Children's Services

CHARTING THE COURSE FOR CHILD CARE AND HEAD START:

COMMUNITY NEEDS ANALYSIS OF EARLY CARE AND EDUCATION IN NEW YORK CITY

SUMMARY REPORT

JUNE 2, 2008

Melanie Hartzog

Sara Vecchiotti

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Mayor

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LETTER FROM THE COMMISSIONER

NYC Children's Services

John B. Mattingly
Commissioner

150 William Street
18th Floor
New York, NY 10038

212-341-0903 tel
212-341-0916 fax

June 2008

Dear Colleague:

I am pleased to share a copy of Charting the Course for Child Care and Head Start: Community Needs Analysis of Early Care and Education in New York City. This report provides an unprecedented examination of the availability of early care and education (ECE) services in relation to community need in New York City. The analysis provides a lens through which to assess ACS child care capacity in all the care settings and in relation to several key indicators to help understand the dynamics of the early care and education service system within communities.

The findings of this analysis will be a critical factor guiding the strategic direction of Children's Services' Division of Child Care and Head Start. More importantly, the analysis serves as a planning tool for community stakeholders to use in strengthening the current and future delivery of early childhood education services. This data-driven strategy ensures that our agency and the community make informed decisions that will efficiently and effectively meet needs of children and families.

The findings have already served as the foundation for Children's Services' Strategic Plan, Rethinking Child Care: An Integrated Plan for Early Childhood Development in New York City. Consistent with that plan, Children's Services will pursue the five key strategies based on the community needs analysis:

- Align services to better match community needs
- Expand capacity to serve more infants and toddlers
- Maximize collaborations
- Empower providers to implement flexible mixed-financing systems
- Utilize all resources with an efficient system of reimbursement

Achieving these strategies will depend upon the continued commitment of our community partners. Through collaboration and hard work, I am confident that we will continue to strengthen the early care and education system on behalf of New York City's children and families.

Sincerely,

John B. Mattingly
Commissioner

ACKNOWLEDGEMENTS

This report was developed with contributions from many of our partners — and we thank them all. Children's Services acknowledges the foundation laid for this work by former CCHS Deputy Commissioner Ajay Chaudry and New York City Urban Fellows Deena Fox and Caroline McKay. We are also grateful for the hard work and insightful comments of our colleagues within the Division of Child Care and Head Start; their contributions have been invaluable. Their careful attention to detail and familiarity with the Children's Services' work have deepened and strengthened our analysis. We are also indebted to our colleagues in other City agencies for providing data used for this report and for providing guidance: Department of Education, Department of Health and Mental Hygiene, Department of City Planning, and the Department of Youth and Community Development. In addition to providing critical information, they contributed their input as well. Finally, we also thank several external reviewers — Jennifer March-Joly from Citizen's Committee for Children of New York, Jennifer Marino Rojas from the Children's Defense Fund-New York, and Ivelisse Martinez-Beck from the Office of Planning, Research and Evaluation within the Administration for Children and Families within the U.S. Department of Health and Human Services — they offered crucial feedback on earlier versions of this report. Their expertise in early care and education extended our thinking and helped us create a document that we hope provides meaningful information to our constituents.

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INTRODUCTION AND BACKGROUND

In October 2005, the Administration for Children's Services (ACS/Children's Services) launched its strategic direction for the future of the Division of Child Care and Head Start (CCHS). Titled, *Rethinking Child Care: An Integrated Plan for Early Childhood Development in New York City,* the strategic plan outlines six goals for early childhood development services in New York City.[1] The first goal is to maximize resources and meet community needs. To achieve that goal, Children's Services conducted a community needs analysis and examined the availability of early care and education (ECE) along the following three dimensions: (1) citywide by agency and program type; (2) geographic location; and (3) age of children served. This report presents the results of our analysis and provides a snapshot of the supply and demand for ECE in New York City.

This report is based on data from agencies that support ECE services, the most recent census data from 2000[2], and surveys from parents and field staff who utilize and implement these services on a daily basis. These data were analyzed to answer three main research questions:

1. ***What public and private entities serve young children in New York City?***
2. ***Are services distributed equitably across the City's neighborhoods?***
3. ***Are services distributed equitably for <u>all</u> young children, regardless of age?***

To answer these questions and gauge the percentage of eligible children served, each city agency's program capacity data were compared with the total eligible population: this percentage is called the *service-to-need ratio* (see side-bar). Next, we analyzed service-to-need data at four geographic levels: the city, the borough, the aggregated zip code (*i.e.*, neighborhood), and the individual zip code.

Service-to-Need Ratio: Capacity/Eligible population

The service-to-need ratio is a percentage generated by dividing the capacity (number of spaces) by the eligible population multiplied by 100.

Using the capacity and eligible population data, the community needs analysis reveals community need in comparison to service capacity. The service-to-need ratio pinpoints communities in which:

- ➤ Children eligible for ACS child care are present, but services are inadequate or under-represented in relation to the concentration of eligible children.
- ➤ Children eligible for ACS child care are present and services are adequate or over-represented in relation to the concentration of eligible children.

CCHS also investigated patterns of service utilization by comparing an ACS ECE-funded program's budgeted capacity[3] to the current enrollment and examining enrollment history. This analysis identified geographic areas with persistent under-enrollment and strong enrollment histories. Finally, the data were analyzed to examine the age of the population served by current early care and education services.

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[1] The Plan's six goals are: 1) Maximize resources and meet community needs, 2) Simplify community-based enrollment, 3) Improve quality and accountability, 4) Improve information systems, 5) Facility expansion and management, 6) Integrate and coordinate early care and education.

[2] The 2000 census data were used because they offer the most precise demographic data at the zip code level. To verify these data, DOHMH and Children's Services analyzed sub-sample data from 2005 and they differed by approximately 2.5%. By using 2000 data, we anticipate that our estimates of population shifts are conservative.

[3] Licensed capacity indicates the number of children a program can legally serve as determined by New York City Department of Health and Mental Hygiene.Budgeted capacity is determined by ACS when the agency contracts for child care slots.

Utilization Rate

The utilization rate is based on the number of children enrolled in a program divided by the number of slots the program is budgeted to serve. ACS collects programs' average utilization rates monthly, annually, and every three years. In this report, utilization data are from April 2006, the same time frame that capacity data were collected. We chose to collect data from April because it has historically been a month with the highest enrollment figures.

DEFINITIONS

In the context of this report, terms are defined as follows:

Child Care is an umbrella term that encompasses Group Child Care that takes place in a center and Family Child Care which takes place in a home. In these programs children are cared for and nurtured by someone other than their parents.

Contracts are a form of subsidy/payment mechanism in which a public agency contracts with a program to provide services. In child care, Children's Services has contracts with Group Child Care, Family Child Care, and Head Start programs with community-based organizations to serve a specified number of children. To the extent that placements are available, parents eligible for child care assistance have choice in the contracted program their child attends.

Early Care and Education (ECE) refers to all programs which share the goal of nurturing young children's physical, cognitive, social, and emotional development.

Family Child Care (FCC) includes licensed child care in which a provider cares for unrelated children in his/her own home. There are two categories of FCC: "group family child care" in which a provider serves 6-12 children, and "family child care" in which a provider serves 3-6 children. Children's Services has contracts with **FCC networks**: a community-based group of FCC providers connected by a sponsoring agency for the purposes of providing peer support, sharing resources, enhancing professionalism, and strengthening the quality of care provided in communities. Children enroll in the FCC network which then has contracts with FCC providers to serve those children.

Family, Friend, and Neighbor (FFN) refers to a form of unlicensed child care by a relative or non-relative caring for one or two children in the child or caregivers' home. To care for children whose families receive vouchers, FFN caregivers must submit an attestation with a parent about health and safety conditions in the home and be enrolled by Children's Services. The terms "kith and kin care," "informal child care," "legally exempt" are sometimes used to refer to this type of child care.

Group Child Care (GCC) refers to center-based child care programs that have contracts with the City to provide full-day, full-year care for a specified number of children.

Head Start is a federally subsidized pre-school program primarily for 3- and 4-year-old children living in poverty. The program has an explicit child developmental focus, includes family social services, and emphasizes parental involvement. In New York City, Children's Services contracts with community-based organizations to provide Head Start. In addition, the federal government has direct grantees that provide Head Start and **Early Head Start** (birth to 3-year-old children) services for New York City families. Our analysis primarily focuses on ACS Head Start, but it also includes the direct grantees when we consider the City's overall capacity for early care and education.

No-Permit-Required Child Care includes private child care programs that do not require City licenses, often because they are part of a public elementary school or religious organization and are exempt from federal, state, and city regulation. The term "legally exempt" also refers to this type of care.

Private Child Care refers to child care programs licensed by the Department of Health and Mental Hygiene (DOHMH) that do not hold contracts with ACS that may be located in centers or in FCC homes. They may serve families who receive vouchers to pay for care.

Subsidized Child Care is paid for by a source other than the child's parents, such as the federal, state, or local government.

Universal Pre-Kindergarten (UPK) is state-funded, primarily part- and school-day pre-kindergarten for all 4-year-old children, regardless of income. UPK is administered by the Department of Education (DOE).

Vouchers are a form of subsidy/payment mechanism in which a parent who is eligible for assistance selects a child care arrangement and the child care provider receives payment for that care from Children's Services.

THE FINDINGS

Our analysis of the capacity of the system to meet New York City's families' needs revealed five major findings:

1. New York City relies on public and private contributions to meet the early developmental needs of young children.
2. The utilization of ACS contracted child care services is at a historic low.
3. ACS services are concentrated in neighborhoods with a high need for early care and education.
4. ACS services are not equitably distributed across and within the boroughs and high need neighborhoods.
5. There is a shortage of ACS services for infants and toddlers.

Finding 1: *New York City relies on public and private contributions to meet the early developmental needs of young children.*

In New York City, the Administration for Children's Services, the Department of Education, and the Department of Health and Mental Hygiene all support early care and education through a range of programs; Group Child Care, Family Child Care, Family Friend and Neighbor Care, Head Start, Universal Pre-kindergarten, special education, and private programs. While each agency plays a vital role in the system, services are primarily delivered by private and non-profit organizations as well as individuals who serve young children in their homes. Indeed, early care and education is a true public-private partnership. As a result of this combined effort, more than 200,000 young children attend some early childhood program in New York City.

Although this public-private partnership represents a strong commitment to young children, across the board ECE programs are serving a smaller percentage of children who are eligible for services than may need them. As Table 1 demonstrates,

1. When *all* ECE is taken into consideration (ACS child care, DOE, and DOHMH licensed child care), ***37% of all children under age 6 are served.***
2. When we look exclusively at ACS early care and education (Group Child Care, Family Child Care, Family, Friend and Neighbor Care and Head Start), ***27% of low-income children who are eligible for care receive services.***

Table 1: Variation in Service-to-Need Ratio by Agency

	Eligibility Criteria	Number Eligible	Capacity	Service-to-Need Ratio
Private DOHMH Licensed Child Care	All children under age 6	652,423	92,065	14%
DOE UPK	All 4-year-old children	110,347	47,385	43%
ACS supported ECE	Children under age 6 below 200% of FPL	345,508	93,295	27%
All ECE Services	*All children under age 6*	*652,423*	*238,911*	*37%*

Since young children in New York City receive services from a variety of programs, any attention to improving services for young children in New York City must consider the contributions of both public and private resources.

The Service-to-Need Ratio in Context

To understand the service-to-need ratio, it is important to consider families' early care and education preferences. National data from the Survey of Income and Program Participation from 2005 suggest that 21% of families with employed mothers do not use a regular child care arrangement (U.S. Census Bureau, 2008). Because we recognize that not all families want subsidized child care, Children's Services aims to serve *a percentage* of those children who are eligible for our services. What is the ideal level of service?

One way to accurately derive the ideal level of service is to look at the take-up rate which is essentially based on families' *demand* for services in localities where all eligible families are guaranteed child care. Recent research demonstrates that the take-up rate for subsidized child care based solely on demand ranges from *32% to 40%* (Witte & Queralt, 2002; Lee et al., 2004). This estimate, however, does not directly apply to New York City's context because the supply of child care is limited. Further, subsidized child care in New York City is only guaranteed for families who receive public assistance and consequently not all families who qualify for subsidized care receive it.

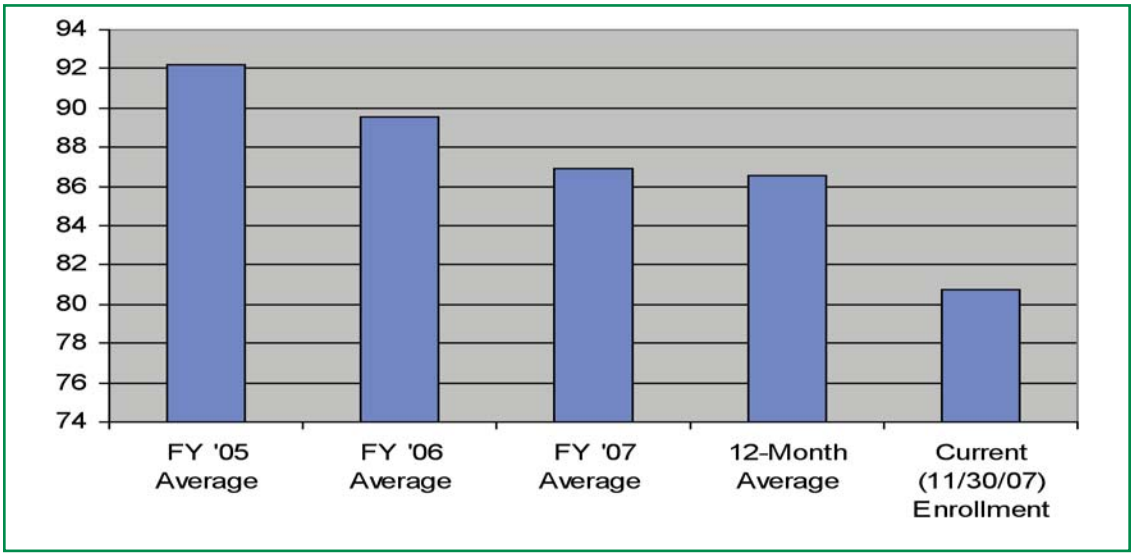
In New York City, therefore, the appropriate way to identify the ideal level of service considers *supply* factors (*e.g.*, funding for child care) and *demand* factors (*e.g.*, number of eligible families who want subsidized child care). Because we lack comprehensive data on supply and demand, we calculate the service-to-need ratio based on one supply factor (ECE capacity) and one demand factor (the number of eligible children). We look to the aforementioned take-up rates as an upper-limit target for service provision; Children's Services uses them to guide strategic planning. While we see that the ACS service-to-need ratio of 27% points to a need for additional service provision, Children's Services also must consider supply constraints—limited funding—as we plan for future distribution of services.

Finding 2: *The utilization of ACS contracted child care services is at a historic low.*

The utilization of ACS contracted child care center-based programs is another important factor in understanding the use of resources dedicated to young children's early childhood development. In reality, Children's Services is actually serving less than 27% of eligible children since this number assumes child care capacity in center-based programs is fully utilized and currently many slots are

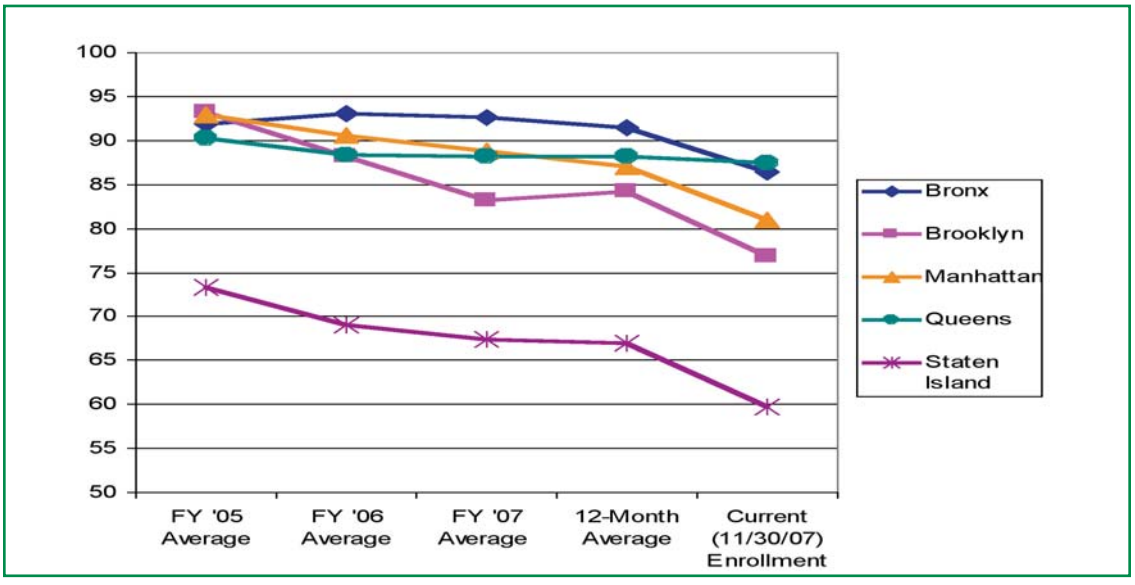
vacant. From November 2006 to November 2007, enrollment in contracted child care programs averaged 85%. The utilization rate, however, has not been stable in recent years. Indeed, as Figure1 illustrates, the utilization of ACS contracted group child care centers across the City has fallen consistently since 2005. In fact, the current utilization of 81% is at a historic low.

Figure 1: Decrease in Utilization of Contracted Group Child Care Since 2005



It is important to note, that utilization rates are not consistent across each borough. Figure 2 shows that the utilization in Queens has been stable while utilization of services has decreased in the other boroughs. Consequently, programs in some communities have low utilization rates and classrooms with vacancies. The varying utilization patterns suggest that demographic shifts of eligible children only partially explain the under-utilization of services. ACS is currently examining additional reasons for the historic low in the utilization of services, such as the competition from other private and public child care resources.

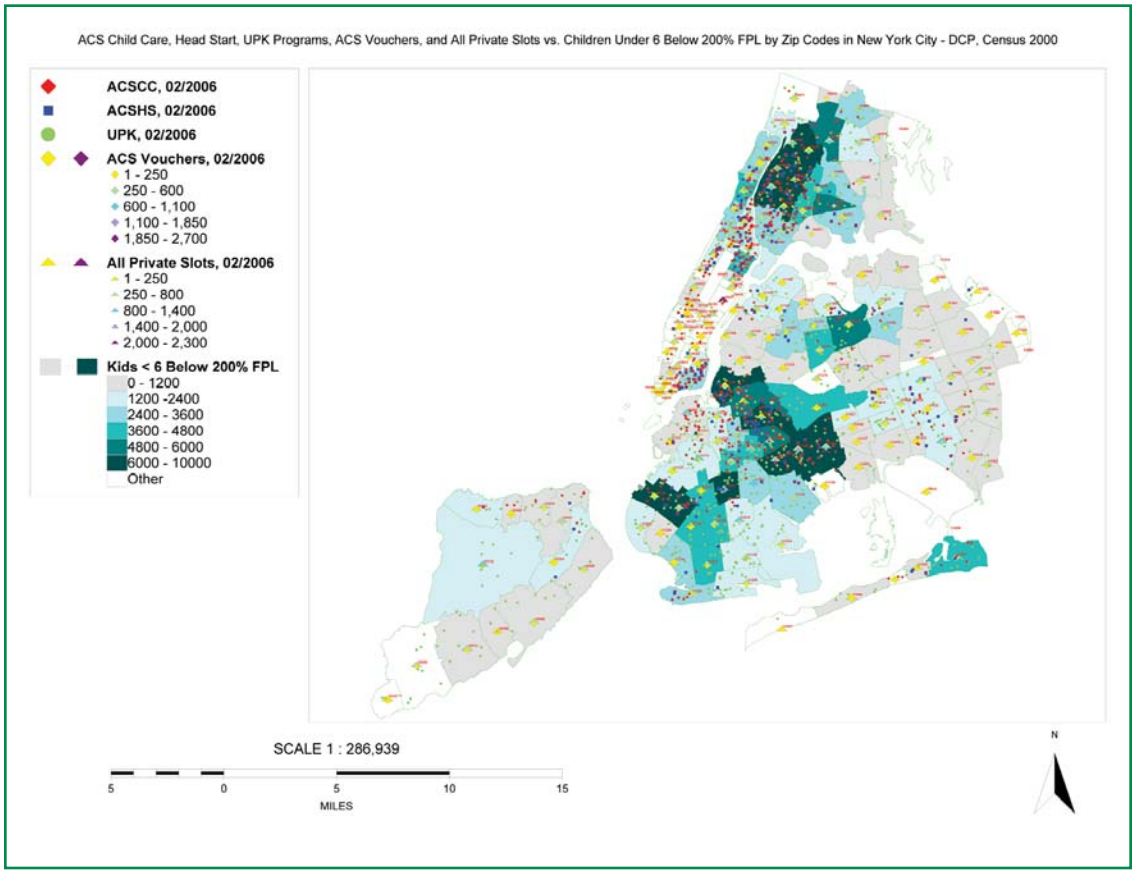
Figure 2: Utilization of Contracted Group Child Care



Finding 3: *ACS services are concentrated in neighborhoods with a high need for early care and education.*

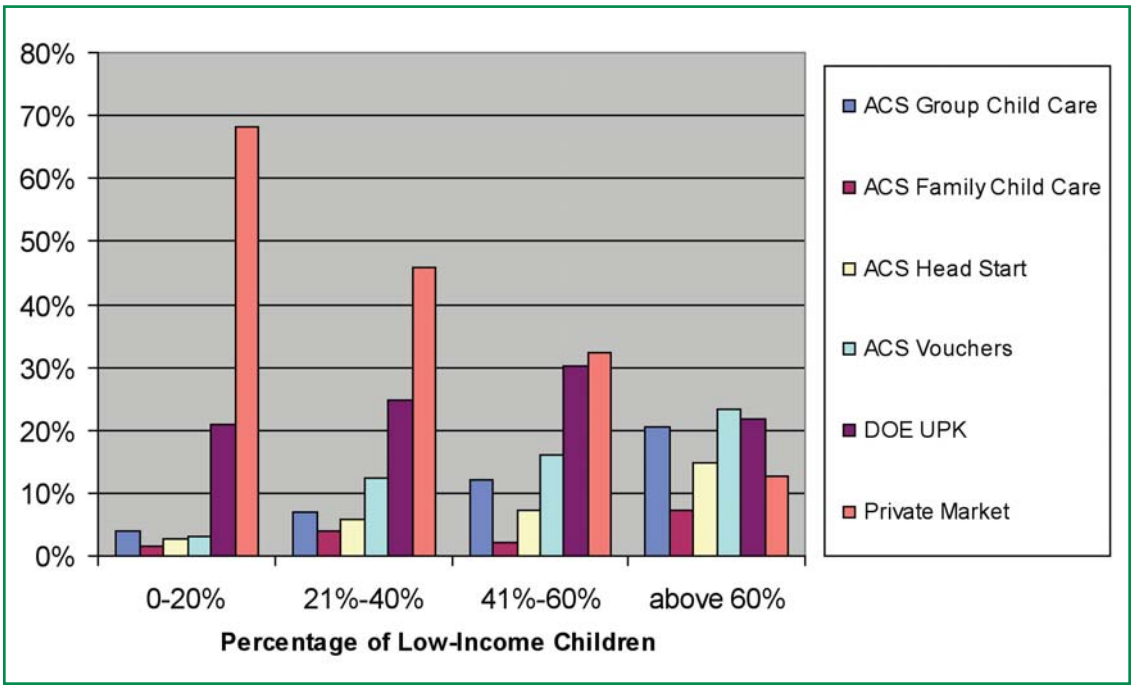
Children's Services' early care and education capacity is primarily located in neighborhoods with a high concentration of children from low-income families. As the map in Figure 3 illustrates, the distribution of services closely mirrors the distribution of child poverty in New York City.

Figure 3: Location of ECE and children under 6 below 200% FPL in New York City (DCP, Census 2000.)



In fact, about 42% of ACS' contracted Group Child Care, Family Child Care, and Head Start services are concentrated in these communities where more than 60% of children are low-income. When ACS vouchers are included, the percentage rises to 66%. By comparison, less than 11% of ACS contracted and voucher capacity is located in areas of relatively low child poverty where more private care is available. Therefore, as Figure 4 demonstrates, a majority of ACS' subsidized contracted and voucher capacity is aligned with the areas of greatest need, as measured by the concentration of eligible children.

Figure 4: Communities with high concentrations of low-income children have more subsidized ECE; high-income communities have more private ECE.



Finding 4: *ACS services are not equitably distributed across and within the boroughs and high need neighborhoods.*

Although the overall picture shows services are located where children need them most, a closer analysis of the distribution of early care and education at the community level reveals a mismatch between the demand for services and the capacity of programs to meet that demand. In particular, levels of service vary across and within the boroughs and neighborhoods. To understand the variability within each borough, CCHS examined the data at the aggregated neighborhood[4] level. In neighborhoods with a low-income rate of 60% or higher, the service-to-need ratio ranges from 12% in the Borough Park area of Brooklyn to 65% in the Union Square/Lower East Side area of Manhattan. Indeed, each borough, aggregated neighborhood, and zip code has a unique population of young children and composition of ECE services.

[4] Aggregated neighborhoods are comprised of several neighboring zip codes which resemble, but do not exactly match, New York City's community districts.

Cross-Borough Analysis

To further demonstrate variations in community needs, we paint a portrait of the City's ECE services for young children by presenting information by borough in five categories: (1) population; (2) income index; (3) capacity; (4) enrollment; and (5) service-to-need. Table 2 presents the data to illustrate how each borough fairs in comparison to one another:

Table 2: Cross-Borough Comparison of Community Needs Analysis Data[5]

Category	Variable	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Population	Total Children under 6	134,214	220,475	89,788	171,849	36,097
	Children under 6 Below 100% FPL	52,371	76,239	23,578	31,315	4,710
	Children under 6 Below 200% FPL	87,010	136,857	41,741	69,851	10,049
Income Index	Poverty Rate	39%	35%	26%	18%	13%
	Low-income Rate	65%	62%	46%	41%	28%
Capacity	ACS Child Care Capacity (GCC/FCC)	9,588	15,025	8,494	4,330	687
	ACS Head Start Capacity	4,625	7,525	4,860	2,896	336
	ACS Voucher Capacity	11,348	13,693	4,072	4,680	1,136
	ACS Total Capacity	25,561	36,243	17,426	11,906	2,159
	DOE/DOHMH Capacity	16,930	32,324	17,703	30,386	7,017
	Total ECE Capacity	42,491	68,567	35,129	42,292	9,176
Enrollment	Utilization Rate	100%	89%	88%	95%	86%
Service-to-Need	ACS Service-to-Need	29%	10%	42%	17%	21%
	HS Service-to-Need	26%	30%	61%	28%	21%
	DOE/DOHMH Service-to-Need	13%	15%	20%	18%	19%
	All ECE Service-to-Need	32%	31%	39%	25%	25%

Additionally, in Figures 5-9 Children's Services has ranked each borough across the community needs analysis data to further illustrate how boroughs compare. In terms of population, the cross-borough analysis reveals generally consistent results (see Figure 5). Brooklyn has the highest number of young children as well as the highest number of children who live in families at 100% and 200% of the federal poverty level. At the other end of the spectrum, Manhattan and Staten Island's population statistics consistently rank 4th and 5th respectively. The picture is mixed, however, for the Bronx and Queens. While Queens has the second highest number of young children, the Bronx assumes the 2nd spot for the number of young children who are poor and low-income.

[5] In the borough tables, data are from the following sources: (1) Population data are from the 2000 Census; (2) Children under 6 below 200% FPL is an estimate derived from multiplying the total number of children under 6 years old by the percentage of the low-income population below 200% FPL; (3) Low-income rate is based on the estimated number of children under age 6 where the families' income is less than 200% of the FPL divided by the total number of children under age 6; (4) Capacity data are from agency records from 2005 and 2006; (6) Utilization data are from April 2006, the same time frame that capacity data were collected. April is the month with the highest enrollment figures. Additionally, in April 2006 when the snapshot was taken the full enrollment initiative pilot (for eligibility and enrollment process) was underway in the Bronx, which accounts in part for the high 100% enrollment rate. ACS also examines current utilization data as well as programs' average monthly, 1-year, and 3-year utilization data. (7) The ACS service-to-need ratio equals ACS total capacity divided by the number of children under 6 years of age and under 200% FPL; (8) The Head Start service-to-need ratio equals the Head Start capacity divided by the number of children 3- and 4-year-old under 6 years of age and under 100% FPL; (9) The DOE/DOHMH service-to-need ratio equals the service capacity divided by the total number of children 3- and 4-year-old under 6 years of age; (10) All ECE Services service-to-need ratio equals all ECE services divided by the total number of children under 6 years of age.

Figure 5: Population Borough Rankings

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
All Children under 6	3	1	4	2	5
Children under 6 Below 100% FPL	2	1	4	3	5
Children under 6 Below 200% FPL	2	1	4	3	5

Population numbers, however, do not clearly indicate the need for ECE. Community need is also conveyed by the poverty and low-income rates that express the proportion of eligible children compared to the total population of children under age 6. The income-index figures, which show the Bronx is ranked 1st, explain the mixed-picture seen in the Bronx and Queens. The Bronx is then followed by Brooklyn, Manhattan, Queens, and then Staten Island. Queens has the 3rd highest number of children below 200% of FPL, but is 4th in both income index rates, while the Bronx has the highest poverty rate and low-income rate but is 2nd in terms of the number of children eligible below 200% of FPL (see Figure 6).

Figure 6: Income Index Borough Rankings

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Poverty Rate	1	2	3	4	5
Low-income Rate	1	2	3	4	5

Capacity is based on the number of ECE slots for each program type. Given the population figures, it is unsurprising that Brooklyn has the most ECE capacity and Staten Island has the least (see Figure 7). The other boroughs are more diverse. The Bronx has the 2nd highest child care and voucher capacity, the 3rd most Head Start capacity, and the 4th most DOE and DOHMH capacity. Given the Bronx's poverty and low-income rates, it is unexpected to see that it ranks 3rd for Head Start programs that are uniquely designed to meet the needs of our poorest families. Manhattan fits the number 2 spot for Head Start, the number 3 spot for child care and DOE and DOHMH, and the number 4 spot for vouchers and overall capacity. The mixture of rankings reflects the Manhattan's diverse neighborhoods and its history of well-established ECE programs. In Queens the data are mixed as well. Queens ranks 4th for child care, Head Start, and total ACS capacity; 3rd for voucher capacity; and 2nd for DOE and DOHMH capacity. This is likely due to the number of neighborhoods in Queens that are economically heterogeneous and to the borough's relatively modest poverty and low-income rates.

Figure 7: Capacity Borough Rankings

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
ACS Child Care Capacity	2	1	3	4	5
ACS Head Start Capacity	3	1	2	4	5
ACS Voucher Capacity	2	1	4	3	5
ACS Total Capacity	2	1	3	4	5
DOE & DOHMH Capacity	4	1	3	2	5
All ECE Capacity	2	1	4	3	5

Enrollment figures capture the utilization of services and these data were discussed above (see Figure 2). The Bronx has the strongest enrollment numbers, followed by Queens where 95% of child care services are utilized. The percentage of services used in Brooklyn, Manhattan, and Staten Island are similar: at 89% Brooklyn ranks 3rd, at 88% Manhattan ranks 4th, and at 86% Staten Island ranks 5th.

Figure 8: Enrollment Borough Rankings

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
ACS Utilization Rate	1	3	4	2	5

Lastly, we compare the boroughs on the level of service they provide to young children. The service-to-need rankings are far more mixed than any of the previously discussed categories of interest. Manhattan has the only consistent ranking, with the highest service-to-need ratio for every type of care, yet it consistently ranks 4th in population and 3rd in income-index rankings. In the Bronx, the borough with the highest low-income and poverty rates, the ACS service-to-need ratio ranks 2nd yet the Head Start ratio is 4th; level of DOE and DOHMH service is also low, ranking is 5th. Brooklyn has a similarly mixed picture; it more closely matches the borough's poverty and low-income rates. It has the 3rd highest level of ACS services and the 2nd highest level of Head Start services. Queens is served the least when looking at all ECE services; this ranking is driven by the low ACS service-to-need ratio. In other program types, Queens' service-to-need is in the middle. In all but DOE and DOHMH services, Staten Island has relatively low levels of service.

Figure 9: Service-to-Need Borough Rankings

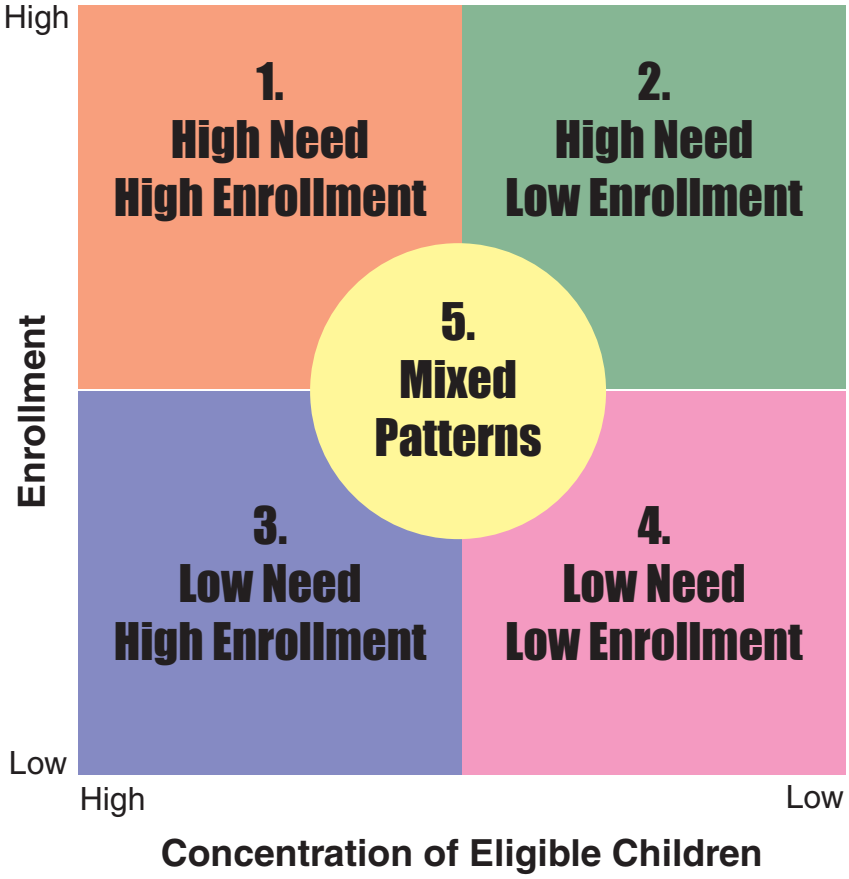
	Bronx	Brooklyn	Manhattan	Queens	Staten Island
ACS Service-to-Need	2	3	1	5	4
HS Service-to-Need	4	2	1	3	5
DOE/DOHMH Service-to-Need	5	4	1	3	2
All ECE Service-to-Need	2	3	1	5	4

As this analysis of New York City's boroughs reveals, each borough has a unique configuration of services and needs. To further demonstrate the variability in early care and education patterns across and within communities, the next section discusses these factors in specific aggregated neighborhoods in each borough. Like the borough analysis, community analysis data are presented in tables and rankings by neighborhood.

Aggregated Neighborhood: Within-Borough Analysis

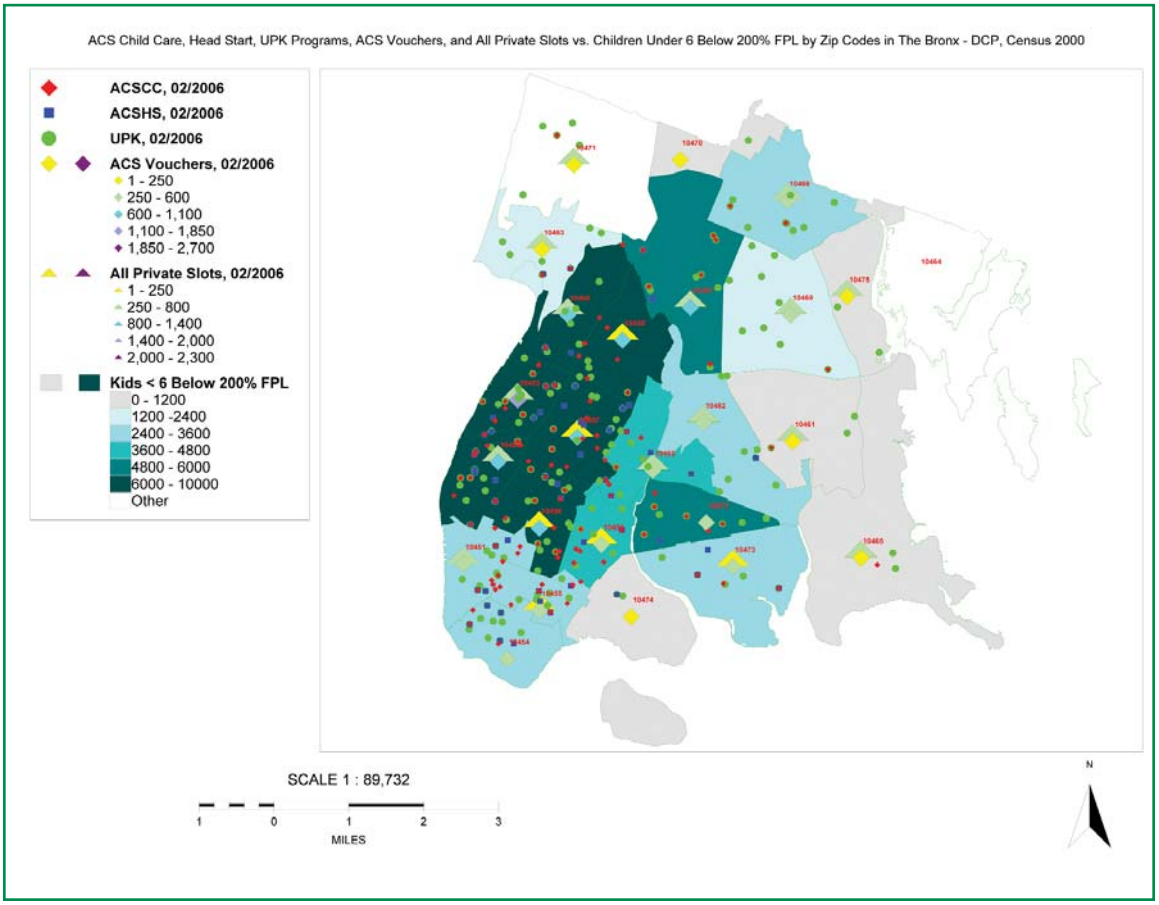
Throughout the report, we highlight variation in the need for ECE and the type of services available to meet that need. In the following pages, we present a within-borough analysis to examine neighborhood dynamics. This discussion illustrates the unique needs of specific neighborhoods that are otherwise masked by broad city-wide or even borough-wide estimates. For each neighborhood, we discuss data on several primary variables that paint a portrait of community needs: (1) Children under 6 below 200% FPL who are eligible for Children's Services Child Care and Head Start; (2) the low-income rate; (3) the ACS service-to-need ratio; (4) the DOE/DOHMH service-to-need ratio; (5) the ACS utilization rate. Based on these data, we identified five major patterns of need and enrollment, as depicted in figure 10.

Figure 10: Patterns of Enrollment and Need



Throughout our discussion of particular aggregated neighborhoods, we highlight those which exemplify these patterns. Although these global patterns express a relationship between community need and capacity, *no straight generalizations* can be made because reasons for under-enrollment vary by borough, neighborhood, and at the individual center level. Moreover, under-enrollment is due to a combination of factors. The patterns provide useful information to guide Children's Services policymaking and can serve as a planning tool for community stakeholders. While the community needs analysis provides important context, decisions about a specific program within a community are based on a careful review of several factors. The data presented in the following section on aggregated neighborhood serve as a guide to Children's Services' long-term planning for improved alignment between child care services and community need. Additional information can be found in Appendices E – I in the full Needs Assessment Report.

The Bronx



In the Bronx many neighborhoods have high rates of children from low-income families who are eligible for ACS subsidized ECE yet low service-to-need ratios. For example, in the Fordham/Bronx Park neighborhood, where 69% of the children are from low-income families, Children's Services is only serving 19% percent of the eligible population (see Table 3). In several neighborhoods, low service-to-need ratios correspond with very high enrollment rates. In the Soundview/Castle Hill neighborhood, ACS is serving 25% of the eligible population and DOE and private capacity meets the need of just 7% of young children, leading to a high enrollment rate of 102%.

There are some communities, however, that have very different needs. Neighborhoods like Kingsbridge/Riverdale, have relatively few low-income children and high service-to-need ratios for DOE and private capacity. This community underscores the importance of considering all capacity in neighborhoods to clearly capture the array of available early childhood programs. Taking a holistic assessment of the capacity and need in the Bronx reveals a demand for more services in several neighborhoods.

Table 3: Within-Borough Analysis of Community Needs Analysis Data – Bronx

Bronx Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/DOHMH Service-to-Need	ACS Utilization Rate
Kingsbridge/Riverdale	2,405	27%	19%	27%	N/A[6]
Fordham/Bronx Park	18,842	69%	19%	11%	94%
Northeast Bronx	6,028	31%	26%	16%	100%
Crotona/Tremont	17,872	73%	34%	13%	99%
Pelham/Throgs Neck	5,349	38%	19%	20%	96%
High Bridge/Morrisania	17,199	77%	40%	9%	103%
Hunts Point/Mott Haven	11,094	78%	36%	9%	104%
Soundview/Castle Hill	8,221	66%	25%	7%	102%
Total	**87,010**	**65%**	**29%**	**13%**	**100%**

Aggregated Neighborhood Comparative Analysis

In addition to the data, the comparative analysis shown in the following ranking chart reveals interesting differences between specific communities' services and need.

Figure 11: Ranking of Aggregated Neighborhood Data – Bronx

Bronx Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/DOHMH Service-to-Need	ACS Utilization Rate
Kingsbridge/Riverdale	8	8	8	1	N/A
Fordham/Bronx Park	1	4	6	5	7
Northeast Bronx	6	7	4	3	4
Crotona/Tremont	2	3	3	4	5
Pelham/Throgs Neck	7	6	7	2	6
High Bridge/Morrisania	3	2	1	6	2
Hunts Point/Mott Haven	4	1	2	7	1
Soundview/Castle Hill	5	5	5	8	3

The community in the Bronx that exemplifies high need and high enrollment in Children's Services' contracted child care programs is High Bridge/Morrisania. This aggregated neighborhood has the 3rd highest number of low-income children, the 2nd highest low-income rate, and the highest service-to-need ratio for ACS services and low DOE/DOHMH services. High Bridge/Morrisiana also has the 2nd highest utilization rate, suggesting there is the right balance of ACS and DOE/DOHMH services. The Hunts Point/Mott Haven area, with the highest low-income rate and highest enrollment, also follows this high need and high enrollment pattern.

[6] N/A is used when the data are not available because there are no fully-funded center-based contracted child care programs in the aggregated neighborhood.

In contrast, there are two communities in the Bronx that have the high need but low enrollment pattern. In Fordham/Bronx Park, there are the most low-income children, yet surprisingly, the utilization rate for ACS services is the lowest in the borough. The picture is similar in Crotona/Tremont which has the 2nd highest number of children whose families are low-income. It has a moderate level of ECE services but relatively low levels of service utilization.

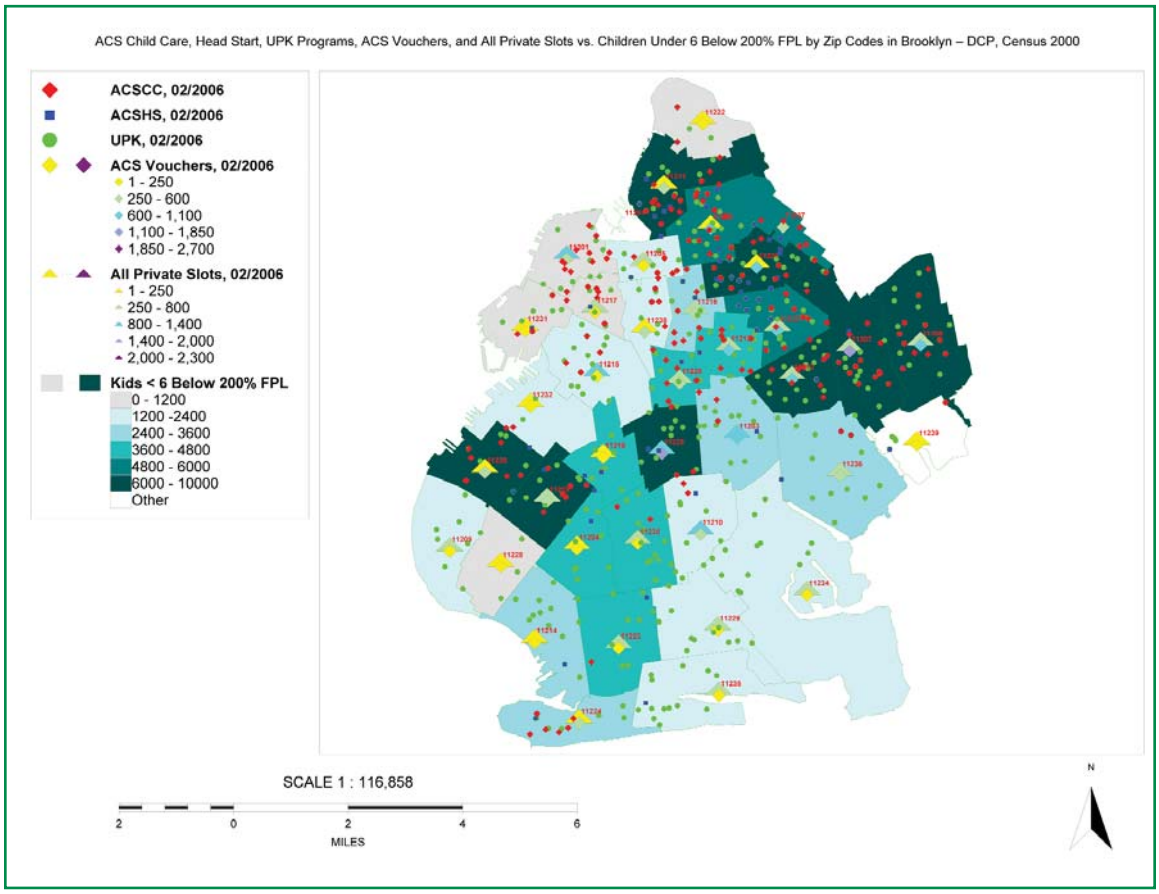
Next, we look at the Soundview/Castle Hill aggregated neighborhood, a community with low need and high enrollment. This neighborhood ranks 5th for number of low-income children. It also ranks 5th for ACS service-to-need ratio and 8th for DOE/DOHMH. Therefore, the overall level of ECE services here is quite low while it has the 3rd highest utilization of ACS services.

Among neighborhoods in the Bronx with relatively low need, the Kingsbridge/Riverdale aggregated neighborhood has the fewest low-income children and it ranks last in terms of the low-income rate. It makes sense, therefore, that the ACS level of service is low while the DOE/DOHMH service-to-need ratio is the highest in the borough. In another low-need neighborhood, Pelham/Throgs Neck, we see a community that exemplifies the fourth pattern. It has few low-income children. It ranks 6th for the low-income rate, and it also ranks as 6th for utilization.

Conclusions

In any aggregated neighborhood, we expect there to be a balance between ACS and other ECE services to meet particular communities' composition of young children. In neighborhoods with many low-income children, we anticipate a high ACS service-to-need ratio and relatively lower DOE/DOHMH service-to-need ratio. In the Bronx, Highbridge/Morrisiana fits this profile. As expected, communities like Kingsbridge/Riverdale with a low number of eligible children have lower levels of ACS services and higher availability of DOE/DOHMH services. Not all communities are consistent with expectations, however. Soundview/Castle Hill has low service-to-need for both types of ECE. Another surprising phenomenon is seen in neighborhoods with high under-enrollment, like Fordham/Bronx Park, that have relatively low levels of service and high levels of need. Communities like these warrant deeper investigation.

Brooklyn



Across Brooklyn, the capacity and need for services varies significantly by neighborhood. In the Downtown/Brooklyn Heights/Park Slope area of Brooklyn, for instance, the low-income rate is 36% but the service-to-need ratio is 66% and only 80% of slots are utilized: many child care slots are vacant (see Table 4). In this community, DOE and private services are also available for one-third of the young children under age 6, twice the borough average. This community exemplifies how numerous factors combine to create an under-utilization of ACS services. In contrast, 70% of children in nearby Borough Park are from low-income families yet only 12% of eligible children are served with ACS services and 99% of slots are filled. DOE and private services are available for just 12% of children under age 6 in that neighborhood. In Borough Park there is a need for more early care and education programs. Clearly, the data reveal vastly different needs in these communities and emphasize the necessity of considering all forms of ECE capacity. By examining neighborhood need and utilization data, Children's Services can target those communities most in need of additional services.

Table 4: Within-Borough Analysis of Community Needs Analysis Data – Brooklyn

Brooklyn Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/ DOHMH Service-to-Need	ACS Utilization Rate
Greenpoint/Williamsburg	10,765	70%	21%	8%	84%
Bushwick/East Williamsburg	10,758	81%	30%	6%	96%
Downtown/Heights/Slope	4,277	36%	66%	31%	80%
Bedford Stuyvesant	13,508	63%	46%	14%	81%
Crown Heights	7,904	66%	33%	15%	86%
Brownsville/Ocean Hill	12,335	78%	33%	15%	88%
East New York	13,635	63%	37%	11%	88%
Sunset Park	8,586	71%	17%	7%	96%
Borough Park	17,562	70%	12%	12%	99%
East Flatbush/Ditmas Park	10,179	57%	24%	22%	101%
Flatbush/Midwood	6,478	44%	14%	15%	98%
Canarsie/Flatlands	4,815	31%	24%	16%	93%
Bensonhurst/Bay Ridge	5,246	38%	5%	15%	N/A
Sheepshead Bay	5,840	51%	7%	18%	80%
Coney Island	4,969	63%	24%	18%	73%
Total	**136,857**	**62%**	**26%**	**15%**	**89%**

Aggregated Neighborhood Comparitive Analysis

The data are accompanied by an equally illustrative comparison between the aggregated neighborhoods in Brooklyn. By ranking neighborhoods on the major variables of interest, differences among specific communities' services and need emerge. In essence, we see the five enrollment patterns in Brooklyn.

Figure 12: Ranking of Aggregated Neighborhood Data – Brooklyn

Brooklyn Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/DOHMH Service-to-Need	ACS Utilization Rate
Greenpoint/Williamsburg	5	4	10	12	10
Bushwick/East Williamsburg	6	1	6	14	4
Downtown/Heights/Slope	15	12	1	1	12
Bedford Stuyvesant	3	6	2	9	11
Crown Heights	9	5	5	7	9
Brownsville/Ocean Hill	4	2	4	7	7
East New York	2	7	3	11	8
Sunset Park	8	3	11	13	5
Borough Park	1	4	13	10	2
East Flatbush/Ditmas Park	7	8	7	2	1
Flatbush/Midwood	10	10	12	6	3
Canarsie/Flatlands	14	13	8	5	6
Bensonhurst/Bay Ridge	12	11	15	8	N/A
Sheepshead Bay	11	9	14	3	13
Coney Island	13	7	9	4	14

First, there are communities like Borough Park which is distinguished with the highest number of children who are eligible for ACS early care and education services. And, it ranks quite low for ACS services and moderately low for DOE/DOHMH services. These facts show a community in need. With the 2nd highest ACS service utilization in Brooklyn, this community exemplifies our first pattern: high need, high enrollment.

Several communities in Brooklyn follow the second pattern: high need, low enrollment. Bedford Stuyvesant has the 3rd highest number of low-income children. There are considerable ECE services for young children with the 2nd highest ACS services-to-need and 9th highest DOE/DOHMH service-to-need. Combined they create a challenge for service utilization. East New York and Brownsville/Ocean Hill also fit this profile.

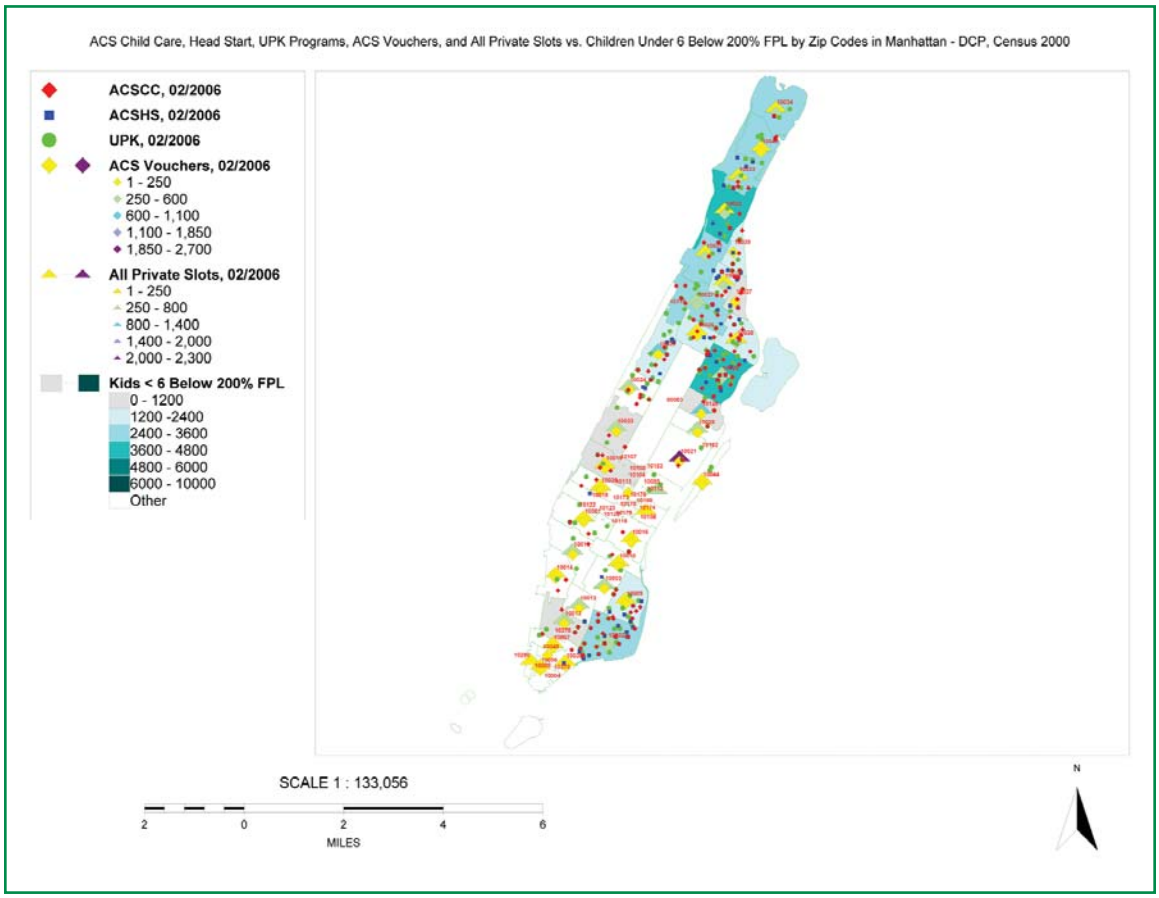
There are several communities with relatively low need where enrollment figures stand out, such as East Flatbush/Ditmas Park and Flatbush/Midwood. In the former community, ACS service utilization is the highest in Brooklyn and in the latter, utilization ranks 3rd. Both communities have moderate-to-low ACS service-to-need ratios and adequate service levels for DOE/DOHMH early care and education.

Lastly, we look at communities with relatively few low-income children, like Downtown/Heights/Slope and Coney Island. In these communities, the ACS service-to-need ratio is relatively high as is the DOE/DOHMH service-to-need ratio. In both of these communities, the utilization rate for ACS services is low, suggesting a mismatch between demand for services and existing capacity.

Conclusions

It is challenging to identify patterns of service need and utilization in Brooklyn, in large part due to the number and diversity of aggregated neighborhoods that comprise the borough. On the whole, the services available appear to be meeting community needs, yet the data demonstrate that there are exceptions. As mentioned above, some neighborhoods have a high need but have low utilization or high vacancies which suggest an imbalance between ACS and DOE/DOHMH services. Thus, the exceptions signal the need for additional examination.

Manhattan



Each neighborhood in Manhattan has a unique composition of young children and programs to serve them. For instance, the percentage of eligible children served in Washington Heights/Inwood is half that of the borough average. With a service-to-need ratio of 22% and over-utilization of available slots (105%), more subsidized services may be needed, especially since DOE and private capacity only serve 7% of the population (see Table 5). On the other hand, the Upper East Side of Manhattan has a much higher service-to-need ratio, subsidized services are under-utilized, and DOE and private program services are available for 36% of children under age 6. Chelsea/Clinton is another aggregated neighborhood that warrants investigation. With a Children's Services service-to-need ratio of 99%, a DOE and private capacity service-to-need ratio of 37%, and average utilization rate of 75%, there are more services for young children than are needed and many child care slots remain vacant in this neighborhood. Some neighborhoods in Manhattan have mixed pictures. In East Harlem, for instance, the ACS service-to-need ratio is 52%, well above other areas. At the same time, DOE and private services are available for only 11% of children under age 6 and the low-income rate in East Harlem is 68%. This neighborhood's ambiguous data warrant further investigation. The great variability in need and utilization rates highlights the importance of considering the availability of ECE in each neighborhood of New York City.

Table 5: Within-Borough Analysis of Community Needs Analysis Data – Manhattan

Manhattan Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/ DOHMH Service-to-Need	ACS Utilization Rate
Washington Heights/Inwood	12,396	70%	22%	7%	105%
Central Harlem/ Morningside Heights	11,193	69%	42%	12%	95%
East Harlem	7,141	68%	52%	11%	85%
Upper East Side	644	6%	48%	36%	74%
Roosevelt Island	198	38%	4%	28%	N/A
Upper West Side	2,356	18%	55%	25%	99%
Gramercy Park/Murray Hill	465	13%	19%	29%	100%
Chelsea/Clinton	958	25%	99%	37%	75%
Greenwich Village/Soho	970	20%	38%	29%	88%
Union Square/Lower East Side	4,831	60%	65%	22%	92%
Lower Manhattan	589	17%	31%	33%	71%
Total	**41,741**	**46%**	**42%**	**20%**	**88%**

Aggregated Neighborhood Comparative Analysis

To add context to the data, we present comparative ranking for Manhattan's aggregated neighborhoods. The following analysis of the primary variables of interest reveals significant variation in Manhattan's communities' services and need.

Figure 13: Ranking of Aggregated Neighborhood Data – Manhattan

Manhattan Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/ DOHMH Service-to-Need	ACS Utilization Rate
Washington Heights/Inwood	1	1	9	11	1
Central Harlem/ Morningside Heights	2	2	6	9	4
East Harlem	3	3	4	10	7
Upper East Side	8	11	5	2	9
Roosevelt Island	11	5	11	6	N/A
Upper West Side	5	8	3	7	3
Gramercy Park/Murray Hill	10	10	10	4	2
Chelsea/Clinton	7	6	1	1	8
Greenwich Village/Soho	6	7	7	5	6
Union Square/Lower East Side	4	4	2	8	5
Lower Manhattan	9	9	8	3	10

In our within-borough analysis, one aggregated neighborhood stands out: Washington Heights/Inwood which is a community with high need and high enrollment. It is home to the most low-income children of all aggregated neighborhoods in Manhattan and it has the highest rate of children who are eligible for ACS ECE services. With a relatively low ACS service-to-need and the lowest DOE/DOHMH service-to-need ratio, it is unsurprising that it also has the highest utilization rate in the borough.

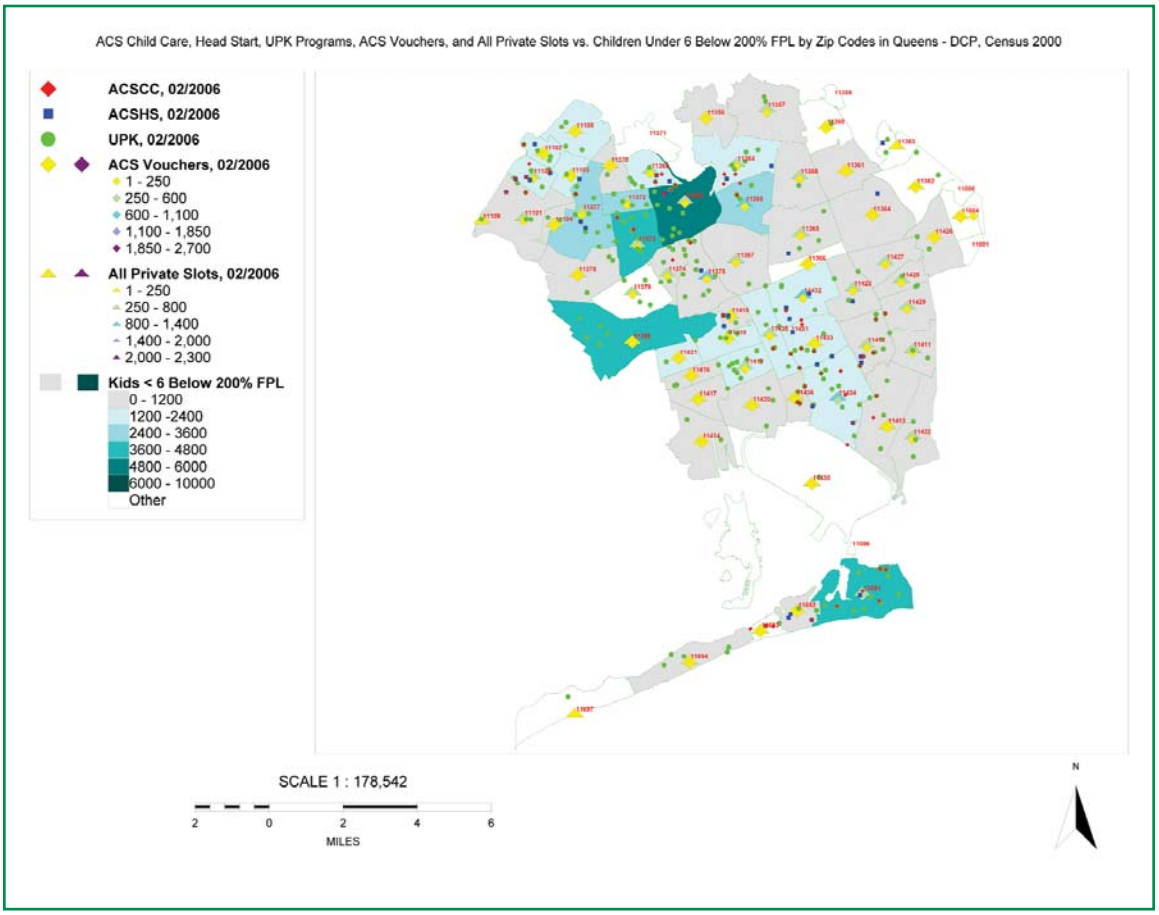
Second, there is a cluster of neighborhoods that share similar characteristics: high need, high levels of service and low utilization. In East Harlem, for example, the population of young children ranks 3rd overall. Compared to other Manhattan neighborhoods, it has the 4th highest service-to-need and very low DOE/DOHMH service-to-need, which is why it is unexpected to see that the neighborhood has a low ACS utilization rate. Similarly, Central Harlem/Morningside Heights is another community with a sizeable population of children from low-income families and a high low-income rate. It is in the middle range for the ACS services-to-need ratio and 9th for DOE/DOHMH services. Because it has the 4th highest ACS utilization rate, this neighborhood warrants further analysis. In addition, the 4th highest number of low-income children resides in the Union Square/Lower East Side aggregated neighborhood. Here, the ACS service-to-need ratio is the 2nd highest. It ranks 8th for the DOE/DOHMH service-to-need ratio.

Another set of aggregated neighborhoods have relatively few children from low-income families, comparatively adequate levels of ACS and DOE/DOHMH service, and fairly low levels of enrollment. The Upper East Side, for instance, ranks 5th for ACS service level and 2nd for DOE/DOHMH. It does have a relatively low utilization rate for ACS services suggesting that there may be insufficient number of low-income children residing there to fully enroll the ACS programs. Chelsea/Clinton ranks 7th for the population of young children who are eligible for ACS services. It has the highest ACS *and* DOE/DOHMH service-to-need ratios. It is 8th for ACS service utilization. ACS will examine the composition of services here considering the level of under-enrollment.

Conclusions

Manhattan has considerable diversity in neighborhood composition. In our within-borough analysis we point out three types of neighborhoods: those that have a high need and high utilization, those that have high need and low utilization, and those that have moderate need and low utilization. Each presents a unique set of circumstances that warrants deeper investigation.

Queens



Data on neighborhoods in Queens paint a mixed picture; despite low service-to-need ratios across the borough, few neighborhoods show a clear pattern of need. The Woodside/Elmhurst/Co-rona neighborhood is an exception because demand exceeds capacity in this community: 50% of children under age 6 are from low-income families, the service-to-need ratio is 10%, DOE and private ECE services are available for 15% of young children, and the utilization rate is 100% (see Table 6). Most Queens' neighborhoods, however, do not clearly indicate there is a need for additional services. For example, Astoria has a higher low-income rate and substantially lower service-to-need ratios for all types of ECE than exists in other neighborhoods which would suggest a need for more subsidized services; yet only three-quarters of existing contracted slots are utilized. Indeed, utilization patterns in Queens are also mixed: there is an over-utilization of services in three neighborhoods, programs in two neighborhoods utilize less than 90% of slots, and four neighborhoods do not have ACS subsidized programs at all. The complex community needs in Queens suggest that a flexible system that combines different sources of funding may serve Queens' families most effectively.

Table 6: Within-Borough Analysis of Community Needs Analysis Data – Queens

Queens Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/DOHMH Service-to-Need	ACS Utilization Rate
Long Island City/Queens Bridge	3,930	54%	31%	23%	94%
Astoria	4,428	52%	4%	11%	76%
Jackson Heights/East Elmhurst	5,167	48%	9%	22%	92%
Woodside/Elmhurst/Corona	12,177	50%	10%	15%	100%
Flushing/Clearview	5,915	29%	6%	19%	105%
Bayside/Little Neck	1,123	20%	8%	19%	N/A
Ridgewood/Forest Hills	7,089	30%	11%	19%	N/A
Fresh Meadows	2,276	33%	4%	22%	N/A
Jamaica	9,466	41%	48%	23%	94%
Southeast Queens	3,768	19%	20%	21%	97%
Kew Gardens/Richmond Hill	4,153	39%	10%	11%	107%
Ozone Park/Howard Beach	4,695	36%	6%	11%	N/A
Rockaway	5,664	43%	26%	12%	85%
Total	**69,851**	**41%**	**17%**	**18%**	**95%**

Aggregated Neighborhood Comparative Analysis

Additional insights surface by comparing Queens' aggregated neighborhoods to one another. In the following discussion, we share insights from particularly distinguished communities.

Figure 14: Ranking of Aggregated Neighborhood Data – Queens

Queens Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/DOHMH Service-to-Need	ACS Utilization Rate
Long Island City/Queens Bridge	10	1	2	2	6
Astoria	8	2	12	12	9
Jackson Heights/East Elmhurst	6	4	8	3	7
Woodside/Elmhurst/Corona	1	3	6	8	3
Flushing/Clearview	4	11	10	7	2
Bayside/Little Neck	13	12	9	7	N/A
Ridgewood/Forest Hills	3	10	5	6	N/A
Fresh Meadows	12	9	12	4	N/A
Jamaica	2	6	1	1	5
Southeast Queens	11	13	4	5	4
Kew Gardens/Richmond Hill	9	7	7	10	1
Ozone Park/Howard Beach	7	8	11	11	N/A
Rockaway	5	5	3	9	8

In Queens, several communities have high numbers of low-income children and high use of ACS Services. Flushing/Clearview, for instance, has the 4th highest number of young children who are eligible for Children's Services' ECE programs. At the same time, however, the low-income rate is among the lowest in the borough, the ACS service-to-need ratio is relatively low and it has the 2nd highest utilization figures in the borough. Thus, this community represents the first pattern: high need, high enrollment.

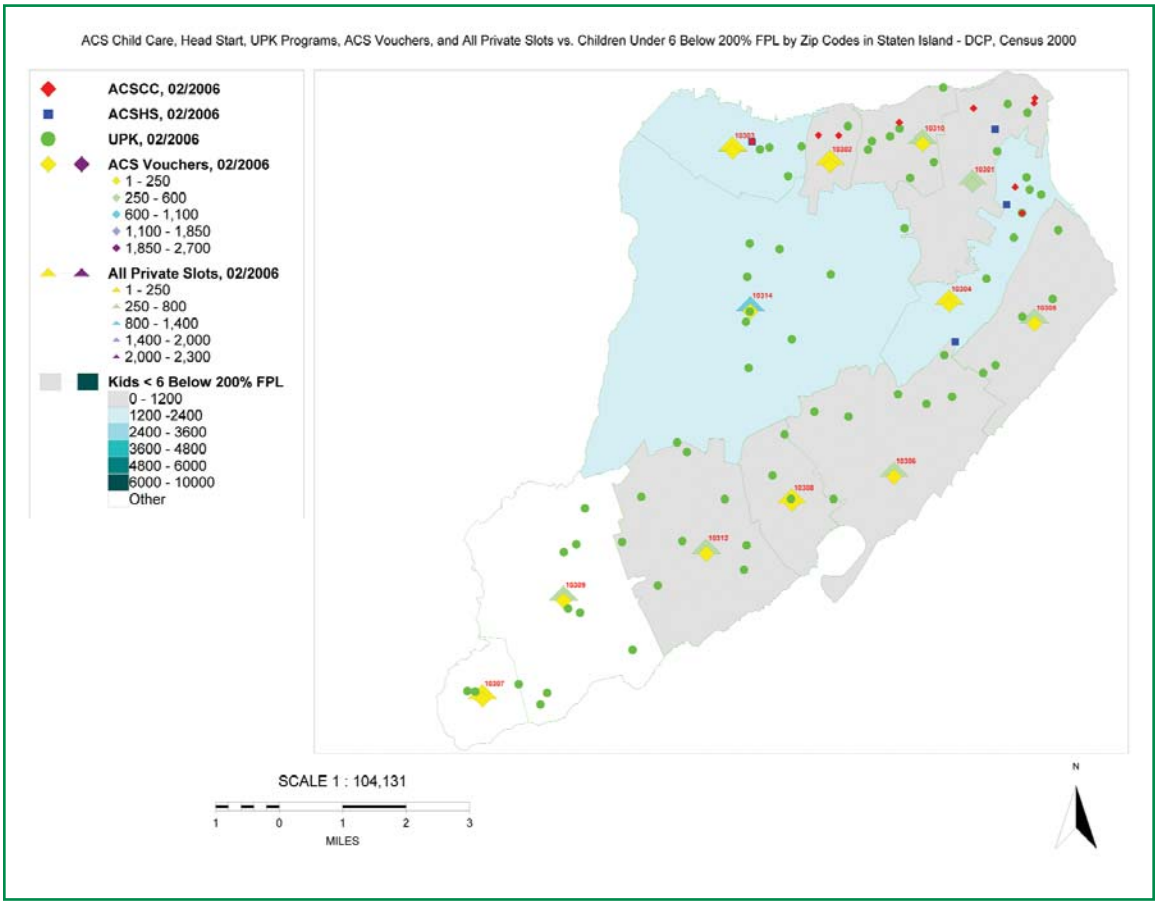
Jamaica represents a complex array of need and services. This community has the 2nd highest number of low-income children and it ranks 1st for both ACS and DOE/DOHMH service-to-need ratios. Meanwhile, utilization of services is just moderate. Thus it represents the high need, low enrollment pattern.

Astoria is an aggregate neighborhood that presents unique characteristics. Compared to other Queens' neighborhoods, it has few young children from low-income families but the 2nd highest low-income rate. And, it has a low ACS service-to-need ratio as well as a moderate DOE/DOHMH service-to-need ratio. It is among the lowest in terms of utilization rates. In relation to other aggregated neighborhoods in Queens, then, it is a case for further analysis to ensure the services available to children there target families' needs.

Conclusions

Overall, the utilization of services throughout Queens is quite strong. As exists in the City's other boroughs, however, the data suggest that select communities appear out of balance in the composition of ECE services available. These communities highlight the need for continued examination and neighborhood-specific analysis to ensure Children's Services supports low-income children and their families.

Staten Island



Looking specifically at neighborhood level data, the picture in Staten Island is complex. While a low service-to-need ratio typically indicates a need for additional ECE services, the low utilization rates show that families in Staten Island are not accessing existing services. In the Stapleton/ St. George aggregated neighborhood, for instance, the service-to-need ratio for ACS services is similar to the city-average (31%) yet only 80% of contracted ECE services are utilized (see Table 7). The relatively high level of service provided by DOE and the private market (17%) may explain this low utilization rate. A more careful consideration of the specific location of services and the type of available services may indicate strategies for supporting Staten Island's families with young children.

Table 7: Within-Borough Analysis of Community Needs Analysis Data – Staten Island

Staten Island Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/ DOHMH Service-to-Need	ACS Utilization Rate
Port Richmond	2,954	48%	22%	15%	92%
Stapleton/St. George	3,875	40%	31%	17%	80%
Willowbrook	2,086	20%	13%	18%	N/A
South Beach/Tottenville	1,134	11%	5%	26%	N/A
Total	**10,049**	**28%**	**21%**	**19%**	**86%**

Aggregated Neighborhood Comparative Analysis

Another way to understand Staten Island's four aggregated neighborhoods is through a comparative analysis. Following, is a chart that ranks these communities along the five key variables of communities' services and need.

Figure 15: Ranking of Aggregated Neighborhood Data – Staten Island

Staten Island Aggregated Neighborhoods	Children Under 6 Below 200% FPL	Low-Income Rate	ACS Service-to-Need	DOE/DOHMH Service-to-Need	ACS Utilization Rate
Port Richmond	2	1	2	4	1
Stapleton/St. George	1	2	1	3	2
Willowbrook	3	3	3	2	N/A
South Beach/Tottenville	4	4	4	1	N/A

Port Richmond is a high need, high enrollment aggregated neighborhood. It has the 2nd highest number of children from low-income families, the highest low-income rate, and the highest utilization rate for ACS services. It also ranks 2nd for its ACS service-to-need ratio. It is 4th for the level of DOE/DOHMH service available. As a community with high need and high enrollment, it needs and uses the available ECE services.

The greatest number of young children from low-income families in Staten Island resides in the Stapleton/St. George aggregated neighborhood, but it has low enrollment rate, exemplifying the high need, low enrollment pattern. With the highest ACS service-to-need ratio, Children's Services provides ECE for a relatively high percentage of eligible children. This community ranks 3rd for DOE/DOHMH service-to-need ratio.

Willowbrook and South Beach/Tottenville are similar. They have the 3rd and 4th highest number of young children from low-income families and corresponding ACS service-to-need ratios. And these communities rank 2nd and 1st for DOE/DOHMH service-to-need ratios. In short, DOE and DOHMH ECE serves these two aggregated neighborhoods because of the relative absence of low-income children.

Conclusions

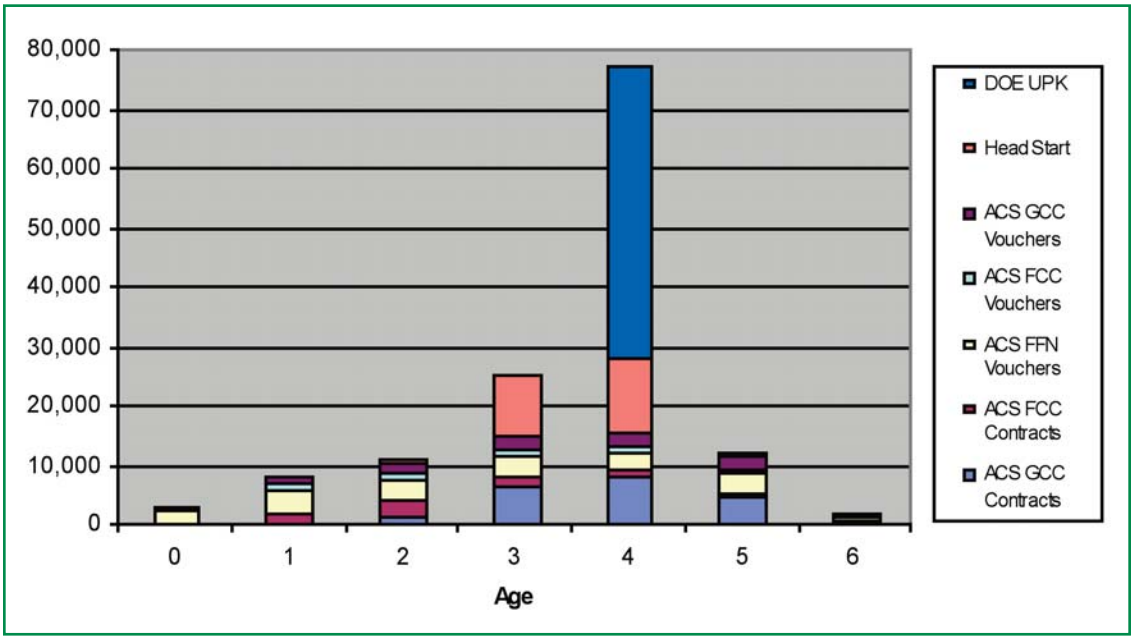
Staten Island population relates to the level of ECE services available for young children. The relative absence of low-income children eligible for ACS services limits the conclusions we can draw from the data, further examination is needed.

Finding 5: There is a shortage of ACS services for infants and toddlers.

The community needs analysis also found levels of service vary widely for different-aged children with a shortage of services for infants and toddlers. Of approximately 140,000 children under age 6 in subsidized ECE programs each year, more than three-quarters are preschool age children (3 and 4 years old). The current distribution of services in the City is such that a 4-year-old is almost ten times more likely to receive services than a 1-year-old. The enormous disparity in services provides evidence that infants and toddlers in New York City are under-served.

Within the current ECE subsidized system, approximately 50% of children age 1 and under are in family, friend, and neighbor settings and another 35% are in family child care settings. The other 15% of infants who get subsidized care are in some form of center-based arrangement, including Early Head Start and Group Child Care. This finding results from both parents' preference for home-based care for their infants *and* the lack of contracted infant slots in child care centers in New York City. As part of its strategic plan, Children's Services is committed to expanding services for infants and toddlers in both home- *and* center-based programs. This effort coincides with New York State and City initiatives to increase the capacity of UPK for 4-year-olds.

Figure 16: Age of Children in Different ECE Services (Feb. 2006)



CHILDREN'S SERVICES' STRATEGIC DIRECTION

The findings of the community needs analysis provide a snapshot of the need for early care and education in New York City. In doing so, they also highlight several opportunities to improve New York City's support for young children's early development. In particular, the findings support ACS's goal to maximize resources and meet community need and the goal to integrate and coordinate services. Based on the community needs analysis, Children's Services will pursue the five key strategies.

Children's Services Strategies:

1. ***Align services to better match community needs***
2. ***Expand capacity to serve more infants and toddlers***
3. ***Maximize collaborations***
4. ***Empower providers to implement flexible mixed-financing systems***
5. ***Utilize all resources with an efficient system of reimbursement***

Align services to better match community needs

This analysis clearly indicates that some communities' needs are not met by the current distribution of ECE services. By realigning services according to the community need, Children's Services can achieve full utilization of services while serving the greatest number of children most in need of subsidized care. To identify high-needs communities, we will consider numerous key conditions at the neighborhood and individual zip code level, including:

- *Number of low-income eligible children*
- *Child Care, Head Start, Voucher, DOE UPK, and private ECE capacity*
- *Concentration of children from low-income families (low-income rate and the federal poverty rate)*
- *Service-to-need ratios*
- *Current and historic utilization rates*

Children's Services will also supplement the community needs analysis with other factors to inform decisions related to realigning services according to community need. Other factors include, but are not limited to: child welfare data, immigrant population, number of children participating in the state's Child Health Plus programs, number of children participating in the WIC program, concentrations of subsidized housing data, number of households claiming the Earned Income Tax Credit, and families' utilization of care within or outside their residential zip code.

With this comprehensive assessment of the community need, we aim to ensure the equitable distribution of services. Through the realignment of services, ACS will also have the flexibility to respond to changing circumstances and community needs in order to expand services to underserved geographic regions and age groups.

Expand capacity to serve more infants and toddlers

As detailed in the community needs analysis, data indicate that families with very young children have limited ECE options. By expanding capacity to serve more infants and toddlers, Children's Services intends to specifically look to increase capacity of center-based and family child care programs to serve infants and toddlers. Because many parents select home-based care for their youngest children (Layzer & Goodson, 2006), ACS will pay attention to the quality and needs of family child care providers and networks. With such efforts to increase infant and toddler care, New York City will address an unmet need that our data have identified.

Maximize collaborations

The community needs analysis illustrates that families rely on a variety of programs to care for and educate their young children. Indeed, more than half of parents surveyed reported that their children under age 5 were in some form of care more than six hours each day and 45% use multiple arrangements. Therefore, Children's Services must work in concert with partner agencies which also support the development of young children. In addition, individual programs are encouraged to collaborate in order to provide more comprehensive and enriched early care and education services to children and their families (Schilder, Chauncey, & Skiffington, 2005).

Program collaborations include combining multiple types of programs, including Child Care, Head Start, UPK, Out-of School Time Care, and Special Education. Collaboration is also reflected at the city agency level and requires significant inter-agency effort amongst Children's Services, DOE, the Department of Youth and Community Development, and other crucial city agencies such as DOHMH. The City's vision for an integrated early care and education system aims to promote efficient, seamless, comprehensive, high quality services for young children. The City's plan for realizing this vision entails a rich combination of the following services:

- Subsidized child care for infants and toddlers
- Subsidized child care and Head Start for 3-year-olds
- Universal Pre-kindergarten for all 4-year-olds blended with Head Start and Child Care to provide *full-day, full-year care*
- Kindergarten for 5-year-olds with age appropriate Out-of-School Time (OST) activities

A first step towards achieving this vision began in October 2007 when Children's Services and the Department of Education and the Mayoral Early Care and Education Steering Committee launched an effort to expand UPK services in existing ACS contracted child care programs. New York City received approval from the State Education Department to establish an unprecedented partnership between Children's Services and the Department of Education to provide UPK services; the collaborative partnership is implemented through an intra-city agreement and memorandum of understanding between the two agencies. With the intra-city agreement, Child Care and Head Start programs were able to apply for UPK funds through a streamlined and expedited process. The arrangement reduced many of the administrative burdens that programs encountered with having separate ACS and DOE contracts to provide early care and education. Now, through one ACS contract, programs provide Child Care, Head Start, and UPK services with one budget and one payment. With the collaborative partnership, the integration will enable programs to capitalize on additional funding for essential elements of program quality, such as family support services and enriching instructional materials. Furthermore, the intra-city agreement facilitates a team approach between Children's Services and DOE to coordinate assessment, monitoring, professional development, and the provision of technical assistance to better support programs. Thus far this effort has enabled more than 3,000 additional children to benefit from UPK in ACS Child Care and Head Start programs.

Another critical step to facilitate collaboration is the development of a quality performance measurement system for Child Care, Head Start, and UPK in the City. Over the last two years, this initiative has brought together stakeholders from Children's Services, DOE, DOHMH, and the private sector to identify common set of program standards and assessment protocol. A new coordinated assessment process will identify program strengths and weaknesses in fostering children's healthy development and hold all programs to the same high quality standards. Ongoing monitoring and assessment will assist ACS and DOE in identifying program improvement needs and targeting technical assistance to address those needs. Teachers College is currently pilot-testing this new process to inform the full scale implementation of this new system.

With a holistic vision for the ECE system, New York City can offer families the full-day, year-round comprehensive care they need and assist providers in maintaining and improving the quality of their services. Integration has the potential to ease the burden of parents using multiple arangements each day, to provide child care in a time frame which supports parental employment and to further blend education and care approaches. Moreover, the integration of financing systems enables New York City to maximize and leverage funding sources and increase services to underserved eligible children, especially infants and toddlers.

Empower providers to implement flexible mixed-financing systems

The borough and zip code data from the community needs analysis show that each neighborhood has a unique composition of ECE services and families with young children. A one-size-fits-all approach simply cannot work for New York City's diverse communities. In addition, the early care and education field increasingly recognizes that child care is also a business. Therefore, financing systems to support programs' economic stability are just as important as the child development components of child care (National Child Care Information Center, n.d.).

By promoting flexibility, Children's Services aims to establish mixed-financing systems that shore up programs' financial stability and utilize multiple sources of funding: ACS contracted and voucher capacity, other public capacity, and private resources. An integrated contract-voucher system capitalizes on the strengths of each type of subsidy. For instance, this approach maximizes parental choice and ensures that all children have access to high-quality and full-day services. While contracts ensure supply and capacity in highest need communities, vouchers provides flexibility to respond to changing community needs.

Moreover, such systems ensure that all children receive high-quality and full-day services. And, they support inclusive, economically-integrated settings which help children thrive (Schechter & Bye, 2001). This model of financing is especially important in mixed-income communities with sufficient supply of alternative forms of ECE (Department of Education and private capacity) where children from low and moderate income families live. Therefore, the advantages of a mixed-financing system are twofold: both providers and children benefit from more flexible funding.

Utilize all resources with an efficient system of reimbursement

ACS is working towards making the contracted child care system more efficient in the use of resources and to promote high levels of service utilization across and within communities. Children's Services' written program contracts specify the number of children that a given program is authorized to serve; it is termed as the program's "budgeted capacity." The subsidy that programs receive from ACS is based on the programs contracted budgeted capacity. The subsidy that Children's Services provides through vouchers works differently. ACS vouchers reimburse providers based on the attendance of children enrolled, not on budgeted capacity. The utilization data presented above show, however, that some contracted child care slots are not being used. Indeed, the data show that throughout the City utilization of services at the end of 2007 was at a historic low. Since ACS reimburses providers based on their budgeted capacity and not their enrollment utilization, at any given point in time, ACS is paying for vacancies in programs that cost approximately $40 million.[7] Clearly, the current system for subsidizing contracted care creates a disincentive to achieving full enrollment. In an era of scarce federal, stare, and city resources, it is critical that Children's Services ensures that every spot is filled with an eligible child.

[7] This figure was derived from multiplying the average cost per preschool child of $13,000 by the total number of vacancies in FY 2007. Vacancy data indicated there were 3,040 vacancies at that time.

Compared to other national and local child care systems, New York City is unique in reimbursing for vacancies as part of a main contracted system serving a substantial number of subsidized children. To resolve the problem of vacancies and under-utilization of services in contracted care, Children's Services is pursuing a two-pronged approach. First, Children's Services launched the Full Enrollment Initiative. The goal of this initiative is to open more access points for families applying for child care by empowering contracted providers to conduct on-site eligibility determination and to promote full enrollment in center-based programs. Specifically, it has streamlined and simplified enrollment and re-certification procedures for families. The initiative, which began in December 2005, has been implemented in the Bronx, Manhattan, and Queens. Children's Services implemented this initiative in Brooklyn and in Staten Island in the Spring of 2008. During the implementation of the initiative programs have improved the utilization of services. At the end of the rollout in the Bronx, for instance, enrollment in contracted child care programs reached 101%. Through the hard work of the individual child care centers and Children's Services, more than 1,500 children thus far, are being served.

Second, by ensuring that child care funding reimburses child care providers for actual service utilized by an enrolled child and not supporting a vacancy, Children's Services aims to improve the efficient use of resources in contracted center-based programs. Towards this end, Children's Services recently announced Project Full Enrollment (PFE) in which ACS is developing new administrative procedures to reimburse providers based on attendance so that no child care seat remains empty, especially as eligible children wait for services. In Fall 2008, Children's Services will begin implementing the new rate-based system to provide an incentive for programs to sustain full enrollment. To help guide development of this new reimbursement structure, Commissioner Mattingly established a Task Force comprised of child care providers and other community stakeholders. Children's Services also established work groups, with broader community stakeholder participation, to focus on specific implementation issues such as reimbursement rates, training and technical assistance, implementation strategies, and the policy for private pay families. For the next several months, Children's Services, with the advisement of the Task Force and workgroups, will plan the implementation of PFE.

Children's Services recognizes that Project Full Enrollment introduces great change into the child care system in New York City. More importantly, however, Children's Services realizes that PFE also has many benefits which outweigh the challenges, including:

1. Every child care seat will be filled with an eligible child;
2. Better coordination between ACS' contract and voucher child care systems;
3. Allowing flexibility for providers to accept multiple funding streams (such as voucher and private-pay families);
4. Socio-economic diversity in centers which research demonstrates helps children learn and grow; and,
5. Providers will better meet community need by serving populations reflective of their community.

In recognition of change that PFE brings, Children's Services will provide intensive training and technical assistance prior to implementation to assist child care programs in transitioning to a rate-based system. Training and technical assistance will cover numerous topics, including: (1) business and strategic plan development; (2) fiscal management; (3) program management; (4) marketing, recruiting, and understanding local child care community need; and, (5) governance and leadership. In addition to the regular training and technical assistance resources Children's Services provides, Children's Services is contributing $2 million towards training and technical assistance and is working to leverage additional private monies for this purpose. In addition, Children's Services is rolling

out web-based reporting systems which enable child care providers to enroll children in real time via the web and to report child attendance in a timely and accurate manner. These web-based systems eliminate the burdensome paper work process for providers and for ACS and promote an efficient infrastructure for PFE. Overall, Children's Services views PFE, and the training and technical assistance provided, as an opportunity to strengthen existing child care programs and to promote the sustainability of the child care system as a whole.

Conclusion

With all of these pieces in place, the City will have a more responsive early care and education system which has greater flexibility to accommodate changing community needs and economic circumstances. With the direction of the ACS' Strategic Plan, and informed by the community needs analysis, the City will maximize public resources to support young children's care to better meet the needs of low-income, working families in an equitable manner. Through implementation of the Plan, ACS will promote quality programming and achieve full utilization of services, while serving the children most in need of subsidized care by geographic region and by age. As a result, New York City will have a system which meets the developmental needs of children and supports low-income parents. With such an ECE system implemented, many young children in New York City will have the foundation of enriching early care and education.

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