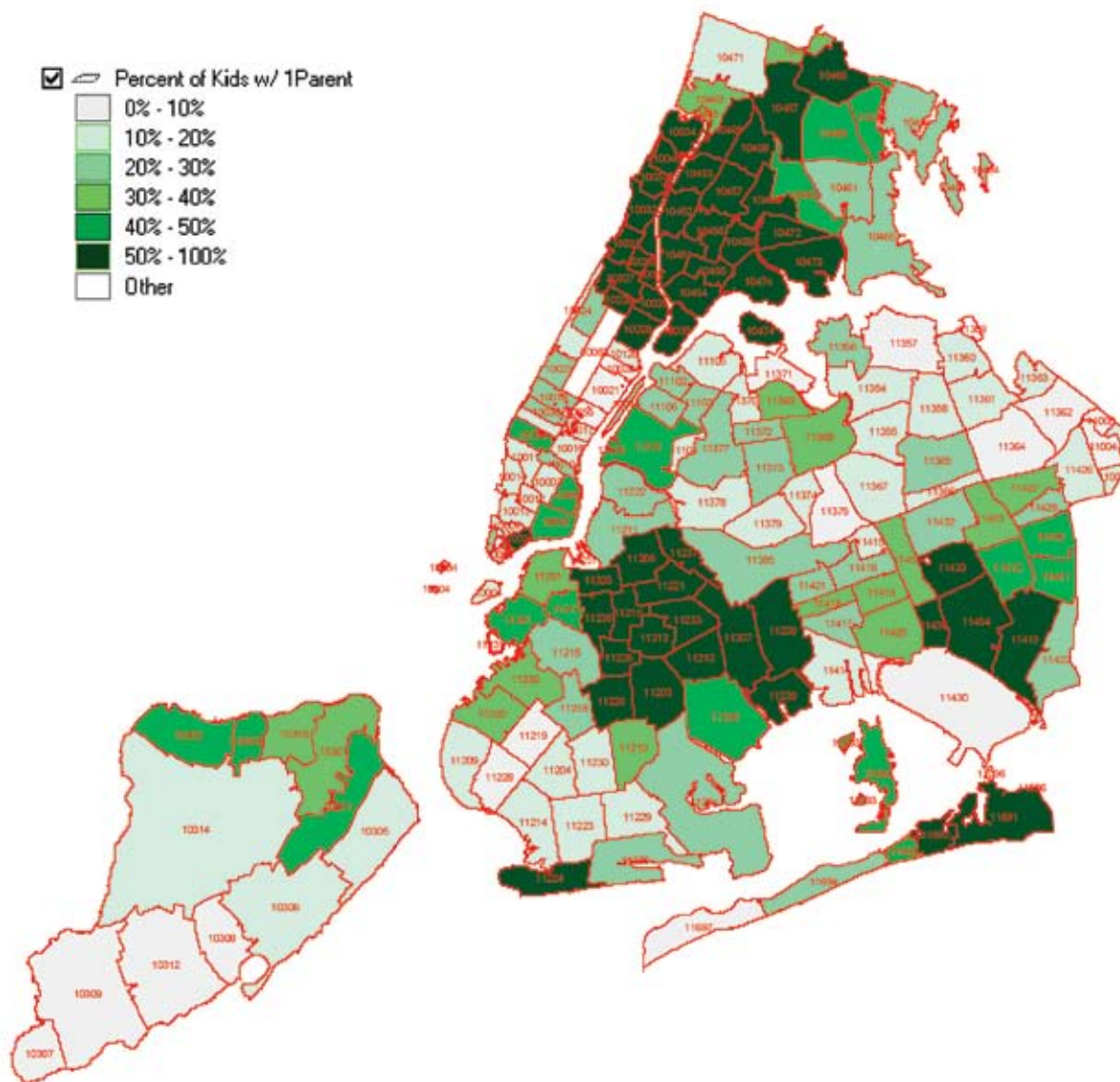
Map 4g: *Bronx Distribution of Low-Income Children and ACS Services*

Utilization Review and Community Needs Analysis:

Percentage of Children Under 6 Below 200% FPL by ZIP Codes in the Bronx – DCP, Census 2000.
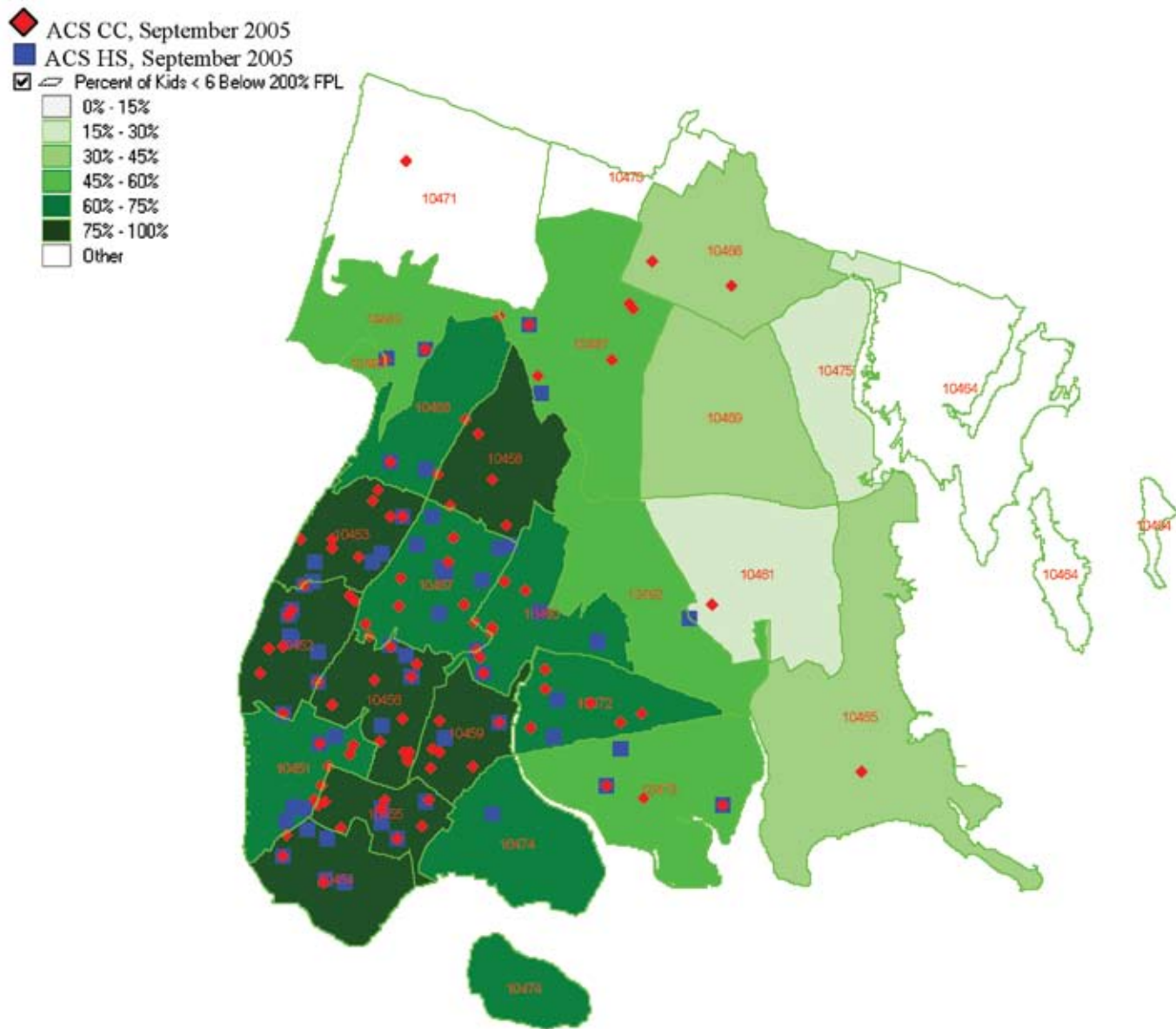
Map 4h: *Brooklyn Distribution of Low-Income and ACS Services*

Utilization Review and Community Needs Analysis:

Percentage of Children Under 6 Below 200% FPL by ZIP Codes in Brooklyn – DCP, Census 2000.

Map 4i: *Manhattan Distribution of Low-Income and ACS Services*

Utilization Review and Community Needs Analysis:

Percentage of Children Under 6 Below 200% FPL by ZIP Codes in Manhattan – DCP, Census 2000.

Map 4j: *Queens Distribution of Low-Income and ACS Services*
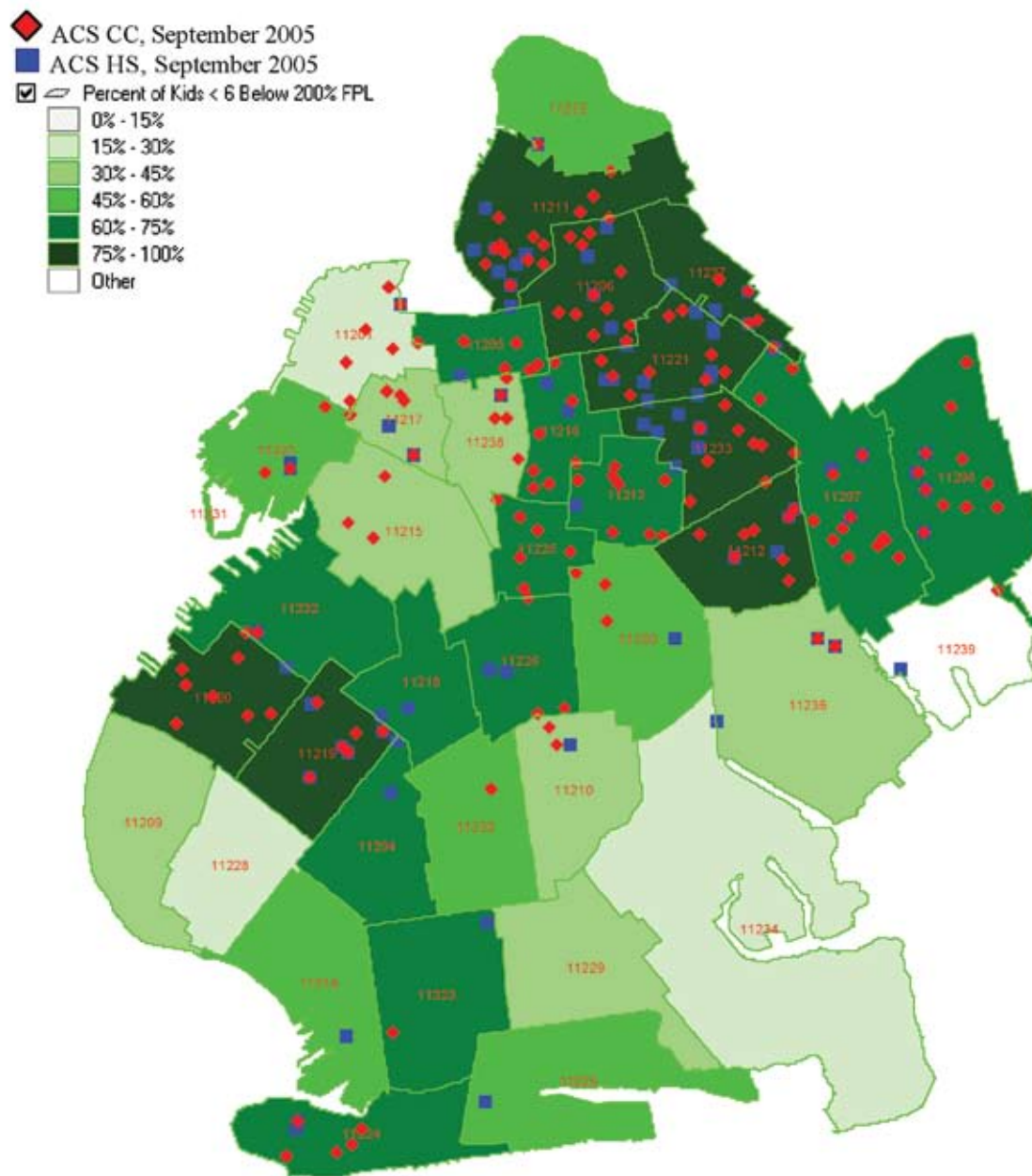
Utilization Review and Community Needs Analysis:

Percentage of Children Under 6 Below 200% FPL by ZIP Codes in Queens – DCP, Census 2000.
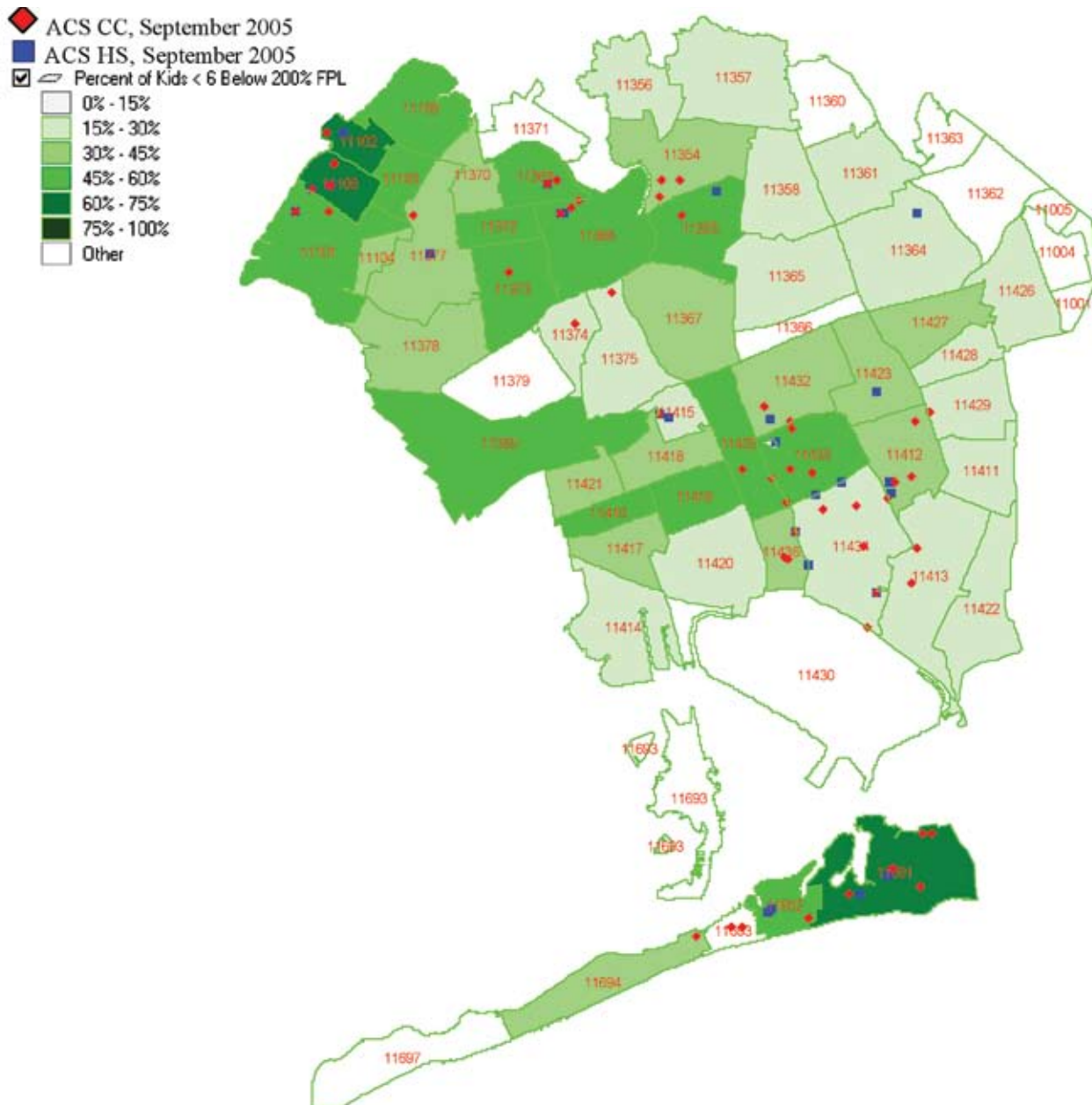
Map 4k: *Staten Island Distribution of Low-Income and ACS services*

Utilization Review and Community Needs Analysis:

Percentage of Children Under 6 Below 200% FPL by ZIP Codes in Staten Island – DCP, Census 2000.
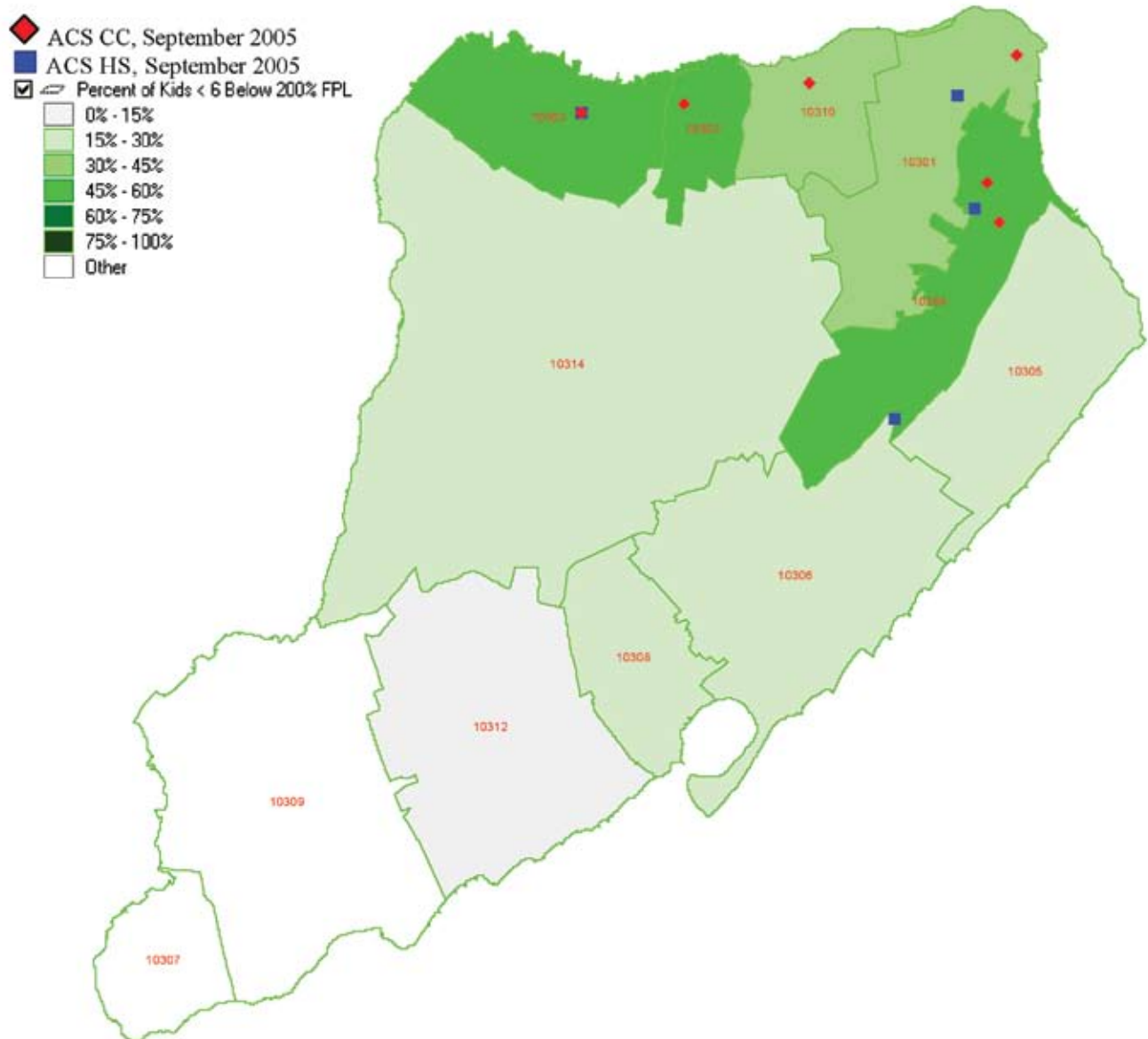
Map 41: *Ratio of Available Service to Need, Children Under 200% FPL*

Utilization Review and Community Needs Analysis:

Ratio of ACS CC and HS to Children Under 6 Below 200% FPL by ZIP Codes in NYC – DCP, Census 2000.

Map in Presentation
0 - .12

☑ ✍ CCHS / < 200% FPL
- 0 - 0.1
- 0.1 - 0.2
- 0.2 - 0.3
- 0.3 - 0.4
- More than 0.4
- Other
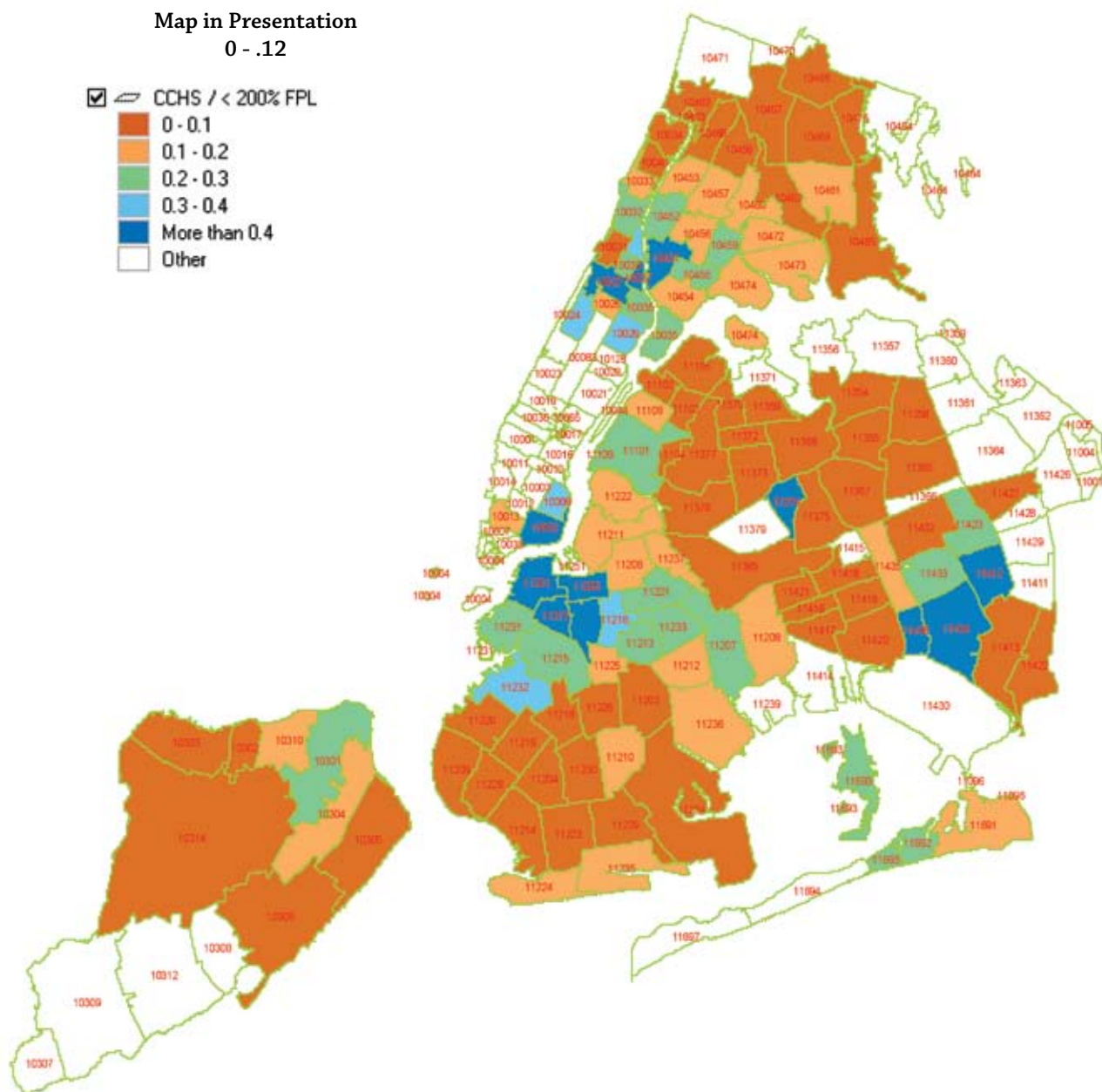
Figure 1: Service Coverage for Child Populations, with Service Targets

FIGURE 2

Concentration of Services in Neighborhoods by Child Poverty Rates

Percent of Services

Neighborhood Poverty Rate

Legend:
- ACS Contracted Group & Family CC
- Head Start
- ACS Vouchers
- HRA Vouchers
- DOE
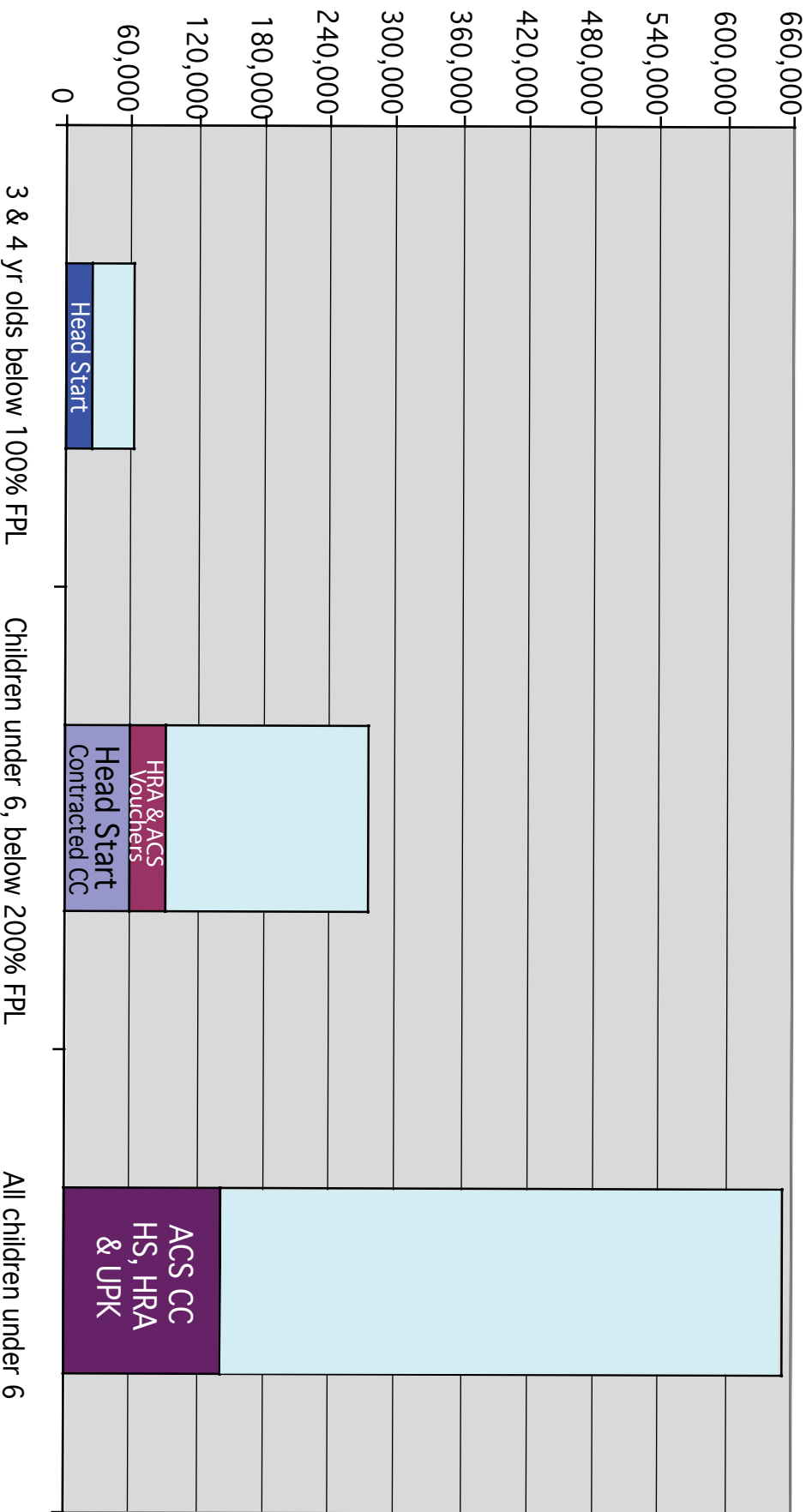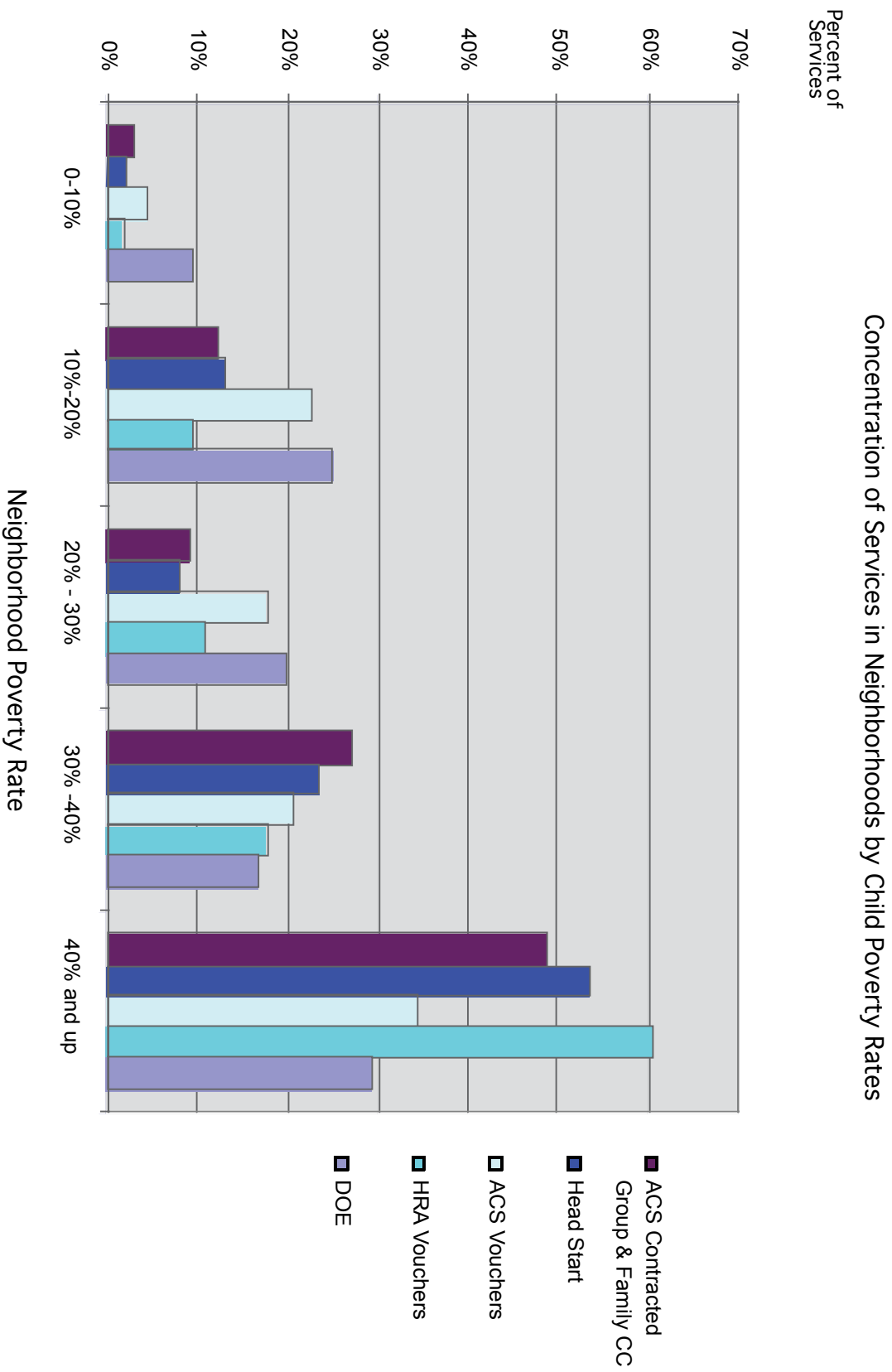
TABLE 1

PROPORTIONS OF ECE SERVICE TYPES IN ZIP CODES BY CONCENTRATIONS OF POVERTY

Poverty Rates	No. of Zips	Total Population	Child Population	GCC	FCC	HS	ACS Vouchers	HRA Vouchers	DOE	All ACS	ACS & HRA	ACS, HRA, & DOE	Private
0-10%	45	1,225,775	71,043	2.8%	0.4%	2.2%	4.5%	1.6%	9.4%	2.7%	2.4%	5.0%	23.4%
10%-20%	47	1,948,249	139,913	9.9%	20.7%	13.1%	22.7%	9.3%	24.7%	14.8%	13.6%	17.7%	33.7%
20%-30%	31	1,631,731	128,079	9.4%	6.9%	8.1%	17.7%	10.8%	19.9%	10.5%	10.6%	14.0%	18.1%
30%-40%	24	1,285,956	107,955	21.9%	16.4%	23.20%	20.7%	17.7%	16.8%	21.2%	20.5%	19.1%	12.2%
40% & up	33	1,916,557	205,433	56.0%	55.6%	53.4%	34.4%	60.5%	29.1%	50.8%	52.9%	44.2%	12.7%

TABLE 2

Percent of Low Income Children Served in Contracted Slots or Vouchers (excluding zip codes with no young children)	Number of Zip Codes
Between 0 and 12%	72
12.01% - 24%	30
24.01% - 36%	36
36.01% - 48%	14
Over 48%	28

TABLE 3

Percent of Low Income Children Served in Contracted Slots (in zip codes with contract services)	Number of Zip Codes
Between 0 and 12%	36
12% - 24%	39
24% - 36%	15
36% - 48%	8
Over 48%	18

TABLE 4

Age Distribution of ECE Services relative to NYC (2000 census)			
	Number Served in All Subsidized NYC Early Childhood Care and Education	Number of Children Under Age 6 in NYC	% of New York City Children Receiving Care Services
Children Birth to Age One	3,178	110,333	2.9%
Age One	7,673	107,442	7.1%
Age Two	10,510	105,776	9.9%
Age Three	23,913	106,980	22.4%
Age Four	75,553	110,347	68.5%
Age Five	10,225	111,545	9.2%

TABLE 5

AGE DISTRIBUTION BY MODALITY OF ECE SERVICES			
	Group Child Care, Head Start and UPK	**Family Child Care**	**Informal Care**
Children Birth to Age One	465	820	1,893
Age One	1,383	2,647	3,643
Age Two	3,692	3,427	3,391
Age Three	18,391	2,425	3,097
Age Four	71,164	1,501	2,888
Age Five	6,899	704	2,622

TABLE 6

GOALS FOR DISTRIBUTION OF SERVICES BY AGE					
Age	**All ACS HS/CC and Other HS**	**Current Level of Service**	**12-18 Months**	**3 Years**	**5 Years**
0	1,044	2%	2%	4%	5%
1	3,325	6%	6%	8%	10%
2	5,878	10%	12%	18%	24%
3	19,352	33%	34%	32%	32%
4	22,327	38%	34%	29%	24%
5	7,024	12%	12%	9%	5%

Appendix 6: Enrollment Forms (Draft)

CM-925 (FACE)
Rev. 7/05

APPLICATION FOR CHILD CARE SUBSIDY

nyc**ACS**
NYC Administration for
Children's Services

PLEASE PRINT

OFFICE USE ONLY | Case #: | Application Date: ___/___/___

Section 1 APPLICANT

LAST Name: ___ FIRST Name: ___ M.I.: ___

ADDRESS Residence: ___ APT. #: ___ CITY/BOROUGH: ___ STATE: ___ ZIP CODE: ___

ADDRESS Mailing (if different than above): ___ APT. #: ___ CITY/BOROUGH: ___ STATE: ___ ZIP CODE: ___

TELEPHONE (Work): (___) ___   TELEPHONE (Home): (___) ___   TELEPHONE (Cell or Other): (___) ___

Do you receive PA or Medicaid? ☐ YES ☐ NO   What is your primary language? ___

If so, what is your PA number? ___   PA #: ___

---

1. List the names of every one who lives with you, even if they are not applying for care.
2. List yourself on the first line, followed by the names of all of the other people who live with you and their relationship to you.
3. Fill in the date of Birth, Sex, Ethnicity and Race columns only for children in need of care, their parents (including a step-parent) and any additional children under 18 who are in the household.

Section 2 FAMILY MEMBERS

	LAST Name	FIRST Name	M.I.	RELATIONSHIP	DOES THIS PERSON NEED CHILD CARE? YES/NO	BOTH OF CHILD'S PARENTS RESIDE IN THE HOME? YES/NO	DATE OF BIRTH	SEX M/F	RACE (SEE LEGEND BELOW)	ETHNICITY (SEE LEGEND BELOW)	SOCIAL SECURITY NUMBER (OPTIONAL)
1.				SELF							
2.											
3.											
4.											
5.											
6.											

RACE: 1. Caucasian/White **2.** African American/Black **3.** Asian **4.** Native American or Alaskan Native **5.** Native Hawaiian/Pacific Islander | **ETHNICITY: 6.** Hispanic or Latino **7.** Non-Hispanic

For additional family members, please attach a separate sheet.

Include information for any spouse/other parent of the children applying for care who lives in the home.

Section 3 EMPLOYMENT

APPLICANT'S EMPLOYER Name: ___ Hours per week: ___ Tel #: (___) ___

ADDRESS: ___ CITY/BOROUGH: ___ STATE: ___ ZIP CODE: ___

APPLICANT'S Scheduled Days and Hours of Employment (i.e.: Mon – Fri, 9 a.m. – 5 p.m.): ___
Does Job have a Rotation Shift? ☐ YES ☐ NO
Does Job Require O/T? ☐ YES ☐ NO

SPOUSE/OTHER PARENT EMPLOYER Name: ___ Hours per week: ___ Tel #: (___) ___

ADDRESS: ___ CITY/BOROUGH: ___ STATE: ___ ZIP CODE: ___

SPOUSE/OTHER PARENT Scheduled Days and Hours of Employment (i.e.: Mon – Fri, 9 a.m. – 5 p.m.): ___
Does Job have a Rotation Shift? ☐ YES ☐ NO
Does Job Require O/T? ☐ YES ☐ NO

OFFICE USE ONLY
Family Size: ___

Section 4 CHILD/FAMILY NEEDS

Are you requesting child care primarily so that you can work? ☐ YES ☐ NO
If not, please read the instruction section titled "Child/Family Needs" and write your reason for care here: ___

Is the child for whom you are requesting care living with someone other than his/her mother or father? ☐ YES ☐ NO

Does your child have any conditions that require special help or attention? ☐ YES ☐ NO

Does your child have health insurance? ☐ YES ☐ NO

OVER ➲

nyc ACS
NYC Administration for
Children's Services

PLEASE PRINT

Please complete income information for yourself **AND** anyone applying with you. See instructions for documentation requirements.
(This includes children in need of care, their parents, step-parent and any other children under the age of 18 in household.)

Section 5 — EARNINGS / OTHER INCOME

ITEM	GROSS INCOME	TYPE OF DOCUMENTATION	OFFICE USE MONTHLY CALCULATIONS
APPLICANT: Job earnings before deductions. ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ other	$		
SPOUSE/OTHER PARENT: Job earnings before deductions. ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ other			

FOR OFFICE USE ONLY

	INCOME	DOCUMENTATION	CALCULATIONS
For all other income/benefits please itemize below. Include the amount for yourself **AND** your spouse **AND** child(ren) who live with you.			
Alimony and/or child support. **(Received)** ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ other			
Unemployment and/or worker's compensation. ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ other			
Net income from self-employment and/or rental income. ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ other			
BENEFITS: Social Security, SSI, Disability, Retirement and/or Pensions & Annuities. ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ other			
OTHER INCOME/BENEFITS *(Check All That Apply)*: ☐ Cash or monetary assistance through the Temporary Assistance to Needy Families (TANF) program or Public Assistance (PA). ☐ Other federal cash income programs *(such as SSI)*. ☐ Food stamps. ☐ Housing voucher or cash assistance.			
	TOTAL INCOME: $		

Section 6 — PROVIDER

If your child is already in care, or you know the name of the program/provider where you plan to enroll your child, please list the provider name and address below. You may list a second choice.

Name: _____ **PROGRAM #** _____

Address: _____

Name: _____ **PROGRAM #** _____

Address: _____

Please check the types of care that you would consider if there are no available slots with the provider(s) you listed above or if you do not have a provider in mind: ☐ Center Based Care ☐ Head Start ☐ Family Day Care

Section 7 — CITIZENSHIP

Is/are the child/children for whom you are applying a U.S. citizen(s)? ☐ YES ☐ NO

If **Yes**, Parent/Guardian must sign and date to certify that the child/children in receipt of child care assistance/subsidy is/are a U.S. citizen(s).

_____ PARENT/CARETAKER/WIFE/HUSBAND _____ DATE

If **No**, your eligibility must be determined at the Resource Area *(R.A.)*, please make an appointment at your R.A. and bring the documentation listed in the instructions for this form.

Section 8 — CERTIFICATION

1. I understand that the information contained on this form will be used to determine my or my family's eligibility for services/subsidy and that the information will only be used for the purposes of determining child care eligibility.

Law provides that any applicant may be investigated for fine or jail or both, for a person found guilty of obtaining child care assistance/subsidy by concealing information or providing false information.

2. The social security numbers *(if provided)* will not be released as they are confidential under federal law and can be released/used only for the purposes specified in federal law.

4. I understand that this application is used only for the expressed purpose of child care subsidy. To obtain other assistance such as Food Stamps, Medicaid, Temporary Assistance, or other services, additional applications will be required.

3. I agree to inform the agency promptly of any change in my income, living arrangement, household composition or address, where care is provided, who is providing child care, provider fees, hours for which child care is needed, and that New York State Law and Federal

5. I certify under the penalty of law that all the information I have supplied on this form is true and correct.

Please provide the signature of the parent/caretaker who is applying for child care assistance or the signature of an authorized representative.

X _____ DATE _____
SIGNATURE PARENT/CARETAKER/WIFE/HUSBAND

PRINT NAME

X _____ DATE _____
SIGNATURE AUTHORIZED REPRESENTATIVE

PRINT NAME

Section 9 — OFFICE ONLY

Enrollment Application Completed by: _____ PRINT AND INITIAL _____ / / DATE

ACS – **Eligibility** Approved by: _____ PRINT AND INITIAL _____ / / DATE

Documentation Completed: ☐ YES ☐ NO _____ INITIAL _____ / / DATE

Provider Form Completed: ☐ YES ☐ NO ☐ N/A _____ INITIAL _____ / / DATE

Parent Fee: _____ INITIAL _____ / / DATE

Length of Eligibility: from: _____ to: _____

I.S. – Verified by: _____ PRINT AND INITIAL _____ / / DATE

CODES: ♦RFC: _____ ♦PR: _____ ♦FS: _____

Appendix 7: Endnotes

[1.] An NICHD study examined the relationship between care quality and cognitive development across a range of child care types and among children from different family backgrounds. It found that children experiencing higher quality care scored higher on cognitive and language tests and assessments at several points in the early years of child development, and that these were true across a range of families varying by ethnicity, income, and home contexts. National Research Council and Institute of Medicine. 2000. *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

Longitudinal studies of children who have participated in enriched center-based developmental care had higher levels of academic success – higher achievement test scores and grades; less need for special education; less grade retention; higher high school completion rates, and more likely to go on to attend a four-year college. Furthermore, years later program participants have higher earnings as adults, and are found to be less engaged in criminal activity or in receiving welfare supports. Schweinhart, Lawrence J., Helen Barnes, and David Weikart. 1993. *Significant benefits: The High/Scope Perry Preschool Study through age twenty-seven,* Ypsilanti, MI: The High/Scope Educational Research Foundation; Reynolds, Arthur J., Judy A. Temple, Dylan L. Roberston, and Emily A. Mann.2001. "Long-term effects of early childhood intervention on educational achievement and juvenile arrest: A fifteen year follow-up of low-income children in public schools. *Journal of the American Medical Association,* 285(1): 2378-80.

[2.] These figures are based on funding for the DOE, ACS, and HRA reported in *Keeping Track of Children 2005*. To derive the per-child funding for children birth to age 5, the budgeted amounts for programs serving children birth to kindergarten entry were added together and divided by 652,423, the population of children birth to age 5. To derive the per-child spending on education for children in kindergarten to age 18, we took the total DOE budget and subtracted spending for Pre-K and divided that by the number of children served by the DOE minus the number of children in DOE attending Pre-K programs. The per-child spending for children 6 to 18 would be even greater if we included after-school care.

[3.] Chaudry, Ajay. 2004. *Putting Children First: How Low-Wage Working Mothers Manage Child Care.* Russell Sage Foundation, New York.

[4.] Choi, Soo-Hyang. 2002. *Planning for Access: Develop a Data System First. UNESCO Policy Briefs on Early Childhood.* United Nations Educational Scientific and Cultural Organization. Paris (2) Retrieved on 8/10/2005 from http://unesdoc.unesco.org/images/0013/001373/137376e.pdf

[5.] ACS serves families with children six- to twelve- years old in school-age care. Approximately 7,500 children attend contracted centers, 900 are in contracted family care and 12,000 more receive vouchers for care across these modalities and informal care. As the Department of Youth and Community Development assumes responsibility for the City's new Out-of-School-Time (OST) programs, the number of six- to twelve-year old children served by ACS will change.

[6.] This figure includes all forms of publicly-subsidized child care and only an estimate for licensed center-based early childhood care programs, and does not include anay estimate for those in other forms of private care, i.e. all home-based care with paid caregivers (e.g., nannies) and those who are in private school Pre-K. According to one source, approximately 5 percent of children in NYC are cared for by nannies

[7.] National Research Council and Institute of Medicine. 2000. *From Neurons to Neighborhoods: The Science of Early Childhood Development. Committee on Integrating the Science of Early Childhood Development.* Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[8.] Levitan, Mark, and Robin Gluck. 2002. *Mothers' Work: Single Mothers' Employment, Earnings, and Poverty in the Age of Welfare Reform.* Community Services Society of New York, New York, NY.

[9.] Chaudry, Ajay. 2004. *Putting Children First: How Low-Wage Working Mothers Manage Child Care.* Russell Sage Foundation, New York. p 7.

[10.] Smith, Kristin. 2002. *Who's minding the kids?* Child care arrangements: Spring 1997. Current Population Reports, series P70-86. Washington: U.S. Department of Commerce, Economics and Statistics Administration.

[11.] Kolben, Nancy, and Shannon Farrell. 2004. *A Child Care Primer 2004: Key Facts about Child Care and Early Education Services in New York City.* Child Care, Inc. Retrieved on 9/2/2005 from www.childcareinc.org/pubs/Primer2004.pdf

[12.] Kagans, Sharon Lynn, and Nancy E. Cohen. 1997. *Not by chance: Creating an early care and education system.* New Haven: Yale University Bush Center in Child Development and Social Policy

[13.] These figures are based on funding for the DOE, ACS, and HRA reported in Keeping Track of Children 2005. To derive the per-child funding for children birth to age 5, the budgeted amounts for programs serving children birth to kindergarten entry were added together and divided by 652,423, the population of children birth to age 5. To derive the per-child spending on education for children in kindergarten to age 18, we took the total DOE budget and subtracted spending for Pre-K and divided that by the number of children served by the DOE minus the number of children in the DOE attending Pre-K programs. The per-child spending for children 6 to18 would be even greater if we included after-school care.

[14.] Personal communication with Ann D. Witte, August 2005. 40% estimate is for a situation where standard amounts of alternative ECE is available (e.g., before the expansion of Pre-K) and where say 40-60% of providers are willing to accept vouchers; Lee, Bong Joo, Robert

Goerge, Mairead Reidy, J. Lee Kreader, Annie Georges, Robert L. Wagmiller Jr., Jane Staveley, David Stevens, Ann Dryden Witte. 2004. *Child care subsidy use and employment outcomes of low-income mothers during early years of Welfare Reform: A three state study.* Chapin Hall; Witte, Ann Dryden, and Magaly Queralt. 2002. *Take-Up Rates and Trade Offs after the Age of Entitlement: Some Thoughts and Empirical Evidence for Child Care Subsidies,* Working Paper #8886. Cambridge, MA: National Bureau of Economic Research.

15. Gilliam, Walter S. 2005. *Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems.* Yale University Child Study Center

16. Three major longitudinal studies, The Abecedarian Study, High/Scope Perry Preschool Study, and the Chicago Child-Parent Center Program, have shown that for low-income and/ or at-risk children, high quality early care and education is associated with positive child well-being. Publications highlighting the impact of high quality care include: Votruba-Drzal, Elizabeth, Rebekah Levine Coley, and P. Lindsay Chase-Lansdale. 2004. *Child care and low-income children' development: Direct and moderated effects. Child Development,* 75, 296-312; Schweinhart, Lawrence J., Helen Barnes, and David Weikart. 1993. *Significant benefits: The High/Scope Perry Preschool Study through age twenty-seven,* Ypsilanti, MI: *The High/Scope Educational Research Foundation;* Ramey, Craig T., Frances A. Campbell, Margaret Burchinal, Skinner, M. L., Dave M. Gardner, and Sharon L. Ramey, 2000. *Persistent effects of early intervention on high-risk children and their mothers. Applied Developmental Science,* 4, 2-14.

17. Chaudry, Ajay. 2004. *Putting Children First: How Low-Wage Working Mothers Manage Child Care. Russell Sage Foundation,* New York. p. 120

18. Ainsworth, Mary, Mary C. Blehar, Everett Waters, and Sally Wall. 1978. *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, NJ: Erlbaum; Bowlby, John. 1982. Attachment and loss. Vol. 1: Attachment. New York: Basic.

19. Simpson, Kristen and Nancy Kolben. 2002. *A Better Baby Care Agenda: Meeting the Needs of Infants and Toddlers in New York City.* Child Care, Inc. p. 4.

20. A comprehensive assessment study of the of center-based child care in four hundred centers in four cities found that 70 percent of the care children experienced was "poor to mediocre", while only 14 percent were considered developmentally appropriate or high quality care. Another comprehensive assessment of home-based care by family child care providers and relatives found an even higher percentage of this care was poor-quality and potentially developmentally harmful. Helburn, Suzanne W. (Ed.). 1995. *Cost, quality and child outcomes in child care centers.* Technical report. Denver: University of Colorado, Department of Economics, Center for Research in Economic and Social Policy; Galinsky, Ellen, Carollee Howes, and Susan Kontos. 1995. The family child care training study. New York: Families and Work Institute.

21. Scott-Little, Catherine, Sharon Lynn Kagan, and Vicki S. Freilough. 2003. *Standards for Preschool Children's Learning and Development: Who Has Standards, How Were They Developed, and How Are They Used?* Greensboro: SERVE, University of North Carolina.

22. Mitchell, Anne. 2005. *Stair Steps to Quality: A Guide for States and Communities Developing Quality Rating Systems for Early Care and Education.* United Way Success by 6.

23. Cassidy, Deborah, Linda Hestenes, Sharon Mims, and Stephen Hestenes. 2003. North Carolina Rated License: *A Three-Year Summary of Assessed Facilities, An Executive Summary 1999-2002* North Carolina Rated License Assessment

24. Bryant, Donna M,.Kelly L. Maxwell, and Margaret Burchinal. 1999. *Effects of a community initiative on the quality of child care. Early Childhood Research Quarterly,* 14, 449-464.

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