

**The Best Beginning:
A New Haven Plan for
Universal Access to Quality,
Affordable Early Childcare and Education**

**Report of the
Mayor's Task Force on Universal Early Care & Education**

**John DeStefano, Jr., Mayor
Dr. Reginald Mayo, Superintendent of Schools**

DRAFT

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About this Plan

This Plan was developed based on the research and deliberations of the Mayor's Task Force on Universal Early Care and Education appointed by Mayor John DeStefano, Jr. in September, 2000 with the assistance of a Resource Team composed of interested local child care professionals and other citizens. Staff of the New Haven Board of Education Early Childhood Programs (School Readiness Council, Head Start, CAPS, and Family Resource Centers) and the City's Community Services Administration (Department of Children and Families, New Haven Child Development Program) supported the work of the Task Force with consulting assistance from Holt, Wexler, and Farnam, LLP.

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The Best Beginning:
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Report of the Mayor’s Task Force on Universal Early Care & Education
*Executive Summary*¹

Mayor John DeStefano and Superintendent of Schools Reginald Mayo established the Mayor’s Task Force on Universal Access to Early Care and Education in September 2000 to develop a plan to ensure that all New Haven children arrive at kindergarten with the skills, knowledge and support they need to be successful.

The 18-member Task Force drawn from the early childhood education community, parents and the private sector set as its mission that “every child in the City of New Haven have access to quality, affordable early education and care and arrive at school with the skills, knowledge, and support that prepare him or her to succeed.” The group, supported by a Resource Team of over 60 people with expertise in early childhood education and child development and family support, convened four times over the course of the fall, met in four workgroups to identify the issues and develop strategies, and held a public hearing attended by over 70 people to solicit input into the planning.

KEY FINDINGS: NATIONAL AND NEW HAVEN

National research demonstrates that quality early care and education both in and out of the home during the first five years of life can make an enormous difference in children’s cognitive, social, and emotional development and have a decisive impact on brain development and cognitive functioning. Access to high quality early child care is closely associated with improved outcomes for older youth and young adults—higher school achievement and lowered school dropout rates, teen pregnancy rates, and rates of participation in juvenile crime.

Access to quality, affordable early care and education is thus essential to support families’ efforts to achieve economic self-sufficiency and the City of New Haven’s efforts to develop its workforce, alleviate poverty, and revitalize its neighborhoods. Increasingly, researchers, policy makers and providers are coming to understand what many families have known: that school readiness and workforce readiness are two sides of the same coin.

New Haven statistics show that improvement in both school readiness and workforce readiness need to be important priorities in New Haven, where too many students experience school failure in the early grades, disengagement in the middle grades, and significant dropout in higher grades. Despite extensive efforts to enhance the school experience and address drop-out prevention, only 22% of New Haven fourth graders met state mastery levels in reading in 1999 (compared to 55% for the state) and New Haven’s official cumulative dropout rate of 27.5% for the class of 1999 was among the highest in the state. Although substantial efforts and investment in early education and care are showing results in New Haven, there is room for improvement in the uniform applications of standards and in strengthening accountability to the community and funding agencies.

The returns on investment in early childhood programs have been documented. The Perry Preschool study demonstrated that investment in early care and education can save \$7.16 for every \$1 invested, due to decreased expenditures on special education, welfare, and crime and due to the resultant increase in productivity of the labor market.² Other long-term studies of Head Start and other programs have confirmed these positive returns.³

¹ References for data can be found in the text of the report.

² Barnett, W. S. (1996). *Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Program* (Monographs of the High/Scope Educational Research Foundation, 11). Ypsilanti, MI: High/Scope Press (summary of findings available at www.highscope.org)

³ *Into Adulthood: A Study of the Effects of Head Start*, by Sherri Oden, Lawrence Schweinhart, and David Weikart with Sue Marcus and Yu Xie. Ypsilanti, MI: High/Scope Press (summary of findings available at www.highscope.com)

MAJOR RECOMMENDATIONS

The Task Force makes the following recommendations:

- 1. Ensure access to high quality, early care and education for all children from ages 3 through 5 to prepare them socially, emotionally and cognitively for success in Kindergarten.** This will build on the substantial progress in the last four years in expanding the School Readiness, Head Start, and New Haven Child Development Programs to serve a total of over 2,000 children.
 - a. Expand the successful School Readiness Quality Enhancement Program that provides training and technical assistance to child care centers. The goal is to achieve NAEYC Accreditation for all centers to ensure a consistently high quality of care.
 - b. Expand the School Readiness Program to serve an additional 700 children with full-day programs through Head Start and community-based center providers.
 - c. Support the development of additional preschool classrooms in schools through the School Construction Program (14 classrooms in 7 schools creating 280 spaces planned), in Housing Authority developments (7 developments identified with potential for 300 spaces), and at other community-based sites (several sites in planning).
 - d. Expand the number of licensed or trained home-based childcare providers by at least 125 to serve an additional 435 children age 3-5 over five years
 - e. Support and expand capacity of centers and both licensed and informal home-based child care providers to serve children during non-standard hours.
 - f. Expand Family Resource Center programs and other family support efforts to provide all parents and home-based care providers with access to a full continuum of education and supportive services.
 - g. Pursue additional State funding through School Readiness, CCAP, and child care center programs to cover the real costs of quality care, including higher salaries for trained teachers.
- 2. Ensure that children from birth to three have expanded access to early care and a continuum of services to support their healthy development.**
 - a. Expand the School Readiness Quality Enhancement program to provide additional training and technical assistance to home-based providers in areas of child development, health, and education.
 - b. Expand the number of licensed or trained home-based childcare providers by at least 125 to serve an additional 190 children age 0-3 over five years.
 - c. Expand the capacity of Centers to serve an additional 400 children from birth to three over a five-year period.
 - d. Expand Family Resource Center programs and other family support efforts to provide all parents and home-based care providers with access to a full continuum of education and supportive services.
 - e. Increase state subsidies through CCAP program to make home-based care economically feasible.
- 3. Pursue a State legislative and administrative reform agenda to ensure that the following five items are addressed**
 - a. Implement the new CCAP rates, as recommended by the Connecticut Department of Social Services;
 - b. At least double Quality Enhancement funding from the current base of \$236,000;
 - c. Expand School Readiness Program funding to serve 700 additional children;

- d. Expand the HUSKY Plan to provide health insurance to low-income childcare providers (including those without children);
 - e. Streamline the licensing process and provide additional licensing support to providers, particularly home-based care providers; and
 - f. Implement strategies to increase pay for qualified teachers.
4. **Expand the role of the New Haven School Readiness Council to implement this plan and drive effort to create a unified early education and care system, assuming the functions of the Early Childhood Commission.** The new Council would be appointed by the Mayor and Superintendent and include representatives from the City, the Board of Education, the State of Connecticut, the Community Foundation for Greater New Haven, child care providers, business leaders, and parents of preschoolers. This will require a new City Ordinance detailing the powers of the new School Readiness Council, including those now held by the Early Childhood Commission, and providing that a majority of the Council would be New Haven residents. Specific steps include:
- a. Provide additional resources to expand staff of School Readiness Council to undertake these new responsibilities, including ensuring accountability of all funded child care providers.
 - b. Establish a Funding Collaborative that will secure resources from federal, state, foundation, and other private sources to support the work of the Council and address funding needs of early care and education in New Haven. One example is the pursuit of Early Head Start funds to serve children ages 0 to 3.
 - c. Integrate the New Haven Child Development Program with programs administered by the Board of Education and upgrade the quality of services with particular attention to staff training, qualifications, and compensation; facilities; programs; accreditation; and funding.
 - d. Engage the private sector in addressing the child care needs of employees and the community by creating a public/private partnership, led by a member of the Chamber of Commerce and a liaison to the City of New Haven. Determine concrete ways in which providing child care can benefit employers. Collaborate with the School Readiness Council to provide technical assistance to businesses trying to open child care centers or take advantage of tax benefits. Launch a campaign to promote family-friendly employment policies and implement policies that support families in meeting their child care needs.
 - e. Collect data to evaluate programs to ensure achievement of quality standards and program outcomes (school readiness) by programs funded through this initiative.

PROGRESS TO DATE

In its examination of New Haven early care and education, the Task Force found that several local initiatives are making significant strides in the New Haven early care and education arena.

- **New Haven School Readiness Program** has reduced the unmet need for preschool substantially, bringing more than \$15 million into the New Haven Community since 1997 and serving almost 800 children through 23 preschools. School Readiness also has made strides in both home-based and center-based care in the areas of staff training, quality enhancement, and supporting diversity in center-based care.
- **New Haven Board of Education Programs. The CAPS Program** provides support and early stimulation for families and children ages 0-3 who are at risk of developmental delays. **Family Resource Centers** in four schools offer a range of programs to engage parents in their children's education.
- **New Haven Head Start** has expanded to serve 604 children in part-day programs and 411 children in full-day programs. Additionally, Head Start and Special Education pre-school programs will expand to accommodate over 400 additional children in seven new or renovated schools in the next five years through

the School Construction Program.

- **New Haven Child Development** has increased the number of spaces for infants and toddlers from 40 to 140. It remains one of the few center-based settings for infants and toddler care in the City.

These initiatives provide a rich base of experience and resources that the City can utilize in its further work in this area.

REMAINING CHALLENGES TO THE NEW HAVEN COMMUNITY

While the accomplishments of these programs have improved access to early care and education in New Haven, there is still work to be done. Only 40.2% of children that are estimated to need child care in New Haven⁴ currently have access to licensed care. The Task Force identified three key factors that seem to contribute to the gap between the need for quality early care and education and access to these services: program availability, program quality, and program affordability.

These three key findings are enumerated and explained below.

Program Availability

Only 10.8% of New Haven infants and toddlers and approximately 74.5% of New Haven preschoolers who require care outside the home currently receive care in regulated settings (see table at right).⁵ Additionally, complex and bureaucratic licensure and regulatory processes

discourage would-be childcare providers and early childhood educators from seeking licenses or expanding their business. Additionally, the cost of building and operating a licensable child care facility for children 0 to 3, either as a family home or as a center-based addition is a major challenge.

3 Key Factors That Affect Access to Quality Early Care and Education in New Haven:

- Program Availability
- Program Quality
- Program Affordability

Current child care programs in New Haven do not adequately meet the children’s, parents’ or families’ needs.

- New Haven parents articulate the need for greater choice and greater affordability in child care. Additionally, the array of programs and services that exist often remain inaccessible to families (a) because they do not offer childcare during flexible hours to accommodate ‘non-traditional’ work schedules, (b) because they are located in areas that are underserved by public transportation, or (c) because they do not have bilingual capabilities.
- Far too many children ages 0-3 do not receive the early support and stimulation that will enhance school readiness and success. Even the most resourceful parents report their inability to find any programs with 0-3 openings in New Haven.

Program Quality

While New Haven must ensure that there are enough spaces to serve the demand for childcare in New Haven, it is just as important to ensure that the available programs meet the highest quality standards. Currently, **there are not enough high quality programs in New Haven** to meet the demand for quality early care and education:

- While there is a licensing procedure to assure a minimum safety standard for licensed home care providers, there are no quality assurances across all home-based care settings.

Need for Early Care Among New Haven Children

	Infant/ Toddlers	Pre- schoolers	Total
Children	5,470	3,647	9,117
Percent requiring care outside the home	70.0%	90.0%	78.0%
Number requiring care	3,829	3,282	7,111
Number in licensed care, 2000	412	2,444	2,856
Est. % of those needing care served in licensed settings	10.8%	74.5%	40.2%

⁴ See Section II for an explanation of the estimated number of children needing early care and education in New Haven.

⁵ In this report, the term “regulated” refers to child care that is provided in licensed centers, centers that are exempt from licensing, and licensed family care homes. The term does not include informal (or unregulated and unlicensed) care.

- Approximately 76% of children ages 0 to 5 whose families receive CCAP subsidies are cared for in informal (unregulated) care, often because there is no other affordable alternative for these families.
- Of 65 centers in New Haven, only 23 (35% of all centers, 70% of school readiness-funded centers) are accredited. In 1998-1999, 59% of School Readiness classrooms were rated good or excellent and 41% were rated as having minimal or inadequate quality using the Early Childhood Environment Rating Scale (ECERS-R).
- New Haven Public Schools and the State of Connecticut have set curriculum standards to ensure developmentally appropriate instruction in center-based care. New Haven centers need to heighten awareness of these curriculum standards and consistently adhere to them.

Salaries for early childhood educators are too low to attract and retain qualified teachers, and benefits are often lacking. Additionally, centers have to compete with the K-12 education system, which offers higher salaries, benefits, and a family-friendly calendar to early childhood educators. Statewide and national movements are gaining momentum in their advocacy for compensation that is commensurate with experience and education. New Haven will be challenged to play a leading role in participating in and supporting these movements. Additionally, the Quality Enhancement Committee recently determined teacher qualifications for high-quality early childhood programs. New Haven faces the challenge of consistently meeting these qualification criteria in all center-based programs.

Program Affordability

Many families living in New Haven have few child care choices because they cannot afford the cost of quality childcare and preschool education. The cost of licensed, high quality early care and education ranges from \$8,000 to \$13,000 annually. Approximately 37% of New Haven households have an annual income of less than \$20,000, making quality child care unaffordable without subsidy. Public investment in early care and education amounts to over \$19 million in the current fiscal year. While most of these funds are used to subsidize early care and education on a sliding scale for these low-income families, these funds are not sufficient to cover the full cost of quality child care or of services for the number of children that need care.

- School Readiness and Head Start funding reach only a portion of those in need, and Connecticut Childcare Assistance Program (CCAP) reimbursements for childcare range from \$75 to \$140 per week, well below the cost of quality licensed care. Consequently, 76% of New Haven families receiving CCAP money place their children in lower-cost informal, unregulated care.
- CCAP, the state’s main program for subsidizing child care, serves 2,075 children ages 0-5 (only 35% of the estimated eligible children in New Haven).⁶ An estimated additional 3,851 children are eligible and could be served under this program if fully funded, of whom 2,547 are estimated to require out-of-home care. Burdensome application requirements and lack of awareness prevent eligible families from accessing these subsidies

Additionally, the current structure of subsidy programs creates separate systems for families of different incomes. School Readiness has attempted to address this disparity by enrolling 150 low-income children in private pre-school settings; however, there remains a two-tiered system of childcare in New Haven and greater effort will be required to address this issue.

BEST PRACTICES

The Task Force found substantial information and models to inform its response to these issues. Cities like Seattle and Chicago and states like North Carolina are leading the way with comprehensive initiatives to expand access to quality early childhood care and education services. Notably, the **City of Seattle** is leading the nation with a pilot project called **Project Lift-Off** that strives to create a system of early care, education, and out-of-school time activities that is affordable, easy to access, and highly effective.⁷ The **City of Chicago** is also expanding access to early care by building partnerships to support the development of young children birth to age five by coordinating services, holding forums, initiating pilot projects, and developing legislation to support

⁶ All families making less than 50% of the State Median Income for their family size (currently \$35,000 for a family of four – check) are eligible for a sliding scale of subsidies tied to income.

⁷ Full information is available on the Project Lift-off Web site, www.cityofseattle.net/hsd/projectliftoff/about.htm

facility and program improvement.⁸

Public-private partnerships are a common and critical element of effective early childhood education systems. Many communities and states across the nation have launched public-private partnerships to mobilize and focus local resources to address this challenge.⁹ In New Haven, the efforts of the School Readiness Council and the Board of Education in recent years provide a solid base from which to launch an expanded initiative to address these issues.

⁸ Personal phone conversation with Mr. Kevin Hannway, the contact for Chicago's Early Child Care and Education Plan.

⁹ See www.nccic.org/ccpartnerships/resource.htm and www.nga.org/pubs.

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I. Introduction

Mayor John DeStefano and Superintendent of Schools Reginald Mayo established the Mayor's Task Force on Universal Access to Early Care and Education in September 2000 to develop a plan to ensure that all New Haven children arrive at kindergarten with the skills, knowledge and support they need to be successful.

The 18-member Task Force drawn from the early childhood education community, city and state agencies, parents and the private sector set as its mission that "every child in the City of New Haven have access to quality, affordable early education and care and arrive at school with the skills, knowledge, and support that prepare him or her to succeed." The group, supported by a Resource Team of over 60 people with expertise in early childhood education and child development and family support, convened four times over the course of the fall, met in four workgroups to identify the issues and develop strategies, and held a public hearing attended by over 70 people to solicit input into the planning. City and Board of Education staff with technical assistance from Holt, Wexler & Farnam, LLP, collected and analyzed extensive data on the current state of early childhood education and care in New Haven and reviewed the national literature on the subject.

This report summarizes the findings and recommendations of the work of the Task Force. Section II presents the policy rationale for increased investment in early childhood programs. Section III is an overview of the current state of early childhood education and care in New Haven. Section IV summarizes the nine New Haven early care and education needs identified by the Task Force and Section V presents the recommendations for action.

The Task Force has adopted a "back to basics" approach in its work: based on the work of the School Readiness Council and the many experts in the field, we know what constitutes a quality early education and care program and we know the gaps in the current system. The challenge is to continue to build on recent successes to expand the quantity and quality of services in both Center and home-based settings and expand resources to support access to quality care by more families. This effort is an essential component of the overall community effort to improve school performance, attack persistent poverty, and improve neighborhood quality of life. Success will require the focused effort of an expanded, expert staff working toward clear goals and supported by a partnership of city, state, private, and philanthropic interests dedicated to this mission.

II. Policy Statement

A striking policy choice faces the City of New Haven as it enters the 21st century. The future workforce for the City of New Haven – just over 9,000 future employees, employers, and entrepreneurs – are now between the ages of birth and five years. They live in neighborhoods from Dixwell and Dwight to Newhallville and Fair Haven and extensive research demonstrates that quality child care will help them achieve personal success and become positive forces in New Haven's future. Even after significant public investments, however, the current early care and education system serves fewer than 8% of its infants and toddlers and less than 70% of its preschoolers.

Families must have access to quality, affordable early care and education with safety standards and quality assurances in order to achieve economic self-sufficiency and support their children's success in school. Adequate child care is essential to the success of the City of New Haven's efforts to develop its workforce, alleviate poverty, and revitalize its neighborhoods. Increasingly, researchers, policy makers and providers are coming to understand what many families have known, that workforce readiness and school readiness are two sides of the same coin. The City of New Haven and the New Haven community can choose today to launch and sustain a comprehensive, public-private effort to achieve the goal of school readiness for all of its children.

Improving outcomes for children is a high priority for New Haven, where, despite extensive effort, too many students experience school failure in the early grades, disengagement in the middle grades, and significant dropout rate in higher grades. Data is not available on the degree of readiness of children entering Kindergarten,

but later Connecticut Mastery Test scores suggest that many children arrive without the skills needed to succeed in school. Despite extensive efforts to enhance the school experience and address drop-out prevention, **only 22% of New Haven fourth graders met state mastery levels in reading in 1999** (compared to 55% for the state) and New Haven's official **cumulative dropout rate of 27.5% for the class of 1999 was among the highest in the state.**

In 1996-1998, New Haven's **juvenile crime rate** (2,185 per 100,000) **was 4.8 times the state level** and its **teen birth rate (18.7% of live births) was more than double the State level.** In the long run, too many of these children grow into adults who are equipped only for the most menial jobs and are thus not able to participate in the City's economic growth or acquire economic independence and security.

Positive Outcomes of Quality Child Care

From the moment children take their first breath, they enter a critical time in their development: the first five years of life have a decisive impact on brain development and cognitive functioning. Thus, quality early care and education during the first five years of children's lives can make an enormous difference in their cognitive, social, and emotional development.

Participation in quality early childhood programs can lead to immediate higher cognitive test scores, better kindergarten achievement, lower rates of grade retention, lower rates of special education placement, and higher rates of high school graduation.¹⁰ The National Institute for Child Health and Human Development (NICHD) Study of Early Child Care shows that quality child care is directly related to children's expressive language skills.¹¹ By the time children are in first grade, children from low-income families operate with 5,000-word vocabularies. In contrast, children from more affluent families enter school with vocabularies of 20,000 words.¹² Researchers attribute this difference to varying parental levels of education, a disparity in access to information, unequal abilities to afford quality child care, and two-tiered systems of childcare separated by socioeconomic levels.

All families must have access to care that is provided by quality staff. Vandell and Wolfe show that well-trained and well-compensated staff plays a significant role in producing positive outcomes. Vandell and Wolfe found that when staff are better-educated, better-trained, and better-compensated, children have enhanced language skills, perform better on standardized cognitive tests, and are more persistent in completing tasks.¹³

Substantial research also shows that children are affected by their environment as soon as they are born. Thus, school readiness efforts must begin at birth to address children's needs during a substantial and critical period of growth and development in order to achieve the full positive impact of quality pre-school age care. In an innovative study testing the effects of quality care *from infancy*, the Abecedarian Project tracked 57 children from low-income families who received quality care through infancy, toddlerhood, and preschool years.¹⁴ The progress

Proven Positive Outcomes of Quality Child Care

- ↑ Cognitive test scores
- ↑ Language skills
- ↑ Achievement
- ↑ High school graduation rates
- ↑ Enrollment in 4-year colleges
- ↑ Age when first child is born
- ↑ Monthly Income

- ↓ Behavior problems
- ↓ Grade retention rates
- ↓ Special education placement rates
- ↓ Juvenile delinquency rates
- ↓ Likelihood of being arrested
- ↓ Need for public assistance

¹⁰ Barnett, W.S. 1995. *Long-term effects of early childhood programs on cognitive and school outcomes.* Future of Children, 5(3), 25-50.

¹¹ NICHD in Vandell, Deborah Lowe and Barbara Wolfe. May 2, 2000. *Child Care Quality: Does It Matter and Does It Need to be Improved?* Educational Sciences and Department of Economics Preventative Medicine, Institute for Research on Poverty, University of Wisconsin – Madison.

¹² Betty Hart & Todd R. Risley. (1995). *Meaningful Differences in the Everyday Experience of Young American Children.* Baltimore, MD: Paul H. Grookes Publishing Co.

¹³ Vandell, Deborah Lowe and Barbara Wolfe. May 2, 2000. *Child Care Quality: Does It Matter and Does It Need to be Improved?* Educational Sciences and Department of Economics Preventative Medicine, Institute for Research on Poverty, University of Wisconsin – Madison.

¹⁴ The executive summary of the Carolina Abecedarian Project findings is located online at http://www.fpg.unc.edu/~abc/embargoed/executive_summary.htm. The first publication on these findings is currently in

of these children was compared with the progress of 54 infants in a non-treated control group. The study shows that there were better test scores early in life, illustrating short-term gains. Through follow-up reports, this study found that children in quality early care settings demonstrated long term gains in IQ scores, mental health scores, reading achievement, and math success. Follow-up reports showed that children with early intervention in the Abecedarian Project were more likely to still be in school at age 21, were more likely to be attending a 4-year college, and were older than their comparable peers when their first child was born. Two other related studies demonstrate **significant long-term effects of investment in quality early care and education:**¹⁵

- Children in the Perry Preschool Project who received early intervention were less likely to have ever been arrested by the age of 27, earned almost double the monthly earnings of those of control group members (\$1,219 versus \$766), and were less likely to be receiving public assistance.¹⁶
- One-third more at-risk children who attended a quality early childhood programs graduated from high school than those that did not attend.¹⁷
- Children enrolled in the Chicago Child-Parent Centers had higher math and reading scores and by the age of 20, they were more likely to have completed high school, and they demonstrated lower rates of juvenile criminal activity than children not in the program.¹⁸

Cost Effectiveness of Quality Child Care

The research cited above has laid a solid base of evidence demonstrating that quality child care produces a more capable and stable workforce. Successful completion of job training is contingent on the availability and accessibility of stable, reliable, and safe child care. Additionally, higher quality child care may increase the stability of parental employment, assist the reliability of employee attendance, and enhance the productivity and the quality of employees' work.

Creating quality child care will make a stronger parental workforce now; it will also reduce costs down the line. Investing in child care now will lower costs for subsequent schooling, as children enter school with more preparation, and for social services. The returns on investment in early childhood programs have been documented. The Perry Preschool study demonstrated that investment in early care and education can save \$7.16 for every \$1 invested, due to decreased expenditures on special education, welfare, and crime and due to the resultant increase in productivity of the labor market.¹⁹ Other long-term studies of Head Start and other programs have confirmed these positive returns.²⁰

Studies show that quality early care will also result in reduced crime as juvenile delinquency diminishes, decreased need for social services in the future, and increased productivity as working parents face fewer child-related absences and remain more securely attached to the labor market. Additionally, it will improve children's cognitive ability, school readiness, and social behavior, saving large amounts of money in special education, in the criminal system, and for public assistance funds.

press: Campbell, Frances A.; Elizabeth P. Pungello, Shari Miller-Johnson, Margaret Burchinal, and Craig T. Ramey. Currently in press. "The Development of Cognitive and Academic Abilities: Growth Curves from an Early Childhood Educational Experiment." *Developmental Psychology*.

¹⁵ See Appendix K for a definition of quality care drawn from the work of the Quality Enhancement Committee of the School Readiness Council

¹⁶ Vandell, Deborah Lowe and Barbara Wolfe. May 2, 2000.

¹⁷ Lazar, I., et al, Lasting Effects of Early Education: A Report from the Consortium for Longitudinal Studies. Monographs of the Society for Research in Child Development (Serial 195) quoted in "Resource Paper: A Cost-Benefit Approach to Understanding Why Head Start is the Nation's Pride." On National Head Start Association web site at www.nhsa.org/govaff/costbenefit.htm

¹⁸ Vandell, Deborah Lowe and Barbara Wolfe. May 2, 2000.

¹⁹ Barnett, W. S. (1996). *Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Program* (Monographs of the High/Scope Educational Research Foundation, 11). Ypsilanti, MI: High/Scope Press (summary of findings available at www.highscope.org)

²⁰ *Into Adulthood: A Study of the Effects of Head Start*, by Sherri Oden, Lawrence Schweinhart, and David Weikart with Sue Marcus and Yu Xie. Ypsilanti, MI: High/Scope Press (summary of findings available at www.highscope.com)

Achieving these positive outcomes for all New Haven children will require a new way of organizing to meet the challenge led by professionals who can galvanize all the forces in the City around an aggressive early education and family agenda (see Section V. Recommendations).

III. The State of Early Care and Education in New Haven

A. Overview of Supply and Demand for Early Education and Care

What is the unmet need for quality, licensed early care and education in New Haven?

There are an estimated **9,117 children ages 0-5** in the City of New Haven, **5,470 children ages 0-3** and **3,647 children ages 3-5**.²¹ Of these children, it is estimated that approximately 5,926 (65%) of these children are eligible for current state subsidy programs.²² The Task Force acknowledges that not all families of the 9,117 New Haven children seek licensed child care for their children; some families may have the flexibility and the desire to care for their children themselves or to entrust the care of their children to relatives or family members. The Task Force estimates the demand for child care as follows:²³

- **0-3 estimated demand:** Approximately 70% of mothers with children under the age of six are in the workforce;²⁴ therefore, the Task Force estimates that there is a demand for quality early care and education for approximately 70% (3,829) of New Haven infants and toddlers. New Haven currently serves approximately 412 infants and toddlers in licensed care and 882 in subsidized unlicensed home care. Assuming that 30% of New Haven families are content to care for their children themselves or leave them in the care of relatives or friends, this delivers an **estimated demand for quality, licensed child care for 3,417 infants and toddlers**.

Of the 3,829 infants and toddlers that need care, 2,489 are estimated to be eligible for CCAP subsidies and 1,167 (47%) currently receive them, only 285 of which are in licensed settings. Thus, 2,204 CCAP eligible children require access to licensed care slots and an additional **1,322** infants and toddlers require subsidies to defray the cost of child care.

- **3-5 estimated demand:** The Task Force estimates that there is a demand for early care and education for approximately 90% of preschool-aged children, or 3,282 children.²⁵ New Haven currently cares for 2,390 in licensed care settings, leaving an **estimated gap of 892 quality, licensed child care spaces for preschoolers**.²⁶ The School Readiness Council has negotiated for 700 additional preschool spaces, and it is anticipated that the remaining 192 children will be cared for in the home-based care setting.

Of the 3,282 children ages 3-5 assumed to require out-of-home care, an estimated 2,371 are eligible for state subsidies.²⁷ Of the children eligible for state subsidies:

- An estimated 908 (43%) receive CCAP subsidies.
- 1,900 are served in a subsidized setting (70% in licensed settings and 30% in informal care).
- 234 eligible children who are eligible for subsidies do not receive any.

²¹ Number of children is based on the number of births in New Haven, as recorded by the New Haven Department of Health.

²² This calculation is based on the based on the estimated number of children in families with incomes below 50% of the State Median income (see Appendix F), which is slightly more than the 56% of New Haven school children meeting the lower standard of eligibility for free and reduced price lunch program (Connecticut Department of Education, Strategic School Profiles, 1999-2000).

²³ See Appendix G for detailed calculations of children requiring care and children eligible for subsidy.

²⁴ The Department of Health and Human Services' Administration for Children and Families *Report on Access to Child Care for Low-Income Working Families* documents that 67% of mothers with children under age six were employed in 1998. ACF also reports that 60% of the new entrants to the labor force between 1994 and 2005 are expected to be women (1998). These figures are supported by figures in the Children's Defense Fund publication *2000 Children in the States* (2000).

²⁵ This number is based on the need to provide universal access to early care and education to preschoolers, where New Haven must have the capacity to serve the number of children who have working parents plus an additional percentage who seek the social interaction and early education of licensed care.

²⁶ The 663 children ages 3-5 served in unlicensed home settings with state CCAP subsidies includes many of these children plus many of the children served in part-day Head Start and other pre-school programs.

²⁷ This number is based on 50% of State Median Income criterion (estimated at 65% of all children).

- 992 children served in subsidized Center-based programs are eligible for but do not currently receive CCAP, depriving these Centers of revenue required to support quality pre-school programming and/or putting extra burdens on families to meet program costs.

Thus, the 30% of children who receive CCAP subsidies and are served in informal care need spaces in licensed child care settings. Additionally, the Centers that serve **1,225** pre-school age children could be collecting CCAP funds to enhance program quality.

What are the current settings for early care and education in New Haven?

Currently, New Haven children are cared for and educated in four settings: informal (or unregulated) care, licensed family home care, group home care, and center-based care. Table 1 shows the estimated number of children that are served in each of the four settings. Table 1 does not include the considerable number of private informal care arrangements that do not involve public funds or regulation.

Table 1: Estimated Number of New Haven Children in Four Child Care Settings²⁸

Setting	# Infant/Toddlers (5470 in New Haven)		# Preschoolers (3647 in New Haven)	
Informal Care* Based on CCAP data	882	68%	463	16%
Center-Based Care Based on licensed center data	264	20%	2,317	81%
Family Home Care Based on CCAP data	130	10%	64	2%
Group Home Care Based on CCAP data	18	1.39%	19	0.66%
Total²⁹	1,294		2,863	

* Only includes subsidized informal care, not private market transactions.

Sources: DSS CCAP Data for New Haven April 2000, New Haven Board of Education, New Haven School Readiness Council.

Several findings emerge from this data:

1. Far fewer 0-3 year olds are cared for than 3-5 year olds, suggesting that there is a greater need for 0-3 care in New Haven.
2. Despite significant restrictions on data, it is evident that most of the existing care for children ages 0-3 is being provided in informal or unregulated home-based settings.
3. The lack of complete data in many child care settings presents the clear indication that data collection methods need to improve.

The number of children served in licensed child care settings has increased significantly in the last four years due to the enrollment of over 800 children in programs subsidized by the School Readiness Program; the expansion of full day Head Start classes to 411 children with state, federal and School Readiness funds; and the expansion of New Haven Child Development spaces for infants and toddlers from 40 to 140.

What and where are the critical gaps in quantity of service provision?

There are three critical gaps in quantity of service provision:

1. **There is a need to ensure quality care for infants and toddlers**, as illustrated in Map A (all maps are in Appendix B) where estimated supply and demand is depicted for each neighborhood.
2. As illustrated in Map B, **the challenge to meet the demand for preschool child care** is less daunting but nevertheless large. The challenge in this area will be to move more children from part-day to full-day

²⁸ The number of children served in informal and licensed family home care is estimated to be higher than these figures because these numbers only account for children who receive CCAP subsidy funding. If parents or providers do not enroll the children in the CCAP program, there is no formal record of their care. Additionally, it should be noted that the total number of children for whom we have information is estimated to be lower than these figures, because children are double-counted if they spend part of the day in center-based care and part in informal care. While this inflates the numbers in this table, it underscores an important consideration that families cannot rely on only one type of care in the current child care system due to space and staff limitations.

²⁹ Note: Totals do not add up to 100% due to incomplete data. Individuals may be double-counted if they are cared for in multiple settings (i.e. if a child attends a part-day center-based program and is cared for part of the day in informal care with CCAP subsidy money).

program slots and to create services to accommodate non-standard work hours and children with special needs.

3. **Fair Haven, Fair Haven Heights, the Hill, and West Rock³⁰ have the greatest gap between supply of services and demand for child care.** In order to provide universal access, child care must be geographically accessible to all families. Map C shows the current geographic distribution of home care providers that receive DSS subsidies and center-based facilities. The Task Force recognizes that families may prefer to enroll their children in child care that is removed from their residential neighborhood (for example, parents may prefer to enroll children in child care close to their work). However, the wide gaps between supply and demand in these four neighborhoods, as illustrated by all three maps, do suggest that efforts to increase the supply of child care should be focused in these four neighborhoods.

Resultant Early Care and Education Needs

The Task Force concludes that New Haven needs the following number of spaces in quality, licensed care to achieve its mission:

- To meet the policy goal of serving 90% of preschoolers, New Haven must be able to serve 3,282 children. The current capacity in licensed care is estimated to be 2,547. The School Readiness Council and the State Department of Education have negotiated a need for 700 new center-based spaces. The remaining 35 spaces should be filled in licensed family home care.
- To meet the policy goal of serving 70% of infants and toddlers, New Haven must have child care space for 3,829 children. The current capacity in licensed care is estimated to be 464. Therefore, 3,367 spaces must be created. To maintain a child care system that offers families choice, the Task Force suggests that approximately 1,650 spaces be created in center-based care and approximately 1,700 spaces be created through licensed family homes. Additionally, the Task Force wholeheartedly supports establishing a broad-spectrum response to the needs of infants and toddlers that includes health, social, and educational components.

B. Funding Early Care and Education

What is the cost of quality child care?

The National Council of State Legislators summed up the child care system's financial dilemma: "The central issue in financing child care is the tug of war among three competing factors: quality of services for children, affordability for parents, and compensation for child care professionals."³¹ Table 2 provides a range of estimates of the annual cost of child care by age group and type of care from the literature and local experience. Task Force members of the Finance Work group stressed that the cost of sustainable, quality child care must take into account local cost of living and input costs, rendering national figures inaccurate.

Child care providers stress that provision of quality care costs more per child than the average market cost based on surveys because centers and home-based providers are facing market pressure to hold down costs by eliminating program features and paying lower teacher salaries, both of which affect quality.

Projections of child care cost for quality center-based and licensed home-based care adopted for this plan are presented in Table 3. These were adapted from actual cost informants and data from the School Readiness Council, Connecticut Voices for Children, and the State of Connecticut summarized in Table 2 and take into account the desire to provide reasonable compensation to teachers.

Table 2: Estimates of Annual Cost of Care by Type

³⁰ While West Rock has a surplus of services for 3-5 year olds due to the Clarence Rogers School, it has the fourth highest estimated demand for infant and toddler care in New Haven.

³¹ National Council of State Legislators' Report, June, 2000.

Source of Information	Center-based Care		Family-based Care	
	Ages 0-3	Ages 3-5	Ages 0-3	Ages 3-5
National Council of State Legislatures ³²	\$9,000-17,000	\$6,000-9,000		
Infoline (ave. based on survey)	\$9,000	\$7,200	\$7,150	\$6,800
Self-sufficiency Report ³³	\$7,272*	\$7,896*		
Head Start Program		\$10,861 full day \$4,827 half day		
New Haven Child Devel. Budget, 2001	\$11,267	\$8,315		
Private Quality Center	\$13,380	\$11,220		
Current DSS CCAP Rates (non-welfare)	\$7,540	\$5,460	\$5,720	\$5,200
Proposed DSS CCAP Reimbursement (non-welfare)	\$9,932	\$7,904	\$7,280	\$7,280

Sources: National Council of State Legislatures, 2000; DSS; Infoline; Self-sufficiency Report; Local Survey

* Did not specify whether study assumed center-based or home-based care

Table 3: Approximate Annual Cost to Provide Quality Child Care in New Haven

Program	Ages 0-3	Ages 3-5
Center-Based Care	\$13,000	\$10,000
Licensed Home-Based Care	\$8,500	\$8,000

What can New Haven families afford to pay for child care?

The sliding scale rate structure used by the School Readiness Program and the CCAP program (Appendix E) establishes guidelines for what families should be expected to pay from their pocket for quality childcare based on family size and income in relation to State Median Income (SMI) (\$75,534 for a family of four). Families are required to pay between 2% and 10% of their gross annual income.

Eligibility for state-funded subsidies through the New Haven Child Development, School Readiness, and CCAP programs is based on this scale. Eligibility for Head Start is based on the Federal Poverty Guidelines (Appendix E).

The sliding scale fees for subsidized programs, all well below the market rate, range for example from \$260 per year (2% of gross income) for families of three making \$12,960 or less (20% or less of the State Median Income [SMI]) to \$3,172 per year, 10% of gross income, for a family making \$31,724 or more (50% of SMI).

Using 10% of gross income as an affordability guideline, a family would have to earn a gross income of \$130,000 to afford high quality, market-rate infant/toddler care (without accounting for the possibility of a family having more than one child in care). A family of four making \$56,651 (75% of the State Median Income) with children ages 2 and 4 in center-based care would pay 40.5% of their annual income for child care.

Approximately 37% of New Haven households (17,121 of 46,325) earned less than \$20,000 in income in 1998.³⁴ Many of these households are clustered in distinct neighborhoods within the Empowerment Zone,

³² Groginsky, S. et al, "Making Child Care better: State initiatives," National Council of State Legislators' Report, October, 1999.

³³ Pursuant to Public Act 98-169, the Connecticut Office of Policy and Management commissioned a study by a researcher at the University of Washington to recommend a **Self-Sufficiency Standard** for each region of the state. The study concludes that the federal poverty measure is too low to serve as a goal for family self-sufficiency and proposes a new standard that reflects several important changes. The Standard provides realistic and current numbers on which to base new policy standards. See Appendix D.

³⁴ Data from the Connecticut Economic Resource Center (1999).

including portions of Dixwell, Dwight, Fair Haven, the Hill, Newhallville, and West Rock. EZ neighborhoods ranged from 37.5% to 83.3% of households with incomes of less than \$20,000 (See Appendix D for listing by census tract). In another measure of income, 56.3% of New Haven public school students are eligible for free and reduced lunch programs.

- **What does a household income of \$20,000 mean?** The Connecticut Self-Sufficiency Study³⁵ maintains that a single parent must make \$41,964 to meet the needs of him/herself, a preschooler, and an infant/toddler. With an income of less than \$20,000, 37% of New Haven households are struggling to meet their basic needs by both national and statewide standards, and they will be unable to afford the cost of quality child care.
- **What kind of child care can this income afford?** According to the State of Connecticut and New Haven providers, quality child care for an infant and a preschooler costs approximately \$23,000 per year (a number that is greater than the annual income of more than 37% of New Haven’s residents). The Self-Sufficiency Study allots less – \$15,168 per year – for quality child care for a preschooler and a toddler. For a family making \$20,000, even this number would consume 76% of the family’s annual income.

The difficulty of affording quality child care under these economic conditions and the prevalence of these economic conditions in the City of New Haven **underscores the need for expanded child care subsidies** to achieve universal early education and care.

How does public funding help to finance early care and education?

Child care is financed through parent fees, child care tax credits, and public funding from a variety of sources. Non-profit centers also raise funds from philanthropic and individual sources to support their operations. The public funding sources that currently are available to subsidize the cost of early care and education are outlined in Table 4. Most of these subsidies are given directly to child care providers to pay for the services rendered.

Table 4: Overview of Primary Public Funding Sources to Subsidize Cost of Early Care and Education

Program	Family Eligibility Determination	# New Haven Children with Subsidized Care	Subsidy Coverage	Funding in 2000-2001
Child Care Assistance Program (DSS)	Family income is below 50% of State Median Income (SMI)	2,075	Acc. to CCAP table of rates ³⁶	\$5.3 million
School Readiness Program (DSS and State Dept of Education)	Sliding fee scale ³⁷	850	Up to \$7,000 per space annually	\$4.6 million
Head Start (Health and Human Services)	Family income is below poverty level	1,015	Entire cost	\$6.6 million ³⁸
New Haven Child Development Program	Family income is below 75% of SMI & parents are actively employed	430	Acc. to DSS Fee Schedule	\$2.6 million ³⁹
Special Ed. Preschool (Bd of Ed)	Developmental assessment	Not available	Entire cost	Not available
Private Employers	Employees	Not available	Varies by employer	Not available
Total for available figures		4,370 (with some duplication)		\$19.1 million

Sources: DSS Document “CCAP Utilization by Town” (April 2000) for New Haven Infants & Toddlers and Preschoolers, New Haven School Readiness Council, New Haven Head Start, New Haven Child Development, New Haven Board of Education

In 2000-2001, approximately \$19.1 million in public funds will enter the New Haven child care system through public funds. To put this number in perspective, the total cost of child care for all children eligible for subsidy at

³⁵ See **Self-sufficiency Standard**, Appendix D

³⁶ See Table 4 for these tables.

³⁷ See Appendix E for sliding fee scale detail.

³⁸ Head Start funds includes 419,000 in State funds and \$724,000 in Board of Education funds.

³⁹ The figure for New Haven Child Development does not include \$528,000 in parent fees.

the annual costs required to support quality care would be approximately \$53.7 million based on the estimates described above in Section 3.A.⁴⁰ For the 3,121 children currently served in subsidized child care in New Haven, this averages **\$6,216 per child per year**. Although not all of child care will be fully subsidized by public funding, these figures underscore that in order to provide quality child care to 70% of infants and toddlers and 90% of preschoolers in New Haven, **additional funding sources will have to be identified and tapped to ensure that child care is financially accessible to all families.**

CCAP: A funding issue that demands public attention and requires immediate action

In the State of Connecticut, the only public subsidy that can be used for licensed family home care and informal care are the subsidies that come from the Connecticut Department of Social Services, through the **Child Care Assistance Program** (commonly referred to as CCAP).⁴¹ Under the current system, CCAP will pay providers up to a maximum weekly payment. This maximum payment rate depends on several factors, including number of hours working per week; family status as TFA recipient, Transitional, or Non-welfare; and financial need. The current rate system is highly criticized for its failure to reward licensure, its inadvertent tendency to encourage families (especially low-income families) to opt for unregulated care, and rates that are inadequate to supply quality care. DSS/CCAP has proposed a new maximum weekly payment structure. The new rate structure has been approved, but has not been implemented due to the State cap on spending. Both the current and proposed rates are compiled in Table 5.

**Table 5 Current and Proposed Maximum Weekly Payment Rates
for Full-Time Care Providers in the South-Central Region**

Care Setting	Informal Care Rates		Family Home Care Rates		Center-Based Care Rates	
	Current	Proposed	Current	Proposed	Current	Proposed
Infants/Toddlers						
TFA Recipients	\$75	\$83	\$75	\$140	\$75	\$191
Transitional	\$140	\$83	\$140	\$140	\$185	\$191
Non-welfare	\$85	\$83	\$110	\$140	\$145	\$191
Preschoolers						
TFA Recipients	\$75	\$83	\$75	\$140	\$75	\$152
Transitional	\$122	\$83	\$131	\$140	\$122	\$152
Non-welfare	\$75	\$83	\$100	\$140	\$105	\$152

Source: DSS CCAP

The revised rate plan that was scheduled for FY2001 implementation makes several important revisions to address many of the current concerns:

1. The new rates create a reasonable rate distinction between center-based, licensed family home, and informal care, reflective of the relative real costs.
2. The new plan offers equal rates to TFA recipients, Transitional families, and Non-welfare families.
3. The new rates pay a greater amount for infants and toddlers in center-based care, offering a solid incentive to provide this service (centers, especially, are reluctant to provide the service of the substantially higher costs associated with providing quality infant and toddler care).

It is clear that the implementation of this new rate scale would dramatically address several of the problems that the Task Force sees with informal care. **They were slated to be adopted by July 1, 2000; however, they have not yet been implemented.**

⁴⁰ See Appendix G for detailed calculations on eligibility. This number is based on 2,489 eligible infant/toddlers at \$13,000 per year and 2,133 eligible pre-school children at \$10,000 per year.

⁴¹ CCAP is operated by Maximus, Inc. However, Connecticut DSS is responsible for setting child care policy and overseeing CCAP operation. See Appendix F and DSS publications for further information.

Other Sources of Funding

Issues with the other main sources of funding for child care and education listed in Table 3 are that there is not sufficient funding to provide services to the number of children that require them.

- The **Head Start** program is seeking to move all its 604 part-day program slots (compared to 411 full-day slots) to full day slots to better meet family needs and to expand the number of children served.
- The **School Readiness Council** is seeking an additional 700 funded program slots, increasing its program service capacity by almost 100%. They are also seeking an increase on the per-child reimbursement rate of \$7,000 that was set at the program's inception four years ago.
- **New Haven Child Development** funds their programs with a combination of parent fees, state subsidies, School Readiness funds, and City funds. Recent administrative changes in the State program allow the program to retain more of the parent fees and CCAP subsidies to support higher quality care.

Given the income of New Haven families and the City's goal of supporting the educational success of children from working families, expansion of these existing funding streams – particularly the CCAP subsidy funding – is an urgent priority. Additionally, creative blending of funding streams will allow the maximum choice for parents at all income levels.

The Board of Education has also committed over \$1.0 million in local funding as well to early childhood family support programs through the CAPS (Children and Parents Succeeding) and Family Resource Center initiatives, with the State and federal governments contributing \$600,000 to these efforts. These important programs require significant additional funding to reach more families with quality programming.

C. The Services

1. Home-Based Care⁴²

How many children are served by informal and licensed family home care?

In New Haven, at least 23% of all children ages 0-5 are served through home-based care.⁴³ Many of these children are in low-income⁴⁴ families that qualify for and receive subsidies for child care. Nationally, 28% of Child Care and Development Fund subsidy money paid to cover the costs of child care for low-income families goes to informal care providers (1999). In Connecticut, 72% of the CCAP subsidies are paid to the informal setting. The New Haven number – 76% – is even higher than the Connecticut average. (See Appendix F for CCAP Subsidy data).

These data raise the question why Connecticut parents – and even more specifically, New Haven parents – choose home-based care (and especially informal care) when the majority of the nation opts for center-based care? The

⁴² *Home-based care* is an overarching term that refers to child care that takes place in a home setting. There are two types of home-based child care that parents in New Haven use commonly: informal (or unregulated) care and licensed family home care (where providers must obtain a license and maintain minimum safety requirements in their home). See Appendix G for clarification of licensing requirements.

⁴³ There is no comprehensive method for determining the number of home-based care providers or the number of children served in home-based care, except for identifying the number of children who receive DSS subsidies. The total number of children served in informal and licensed family home care is estimated to be even higher than 23% because that is the number of children for whom DSS subsidies are paid; however, there may be many more children cared for in this sector who do not qualify for or receive subsidies.

⁴⁴ “Low-income” is defined by CCAP as a family whose income is below 50% of the State Median Income (SMI is \$75,535 as of July 2000 for a family of four; therefore any family of four with an income of \$37,766 qualifies for CCAP subsidies). Data is based on CCAP subsidy information. Although this does not account for all of the low-income children in New Haven, it offers an estimate of the percentage of low-income children that are enrolled in informal care in New Haven.

Task Force determined that in many cases, parents use home-based care not because they choose it, but because it is the only form of child care that is affordable and accessible to them.

Why do New Haven parents use informal & family home care over center-based care?

With at least 86% of New Haven CCAP infants, toddlers, and preschoolers being cared for in home care settings (either informal care or licensed family home care),⁴⁵ the Task Force sought to investigate why parents were using informal and family home care over center-based care. In response, the Task Force learned that many families had to put their children in informal care because there was **no center-based care available**. Infoline received 785 calls for infant and toddler child care and 470 calls for preschool care from January 1, 2000 to October 25, 2000.⁴⁶ Infoline personnel report that there is not enough center-based care and licensed family home care to satisfy this kind of demand. Although parents are interested in the quality assurances that are available in licensed programs, Infoline personnel report, the lack of availability and the lack of affordability of these programs cause parents to resort to informal, unregulated care.

Others cite a **lack of access to information** (or information in a language they could read) as a barrier to finding center-based care for their children. Other parents made a conscious choice to put their children in home-based care because the **centers did not provide certain services that they needed** or because they seemed to offer more **individualized attention** than care in other settings. One woman comments, “Yo soy en favor de home day care... Yo estoy segura que con lo que estoy aprendiendo en casa otoñal va a ayudar a llevar a estos niños lo que realmente necesitan: amor, compasión, salvedoría, ... a veces, es mas importante [trabajar] con pocos niños y darle lo mejor que tener muchos niños y no puede llevar [el cuidado] más importante.”⁴⁷ Some women cite that **bilingual capabilities** are often present in informal and family home care and often absent in center-based care. Finally, others commented that they could only **trust** relatives, friends, or neighbors for safety, convenience, and similar values and culture.

During the public meeting that the Task Force held on November 14, 2000, parents were very vocal in explaining why they use informal and licensed family home care instead of center-based care. Their reasons, corroborated by literature in the field, articulated three primary benefits of home care, enumerated and explicated below.

Primary benefits of home-based childcare:

1. **Flexibility:** Flexible hours of operation are important for many parents, especially those who work during the evenings, weekends, and on rotating shifts. This flexibility is crucial to parents in welfare-to-work programs and enables them to accept less “traditional” work hours. Flexibility in the number and ages of children served in a home-based child care setting is also important to many parents. If a parent has more than one child, he or she may need to enroll both children in the same program, a request that can be difficult for centers to satisfy. Because home-based care does not separate age groups, it eliminates the need for parents to find two spaces in the same center and eliminates the need for parents to coordinate between and transport their children to two child care locations.
2. **Affordability:** The affordability of home-based care (particularly informal care) is especially important to low-income parents. While licensed family home care is generally more expensive than informal care, both are typically less expensive than center-based care if no subsidies are available. Thus, many parents choose home care for financial reasons. Additionally, some parents report that they prefer to use informal care so that friends and relatives can collect the subsidy money, keeping the payments and profits within the family.
3. **Accessibility:** Approachability: Parents often cite that center-based care can be intimidating, especially for parents who may have difficulty navigating complex systems, who may fear that they are being stereotyped in a center-based setting, or for parents whose first language is not English. Efficacy: Parents report that they

⁴⁵ See Appendix G.

⁴⁶ Infoline. *Service Requests for the Town of New Haven from January 1, 2000 to October 25, 2000.*

⁴⁷ “I support home day care... I am sure that what I am learning in Casa Otoñal will give the children what they really need: love, compassion, and intelligence... at times, it is more important to work with fewer children and give them the best than to work with many children and not be able to give them the care that is most important.” Translated by consulting staff.

are reluctant to take part in programmatic decisions in center-based care because they sense a rigid set of curriculum standards, schedules, and priorities; however, home-based care allows parents to make program suggestions directly with the provider and have a sense of effectiveness. Language: By selecting home care, parents may select a childcare provider who can communicate with them in their native language. This often allows parents to feel more comfortable voicing concerns and ideas, allowing them to become more active in their child's care without being self-conscious about their ability to speak English.

What safety and quality standards are assured in home care?

Although many parents at all income levels trust and even prefer home-based care providers due to the convenience and familiarity of their care, many other parents cannot afford to enroll their children in licensed home care or center-based care or there are no available spaces; thus, they have no choice but to have relatives or friends care for their children. With this in mind, it is important to look at the safety standards and quality assurances that are present in home-based care settings (both licensed and informal care). Informal care is, by definition, unregulated. In contrast, family home care ensures some degree of safety due to the licensure process. Appendix G summarizes several key safety differences that licensure creates between informal care and licensed family home care.

Quality questions:

The lack of regulation in the informal care sector means that the homes in which care is provided may be unsafe. Additionally, providers may lack formal child care training and activities may not be designed to promote positive development for young children. In one study of homes in the early 1990s, one researcher found that 42% of homes used for informal care had significant safety problems (such as peeling paint, uncovered outlets, and dangerous objects in reach); only 42% homes had books; and only 1 in 4 toys was educational.⁴⁸

At the present time, licensed care providers satisfy minimum safety requirements, but have no uniform program quality standards or measures. However, many organizations, such as the **Department of Health**, are disseminating information to providers to help them improve the quality of their individual program. Other programs offer quality rating scales so that family care providers can assess their own programs and make adjustments to improve the quality of their care.⁴⁹ It should be noted that there are several disincentives to becoming licensed, including costly fees that are required for licensure.



In New Haven, local organizations such as **All Our Kin**, **ACES**, and **Casa Otoñal** provide direct support for family home care providers and form a professional network for licensed family home care providers.

Local programs such as All Our Kin, ACES, and Casa Otoñal are in direct contact with providers and often serve to link providers with training opportunities (for example, through **Connecticut Charts-A-Course**), business enhancement opportunities (for example, through the **Regional Business Resource Center**), and enhancement of physical space with micro loans to improve child care facilities (for example, through the **Connecticut Community Investment Corporation**). These programs work to link family home care providers with new information, training opportunities, and a professional development network. The combination of these resources and efforts have created a core group of licensed home care professionals who are adamant about providing quality programs for their children.

With safety requirements, with a core group of individuals who are interested in quality concerns, with the flexibility to provide care at “non-traditional” hours in a home environment that appeals to many parents, **licensed family home care could have an important place in New Haven child care.**

⁴⁸ Pine 2000. Also, it is important to note that despite these health and safety risks, Butler found that 92% of the children were physically well cared-for.

⁴⁹ The Family Day Care Rating Scale (FDCRS), adapted from the Early Childhood Environment Rating Scale for center-based care, is one such rating system that may be used to assess a family home care environment.

What are the current challenges facing home care providers?

1. Long hours, low pay, and few benefits

Both the Connecticut Department of Social Services and Infoline have recently reported that the number of licensed family home care providers has dropped dramatically in the past two years.⁵⁰ According to DSS and Infoline, the attrition can be attributed partially to the healthy economy. The economy has produced a greater number of jobs that are higher-paying, provide benefits (in particular, health insurance), and require shorter hours, giving family home care providers more attractive employment options. In addition, the current CCAP/DSS reimbursement scale does not encourage unlicensed providers to become licensed.

2. Underutilized resources and lack of community supports.

There is an extensive list of resources that are available to family home care providers detailed in Appendix G. Greater numbers of providers should be encouraged to utilize them. Beyond these resources, however, there is a need for more in-home technical assistance and supports such as in-home assessments of children with problem behaviors or developmental issues and community-based centers where home-based providers can go to access learning resources and group play experiences for the children in their care.

3. Decreasing preschooler enrollment in family home care, preventing the profession from being economically viable

The growth of the School Readiness initiative inadvertently seems to have caused families to shift their preschoolers from family day care to centers that have School Readiness funding. In recent years, New Haven has seen a declining demand for preschool care in the home-based care system. Family home care providers cannot attract enough preschool-aged children to fill their programs to capacity. At the same time, there is a high demand for 0-3 care in the home-based setting; however, by law, licensed family home care providers can only care for two children under the age of two at any given time. Thus, the financial viability of the home business is limited by an inability to attract 3-5 year-olds and the providers' effectiveness as child care professionals is restricted by their inability to accept more than two children under the age of three.

Some organizations, Infoline for example, suggest that licensed care providers should hire a Department of Health-approved assistant. With an assistant, a provider can enroll up to six infants in the program, filling it to capacity.⁵¹ Often, home care providers are reluctant to hire an assistant because they worry that the assistant's wage will detract from their personal profits. However, the additional capacity to care for infants and toddlers can raise a home care provider's personal income significantly, even after paying the assistant provider's wage.

Assisting family home care providers in hiring assistants would also be an exciting opportunity to encourage young people to consider the child care profession and create a mentorship program that would help assistants gain childcare experience and receive experienced guidance in the licensing process.⁵² If properly monitored, this system could contribute to the economic viability of the profession and encourage providers to stay in the home child care business; it would also help address the need for 0-3 care, plant seeds for a professional network in home-based care, and encourage providers to pursue professional development opportunities together.

⁵⁰ Department of Social Services, Division of Family Services – Child Care Team. 2000. *Child Care Team Transmittal CCTEAM-2000-22: Child Care Infoline Final Report. Program Period: July 1, 1999 to June 30, 2000.* October 2, 2000.

⁵¹ By hiring an assistant, the home-based care setting retains the 3:1 ratio that child care experts recommend for infant care in a center-based care setting and is within the maximum recommended group size of six to eight infants. See Gilman, Elizabeth and Ann Collins. 2000. *Better Strategies for Babies: Strengthening the Caregivers and Families of Infants and Toddlers.* National Center for Children in Poverty.

⁵² The T.E.A.C.H. Early Childhood Project mentoring program may serve as a model. It was first instituted as a statewide initiative in North Carolina and provides educational scholarship opportunities for people working in regulated child care centers and homes. Participants receive scholarships to offset the cost of professional development. When T.E.A.C.H. participants reach their educational goals, they receive either a salary increase of three to five percent or a bonus for each contract period in which they participate in the program. The T.E.A.C.H. Project is currently being implemented or planned in eight states.

The Task Force strongly believes that home-based care is an important plank of the Early Childhood Plan. Many appealing aspects of home-based care – such as flexible hours, bilingual capabilities, accessibility, geographic location – are critical to meeting some families’ needs. If New Haven is going to retain this child care choice, it must take responsibility for creating quality standards in home-based care to ensure that this option provides quality child care. To improve the availability of home-based care to expand families’ choices and to improve the quality of home-based care, the Task Force recommends the following strategies:

1. **Expand Quality Enhancement efforts for Home-Based Care** to provide quality consultants to in-home settings, link home care providers with centers (as in the CAPS program), and help current quality home care settings expand to serve more children by providing technical assistance, resources, support, and additional training.
2. **Raise CCAP rates to increase the economic viability of licensed family home care as a profession**, creating a structure that encourages an increase in quantity of home care providers and expanding family choice of child care providers.⁵³
3. **Provide technical assistance to remove the barriers to family home care licensing** and encourage informal care providers to get licensed.
4. **Establish clear and consistent citywide and neighborhood-level linkages between home care and child care centers, health resources, provider training opportunities, and professional networks for home care providers** to create a multi-disciplinary approach to fostering physical, social, and developmental school readiness in a home-based care setting and to identify children with developmental or behavioral issues and get their families the help they require.

2. Center-Based Care

Approximately 2,573 children in New Haven ages 0-5 are served in center-based care.

Accreditation and Overall Quality

The School Readiness Council has invested considerable funds and time in improving the quality of programs.⁵⁴ Of the 65 New Haven center-based programs that currently exist, 23 (35% of all centers, 70% of school readiness-funded centers) are accredited by State-approved accrediting organizations and 15 (23% of all centers, 45% of school readiness-funded centers) are accredited by NAEYC.⁵⁵ Nine programs plan to be accredited by NAEYC in the next 2 years; otherwise, they will lose their School Readiness funding. Additionally, 5 programs meet Head Start accreditation criteria and 4 programs meet NEASC criteria.

In 1998-1999, 54 School Readiness classrooms were observed and rated using the Early Childhood Environment Rating Scale (ECERS).⁵⁶ According to this measurement scale, 59% of the programs were rated good or excellent (48% good, 11% excellent) and 41% were rated minimal or inadequate (39% minimal, 2% inadequate). There was also a strong correlation between high ECERS scores and NAEYC accreditation, as 82% of the NAEYC

⁵³ See Appendix F for current and proposed CCAP rates.

⁵⁴ See Appendix K for a definition of quality care drawn from the work of the Quality Enhancement Committee of the School Readiness Council.

⁵⁵ In New Haven, all programs that receive School Readiness funding must achieve either NAEYC accreditation, NEASC accreditation and Connecticut Standards Plus, Montessori and Connecticut Standards Plus, or Head Start Performance Standards within 3 years of initial School Readiness funding.

⁵⁶ The ECERS-R is a widely-used program quality assessment instrument. It is designed to assess group programs for preschool-kindergarten aged children. The scale consists of 43 items, ranging from interaction items (such as staff-child interactions and interactions among children) to curriculum items to health and safety items, culturally sensitive indicators, and the organization of space.

centers scored either good or excellent on the ECERS scale. Only 44% of the centers without NAEYC accreditation scored in the good to excellent range.

The New Haven Public Schools have developed an early childhood Curriculum Guide and Standards that establish a standard for pre-school curriculum based on state and national models and local practice. This is being implemented in all NHPS programs and recommended to all School Readiness funded programs.

Facilities

In New Haven, there are 65 centers providing child care, serving a total of 2,573 children ages 0-5. New Haven School Readiness Council has made strong strides in improving both the quantity and quality of facilities in New Haven. Since its inception three years ago, the **School Readiness** Council has supported local provider efforts to create 6 new facilities,⁵⁷ add 4 classrooms to existing facilities, transform 11 Head Start part-day classes to full-day, full-year classes, and equip 12 classrooms with School Readiness funds. These accomplishments have provided an opportunity for mixed income settings at several private centers. Additionally, School Readiness carry-over funds have been used to improve the playgrounds and classroom spaces of 13 facilities in New Haven. Finally, all School Readiness programs' playgrounds were evaluated using the ECERS scale and funds helped eight programs improve their outdoor play space.

Head Start has also dramatically expanded their programming to serve 604 children in part-day programs and an additional 411 children in full-day programs. Similarly, **New Haven Child Development** has increased their enrollment of infants and toddlers from 40 children ages birth to three to 140 children ages birth to three and becoming one of the only center-based care settings to consistently serve infants and toddlers.

The **City of New Haven** recognizes the need for additional facilities to expand service to meet the demand for preschool care in New Haven. Seven new school-based facilities are slated for completion in the next four years, as detailed in Appendix H. These schools will add an additional service capacity of 280 children.

The **Housing Authority of New Haven** has come forward to offer spaces in up to seven family housing developments at minimal renovation cost to accommodate small 40-50 child facilities according to the model of the New Haven Child Development program recently opened in Quinnipiac Terrace. Utilization of this space would accommodate up to 300 new children in locations that would be convenient to Housing Authority residents and support their employment.

Various community groups are working on developing new neighborhood-based facilities to meet this child care need. The **Local Initiatives Support Corporation (LISC)**, a national community development support organization, is providing technical assistance to a number of these efforts across Connecticut. Their assistance was instrumental in the development of the new Hill Center on Cedar Street.

There is still a greater need, however, for facilities serving children ages 0-3, for increased availability of technical assistance, and for ongoing quality assessment to ensure safe care and learning environments. Funding sources – such as Early Head Start and foundation support – need to be developed and quality enhancement funds must be available to conduct these assessments and make any necessary renovations.

Staff: Compensation and Qualifications

Nationally, the issue of provider qualification and compensation remains at the heart of the child care challenge. In recent years, several initiatives have taken shape on the federal level, indicating nationwide interest. For example, Head Start has implemented salary enhancements and provided expanding training possibilities for all employees. The reauthorization of the Head Start funds in 1998 provided for an increase in quality improvement funds, and they were primarily allocated to increasing staff compensation and providing for training

⁵⁷ The six new facilities include: Centro San Jose, Hill Parent Child Center, 2 New Haven Public Schools sites (Early Childhood Learning Center and Clarence Rogers Early Learning Center) as well as 2 YMCA sites (Howe Street and Crown Street).

opportunities.⁵⁸ Additionally, the Caregiver Personnel Pay Plan has been a recent federal initiative to increase compensation for military child care center providers⁵⁹ and the U.S. Department of Labor has begun a Child Care Development Specialist Apprenticeship Program to increase training and educational opportunities for center-based child care workers.⁶⁰ On top of these concrete programs, there is a rhetoric extending throughout the United States, driven by individuals such as Anne Mitchell, advocating for “worthy wages” and fair compensation for qualified early child care professionals.

The State of Connecticut and the City of New Haven have been increasingly interested in providing professional development opportunities to ensure that teachers are qualified, have current professional information, and are able to continue their education in the early childhood field. The State of Connecticut set minimum standards of education for primary providers, initiated several efforts to enhance training opportunities for child care providers through Connecticut Charts-A-Course, and created a scholarship fund to offer financial assistance to providers who seek further training. The State Department of Education also funds programs offering a three 3-credit courses at minimum cost for Connecticut early care and education providers.

At the City level, the School Readiness Council is sponsoring a 2-day training for program directors to work on program improvement plans. The School Readiness Council also has designed an 8-week Director's Seminar Series that addresses staff supervision issues and is working with program staff to enhance their abilities to promote literacy, develop creative and effective curricula, and establish family partnerships.

Despite the advances in enhancing the quality of child care staff, New Haven early educators recognize that well-trained and well-compensated teachers are essential to quality child care programs. Ideally, all center-based staff should to be paid at levels that are parallel to teachers in the public school system. Training opportunities need to be advertised, financially supported, and encouraged.

Parent Involvement and Comprehensive Services

The goals for center-based care in New Haven are to be family-centered; provide high quality, developmentally appropriate programs for children; and offer comprehensive services or links to services that families need to nurture and support their children’s growth and development.

Programs such as the Board of Education’s Family Resource Centers offer an array of information, services, and assistance to families seeking these materials. Additionally, in the centers themselves, child care providers are encouraging parent involvement in the formation and assessment of curriculum standards and by communicating with parents through new methods, including School Readiness Council brochures.

The School Readiness Council is also working to provide coordinated, comprehensive services to all children enrolled in early care and education programs. Efforts are evidenced by the presence of a School Readiness Education Coordinator, who works intensively with eight centers at the present time, and the multidisciplinary teams (with occupational therapists, physical therapists, speech therapists, mental health care providers, social workers, and health care personnel) that provide on-site consultation to several New Haven centers.

Diversity

The School Readiness Council has taken great strides in the last three years in improving New Haven's economic integration of preschool children by funding 150 new spaces in programs to serve low-income children. The result is a step toward eliminating the two-tiered system in existing private or non-profit centers that tend to be segregated by race and class. However, there is much work to still be done in this arena.

⁵⁸ Center for the Child Care Workforce.

⁵⁹ The Caregiver Personnel Pay Plan is an ongoing system-wide effort to link training to increased compensation in Military Child Care centers. In this plan, entry-level staff receives increased compensation after completing a required training program and demonstrating developmentally-appropriate practices. Staff with CDA credentials or associate or bachelor degrees can also increase their compensation by taking advanced training.

⁶⁰ One of the primary goals of the Care Development Specialist Apprenticeship Program is to increase participants’ compensation. Although procedures and requirements are determined by each state, the Bureau is currently planning to expand the initiative nationwide. The program currently operates in 19 states.

One primary reason why many parents do not enroll their children in center-based care is because of communication difficulties that arise if centers do not have bilingual capabilities. To encourage diversity in center-based settings, centers require support and effective leadership to 1) Ensure that policies, procedures, and practices reflect true acceptance of multiple cultures, 2) Encourage staff to recognize the value of having a diverse student population, 3) Create multiple diverse options for comprehensive care to ensure that different cultural groups will have at least one choice with which they are comfortable, and 4) Utilize parents and community leaders as valuable resources for information about cultural diversity.

Center-Based Care Recommendations:

The current quality assurances that are in place in centers and the qualifications of the staff meet many families' needs. To improve the availability of center-based care to expand families' choices and to improve the quality of center-based care, the Task Force recommends the following expansionary and innovative strategies:

1. **Expand Quality Enhancement funds** to assess and renovate existing facilities, to encourage staff development and education, to facilitate accreditation, and to enhance the programmatic quality of center-based care. This will require systems to collect more and better data on program quality factors and child assessment.
2. **Fund new facilities** to expand New Haven's center-based care service capacity, particularly those to be located on Housing Authority sites. With the adoption of the CCAP rates, it will be easier to focus on infant and toddler care in centers.
3. **Create links with local universities**, encouraging communication between providers and higher education systems in the New Haven area to promote professional development and further training opportunities.
4. **Establish links with the private sector**, encouraging communication between employers and employees in identifying the demands of working parents and engaging the business community in helping New Haven meet its child care challenge to enhance the productivity of the current work force.

3. Comprehensive Services and Family Support

The best early care and education programs – center-based or home-based – are those that care for and educate the whole family. The most effective programs realize that children are embedded in a complex environment, and giving children the best early care and education possible often requires providing families with support and educational resources to help them cope with challenging tasks before them. As the Family Resource Coalition states, “Family support involves nurturing and protecting children by nurturing and protecting the families who are responsible for those children’s care.”

New Haven currently has a three-fold approach to family support:

1. **Support families directly** through programs that directly meet families' needs, such as before- and after-school programs, wraparound child care, housing and job search assistance, clothing and food coordination, parent support groups, adult education programs, and home visits by outreach workers.
2. **Strengthen the communities that are made up of those families** through parent leadership training and teaching parents to advocate for their children.
3. **Strengthen the organizations that provide services to the families and communities** through creation of collaborative networks, training of outreach workers, and provider support groups.

Appendix I details many of the primary organizations that contribute to the family support approach in the New Haven region. Several organizations specialize in directly supporting families; others specialize in empowering

parents to take on a stronger role in the community. The New Haven Board of Education has a strong commitment to family support through the comprehensive services provided through the Head Start program, the Special Education pre-school program, the Family Resource Centers in four schools, and the CAPS (Children and Parents Succeeding) program which provides direct support and educational enhancements for parents of children ages 0-3. These programs have shown great success in addressing family issues in creative ways with very limited staffing and resources. Due to resource constraints, however, these programs can only reach a small fraction of the families and children that could benefit from these services.

In order to provide care of the highest quality, New Haven must undertake a bi-fold approach:

1. **Expand and enhance the programs that currently provide effective family support.** School-based Family Resource Centers have developed strong connections with parents and offered many quality programs to enhance parents' roles in their children's education, but the budgets for these and similar efforts are very small (\$100,000 in state funding per center), limiting the staffing and salaries. While efforts should be made to integrate programs and ensure that current resources are used most effectively, outreach to more families and building more effective and extensive programming for them will require creative partnerships and increases in resources. There is also a need for better data on program activities and outcomes to support program expansion.
2. **Coordinate the goals and efforts of the various organizations that provide family support** – including early care and education providers (home-based and center-based), outreach workers, health workers, libraries, religious centers – to optimize the various approaches to family support to create a cohesive, collaborative network of family support options for parents and families. Coordination should draw on the best practices, such as the Celloto center that provides comprehensive family, support, and child care services to teen parents.

The development of a more conscious network of agencies to support improved practice, greater collaboration, and planning could bring real benefits to New Haven. Home-based care providers and center-based care providers can collaborate to identify the best methods of sending information home with children that parents will read and use. Communication between before-school, in-school, and after-school care providers would provide a cohesive plan of family support and avoid duplication of efforts and contradictory messages. Additionally, communication between child care providers and health care workers might result in more effective preventative care. **The network would have additional value in that it could come together to seek additional funding for service enhancement or evaluation.**

In addition to building the collaboration and infrastructure for collaboration, the family support effort must take on two special considerations: a) **meeting the needs of children with special needs** with particular attention to family support and the necessity of comprehensive services, and b) enhancing the **role of employers in creating family-friendly workplaces** to support families.

Needs and Services for Children w/Disabilities

Over 13% of enrolled school-age children in New Haven have a recognized disability, according to the Connecticut State Board of Education.⁶¹ Specific data for children ages 0 to 5 is not available; however, this figure underscores the need for deliberate consideration of the special needs of children with disabilities. Additionally, it is known that in New Haven, a desperate need is for **full-day programming** for working parents of children with special needs.

Two organizations – the Learning Disabilities Association of America and the Division for Early Childhood of the Council for Exceptional Children – have formed program guidelines to help programs and parents recognize the ways in which higher quality care can be provided to meet the special needs of some infants, toddlers, and

⁶¹ CT State Board of Education. Division of Evaluation and Research – Data Central. “District Prevalence Rates of Students with Disabilities 1993-1999.” http://www.csde.state.ct.us/public/der/datacentral/crdt/crdt_frameset.htm

preschoolers. Both organizations stress that caring for the children is not enough: **child care settings also need comprehensive services that educate and support families.**

The Learning Disabilities Association of America has published guidelines for families who are trying to select an early childhood program for their special needs child, indicating the components that are important in best practices. Top priority selection criteria include **well-trained staff** with specific skills in working with young children with special needs, **access to consultation services** with early childhood service and education professionals, and **methods for building partnerships with families.**⁶²

The Division for Early Childhood (DEC) of the Council for Exceptional Children concurs, recommending that special needs programs be **comprehensive, individualized, multi-disciplinary, and family-focused.**⁶³ The DEC emphasizes the use of Individualized Family Service Plans (IFSPs) and Individualized Education Programs (IEPs) to comprehensively assess children's needs and strengths, appropriately tailor interventions, and take family preferences, culture, and other circumstances into account.⁶⁴ DEC also promotes the development of certification standards for personnel who work with preschool age children with disabilities, coordinated and integrated services between agencies (as no one agency can meet all needs of the disabled child and his/her family), and the use of service coordinators (or service coordination training for families) to maximize utilization of available special needs services.

Thus, the Task Force determines that the early care and education programming must maintain the following criteria in mind while designing programs to create the optimal environment for all children, and particularly those with special needs:

- Child care settings with comprehensive services that educate and support families
- Methods for building partnerships with families
- Well-trained staff
- Access to consultation services
- Multi-disciplinary and individualized early care and education
- Full-day programming to assist parents in maintaining full-time employment
- Monitoring child outcomes of programs

Role of the Private Sector in Creating Family-Friendly Employers

⁶² Learning Disabilities Association of America. "Fact Sheet: Guidelines for Selecting Quality Early Childhood Programs." October 1998. From the website: www.ldanatl.org/factsheets/facts2.shtml.

⁶³ Division for Early Childhood. "Concept Paper on the Identification of and Intervention with Challenging Behavior." Council for Exceptional Children. October 1999.

⁶⁴ Division for Early Childhood. "Position on Services for Children Birth to Age Eight with Special Needs and their Families." Council for Exceptional Children. July 1998.

Leading corporations and local businesses are beginning to understand that family-friendly practices affect businesses in very positive ways and are taking steps to make their businesses family-friendly. At Fel-Pro, for example, new babies are greeted with a \$1,000 savings bond. Allstate, CIGNA, Corning, Glaxo Wellcome, Marriott, and NationsBank each recently opened a child care center either on-site or at a nearby site.⁶⁵ The Xerox Corporation recently expanded their child care programs to provide infants and toddlers child care, and they help more than 3,000 employees pay for child care. Johnson & Johnson is perhaps most innovative, with a new Family Child Care System with specially-screened and trained providers and a toll-free service that employees can use to get advice on child-rearing problems.

"Working families are good at juggling ... maintaining a household, caring for the kids, and doing a good job at work. But sometimes the ball drops. That's when a family friendly employer, and a caring school, can make all the difference, so that children receive both the care and love that they need."

*Madeleine M. Kunin
Former U.S. Deputy Secretary of Education*

When former U.S. Secretary of Education Richard Riley says, "In this [childcare] effort, good citizenship and good business sense converge... These business leaders understand that being family-friendly is not just the right thing to do but the smart thing to do," he refers to the documented advantages of having family-friendly practices in the workplace, some of which are detailed below:⁶⁶

- **Retention of professionals:** After investing the time and money in finding, hiring, and training good people, employers want people to stay on the job. Both accountable and hidden costs of staff turnover can be high, and family-friendly policies and benefits dramatically aid the retention of good employees.
- **Higher quality of work:** With quality child care options, parents and family members will be more comfortable leaving their children and better able to focus on their job. Additionally, with flex-time options, professionals may structure their schedule to work at times when they are most focused, allowing the quality of work and productivity to be higher.
- **Decline in absenteeism:** If companies provide sick-child care and back-up child care options, parents do not have to miss work on the days when their children cannot be cared for in their normal child care setting. Often, the cost of providing these child care services is lower than the cost of losing the employees' services that day.
- **Improved morale and loyalty:** Flexibility and understanding of professionals' personal needs allows employees to accept responsibility for their actions and use time-management strategies that correlate to their personal needs. Giving this responsibility to employees reinforces a trusting relationship.
- **Enhanced recruitment efforts:** Family-friendly policies and benefits allow companies to recruit and train some of the finest workforces in the area.
- **Positive public and community relations:** In creating relationships with child care centers in the community and subsidizing child care, the company portrays itself as key player in the community.
- **More qualified future work force:** Involving parents in the early care and education system and making it possible for parents to have both professional and personal lives will make better parents, create children with healthier development, and create a future workforce that is more qualified to achieve success.

⁶⁵ Working Mother Magazine, 1995 "100 Best Family-Friendly Corporations" Working Mother Spotlights Family Friendly Companies by Karen Mazzotta, *Child Care Bulletin* November/December 1995, Issue 6

⁶⁶ US Department of Education web site.

III. The Nine New Haven Early Care and Education Needs

1. **Greater Choice for Parents and Families:** New Haven parents and families vocalize their need for more choices and more quality child care. To provide this, New Haven must aim to increase the quantity of child care in New Haven and to improve the quality of child care. Additionally, to expand the choice in quality child care for New Haven children and families, quality child care options need to span private and public sectors and home-based and center-based care settings. Families and children also need more programs that have high value and encourage diversity and programs that are equipped with the staff and facilities to care for and educate children with special needs.
2. **Greater Attention to the Needs of Infants and Toddlers:** New Haven also needs to support a comprehensive approach to 0-3 care to respond to the health, social, and educational needs of infants and toddlers. Agencies serving families need to be organized into a network working closely with the community and families to 1) support improved health and developmental experiences for all children, 2) identify infants and toddlers with developmental or health issues, and 3) address those issues through diagnosis and treatment when required.

Expansion of care options must be a central part of this effort. Currently, there are an estimated 464 child care spaces for 5,470 infants and toddlers in New Haven. In order to provide universal access to early care, New Haven needs to serve approximately 1,651 infants and toddlers in new center-based care and approximately 1,715 infants and toddlers in new home-based care.
3. **Higher Quality Care:** Currently, there are minimum quality assurances in center-based care and quality enhancement funds for School Readiness centers. These assurances and resources need to be enhanced to establish consistent center-based care quality and facilitate further improvements. To improve the quality of home-based care, New Haven needs to set minimum quality standards, allocate quality enhancement funds for use in the home-based care setting, encourage informal care providers to seek additional training, and support them in this endeavor. For both settings, funds need to be allocated to support staff training, to increase staff salaries, and to provide child care and child development resources for providers.
4. **Expansion of Quality Enhancement Funds** to expand the purview into home-based care, provide quality consultants to in-home settings, assess and renovate as needed center-based facilities, adapt current programmatic components of center-based care to higher standards, develop training programs with local universities, and enhance staff qualifications and training.
5. **Higher Staff Salaries and Better Benefits to Attract and Retain Highly Qualified Staff** to care for and educate the children of New Haven.
6. **Expanded Comprehensive and Family Support Services** to support families as children's first teachers and provide them with the information and tools to do a good job. To ensure that the needs of New Haven children are met and to promote physical, emotional, and social school readiness.
7. **Implementation of the new CCAP rates** will help enhance the quality of all child care programs. Implementation will also aid in making family home care a viable business option and create an incentive to expand the current family home care spaces to create greater choices for families with young children. Finally, the higher proposed subsidy rates for infants and toddlers will encourage centers and home care providers to assist in meeting the need for infant and toddler care.
8. **Support from New Haven Employers to Create Family-Friendly Policies in the Workplace** to allow families to take part in their children's education and allow businesses to reap the economic benefits of a stable, contented workforce through enhanced recruitment efforts, higher retention of professionals, higher productivity of staff, decline in absenteeism, improved morale and loyalty of staff, positive public and community relations, and a more qualified future workforce.
9. **Data Collection** to effectively monitor the progress of these initiatives and to identify and target future areas of focus.

IV. Recommendations

Achieving the ambitious goals of this plan will require a concerted, community-wide effort and increased City, state and federal financial and policy support. The returns on investments in early care, in both financial and human terms, are substantial and proven. Our success as a community in achieving our goals will only be limited by our ability to present our case persuasively and apply our substantial community talents to effective implementation.

The Task Force makes the following recommendations:

1. **Ensure access to high quality, early care and education for all children from ages 3 through 5 to prepare them socially, emotionally and cognitively for success in Kindergarten (see Table 6).** This will build on the substantial progress in the last four years in expanding the School Readiness, Head Start, and New Haven Child Development Programs to serve a total of over 2,000 children.

- a. Expand successful School Readiness Quality Enhancement Program that provides training, technical assistance, and support to child care centers and home care providers.

The goal is to achieve NAEYC Accreditation for all Centers to ensure a uniformly high quality of care.

This will require an initial doubling of Quality Enhancement Program investment of \$236,000.

- b. Expand the School Readiness Program to serve additional 700 children with full-day programs through Head Start and community-based center providers.

This will require:

- o The **development of an additional estimated 35 preschool classrooms** in schools, through the School Construction Program; in Housing Authority developments; and at other community-based sites.
- o Securing additional School readiness Program commitments of at least \$4.9 million per year (using the current rate of \$7,000 per slot)

- c. Expand the number of licensed or trained home-based childcare providers by at least 125 to serve an additional 435 children age 3-5 over five years.

This will require expanded technical assistance and support for home care providers and implementation of new CCAP rates and other financial programs.

- d. Support and expand capacity of both centers and licensed and informal home-based child care providers to serve children during non-standard hours.

(see recommendation on increased Quality Enhancement Program investment under (a) above)

**Table 6
Summary of Plan Goals: Children Served**

Component	Current	Year Five Goal	% Change
Center-based Care			
Age 3-5	2,317	3,017	30%
Age 0-3	264	664	152%
Subtotal	2,581	3,681	43%
Home-based Care			
Age 3-5	200	635	218%
Age 0-3	230	520	126%
Subtotal	430	1155	169%
Total Served	3011	4836	61%
By Program			
School Readiness	790	1,490	89%
Full day Head Start	411	900	119%
NH Child Devel.	430	530	23%
CCAP Participants	2,075	3,342	61%

- e. Expand Family Resource Center programs and other family support efforts to provide all parents and home-based care providers with access to a full continuum of education and supportive services.

This will require

- o Securing additional federal, state, and private funds to support and expand the Family Resource Center programs.
 - o Connecting home-based providers and families to Family Resource Centers through outreach and programming
- f. Pursue additional state funding to cover the real costs of quality care and support efforts to increase salaries for trained teachers. This funding can be secured through several means:
 - o Implementation of the new CCAP rates
 - o Expansion of the child care grants now provided to New Haven Child Development
 - o Increase in the per-slot grant under the School Readiness Program
 - g. Provide one-stop assistance with all City approvals for centers and home-based providers.

2. Ensure that children from birth to three have expanded access to early care and a continuum of services to support their healthy development (see Table 6).

- a. Expand the School Readiness Quality Enhancement program to provide additional training and technical assistance to home-based providers in areas of child development, health, and education and enhancement of the capacity of Center-based and home-based providers to support families and make referrals to needed services (through training and professional development through the Family Resource Centers and other resource providers, information, enhanced technology, and additional staff resources)
- b. Expand the number of licensed or trained home-based childcare providers by at least 125 to serve an additional 190 children age 0-3 over five years.

This will require

- o Expanded staff at the School Readiness Office
 - o An initial doubling of Quality Enhancement Program investment of \$236,000 to include more resources for in-home technical assistance to providers
- c. Expand the capacity of child care centers to serve an additional 400 children from birth to three over a five-year period.
 - d. Expand Family Resource Center programs and other family support efforts to provide all parents and home-based care providers with access to a full continuum of education and supportive services.

(see recommendations under 1(d) above)

- e. Improved coordination of outreach efforts across programs to ensure that all parents and caregivers are aware of their child care and early education options and understand the importance of quality early care in promoting children's success;
- f. Support the establishment of an Early Head Start program for additional 0-3 care and parent support.
- g. Increase state subsidies through CCAP program to make home-based care economically feasible.

3. Pursue a State legislative and administrative reform agenda to ensure that the following five items are addressed

- a. Implement the new CCAP rates, as recommended by the Connecticut Department of Social Services;
- b. Double Quality Enhancement funding from the current base of \$236,000;
- c. Expand School Readiness Program funding to serve 700 additional children;
- d. Expand the HUSKY Plan to provide health insurance to low-income childcare providers (including those without children); and
- e. Streamline the licensing process and provide additional licensing support to providers, particularly home-based care providers.
- f. Implement strategies to increase pay for qualified teachers.

ORGANIZATIONAL RECOMMENDATION

4. Expand the role of the New Haven School Readiness Council to implement this plan and drive effort to create a unified early education and care system, assuming the functions of the Early Childhood Commission. The new Council should be appointed by the Mayor and Superintendent and include representatives from the City, the Board of Education, the State of Connecticut, the Community Foundation for Greater New Haven, child care providers, business leaders, and parents of preschoolers. This will require a new City Ordinance detailing the powers of the new School Readiness Council, including those now held by the Early Childhood Commission, and providing that a majority of the Council would be New Haven residents. Specific steps include:

- a. Provide additional resources to expand staff of School Readiness Council to undertake these new responsibilities.
- b. Establish a Funding Collaborative that will secure resources from federal, state, foundation, and other private sources to support the work of the Council and address funding needs of early care and education in New Haven. One example is the pursuit of Early Head Start funds to serve children ages 0 to 3.
- c. Integrate the New Haven Child Development Program with programs administered by the Board of Education and upgrade the quality of services with particular attention to staff training, qualifications, and compensation; facilities; programs; accreditation; and funding.
- d. Engage the private sector in addressing the child care needs of employees and the community by creating a public/private partnership, led by a member of the Chamber of Commerce and a liaison to the City of New Haven. Determine concrete ways in which providing child care can benefit employers. Collaborate with the School Readiness Council to provide technical assistance to businesses trying to open child care centers or take advantage of tax benefits. Launch a campaign to promote family-friendly employment policies and implement policies that support families in meeting their child care needs.
- e. Collect data to evaluate programs to ensure achievement of quality standards and program outcomes (school readiness) by programs funded through this initiative.

The Task Force recommends that the role and functions of the current School Readiness Council be expanded and reorganized to include responsibility for early education and care program development and monitoring for all children from birth to age five. This systems change

CURRENT ORGANIZATIONAL STRUCTURE

Currently, responsibilities for early childhood policy and programming are distributed across the City of New Haven, the New Haven Board of Education, and other public and private service providers and institutions.

- The **City of New Haven** runs the New Haven Child Development Program and administers various funds that can be used for early childhood programs (e.g. Community Development Block Grants, Social Service Block Grants, City General and Capital Funds). The City also has a strong interest in workforce development and poverty alleviation, policy areas which rely on a strong child care system for success.
- The **Board of Education** operates most programs targeting early childhood development, including Head Start, School Readiness (in partnership with the City), Children and Parents Succeeding (CAPS), Special Education Pre-school, and the Family Resource Centers.
- Non-profit organizations such as **Area Cooperative Education Services (ACES)** and the **Connecticut Children's Museum** have played a role in training and technical assistance for Center-based and Home-based providers. **Gateway Community College** and **Southern Connecticut State University** provide training to providers. Many private providers deliver child care services and technical assistance.

Policy and planning oversight in this area is provided by

- Board of Aldermen and the Mayor, who set policy and determine the appropriations for all City programs,
- Board of Education which oversees the work of the New Haven Public Schools, and
- School Readiness Council, which recommends policies and processes for the implementation of the School Readiness Council Program in New Haven and advises both the Mayor and the Superintendent.

The challenge facing the community is to convene these institutions and agencies through the new School Readiness Council and unite them in a partnership with clear leadership and direction to achieve a common set of goals for New Haven children and families. Some adjustments in roles may be required, but the main task is to ensure that:

- Roles and expectations of each partner are clear,
- Partners endorse the common set of goals and responsibilities,
- Partners are held accountable for the portions of the plan for which they assume responsibility, and
- The community is engaged in the process and receives regular reports on progress toward the goals.

PROPOSED ORGANIZATIONAL STRUCTURE

The reformulated **School Readiness Council** would be charged under a new City Ordinance with coordinating the implementation of this plan and advancing the vision for early care and education for New Haven. A majority of the members would be residents of the City. This Council would build the partnership to drive all systems involved with young children in a coordinated way to expand the quality and quantity of early care and education in homes and centers detailed in this plan, including working with other agencies to ensure interventions to address the needs of children at risk of falling behind in their development or health status.

This new partnership must include the City, the Board of Education, the Community Foundation for Greater New Haven and other local funders, major institutions involved in the issue, and the private sector. Partners, including the City, the Board of Education, and the Community Foundation, would be asked to provide additional resources to expand staff of School Readiness Council to undertake these new responsibilities. Major commitments to the Council partnership should be reflected in detailed Memoranda of Understanding detailing the program, policy, and financial commitments of each Partner and their commitment to the process.

The primary proposed functions of the reformulated School Readiness Council are as follows:

- **Prepare a long-term strategic plan and annual action plan for achieving the vision of universal access to quality care and education.** This plan will:
 - Articulate the vision for the community,
 - Set annual goals for expanding the availability and enhancing the quality of early care and education

- Propose mechanisms to coordinate systematic outreach to parents and caregivers of children ages 0-3 to identify and develop referral and follow-up plans for all children at risk of developmental delays or needing special care
 - Address the needs of specific neighborhoods.
 - Measure progress and assure accountability with good data.
- **Develop the capacity of the new School Readiness Council and the constituency for investments in early childhood programs** through:
 - Effective communication of goals, strategies, and results to families, teachers, and community members, and
 - Development of printed and electronic information that explains the role and functions of the School Readiness Council (e.g., accomplishments, explanation of quality improvement efforts)
- **Create an Early Childhood Funding Collaborative** that locates and secures creative funding for facilities, staff compensation, quality enhancements, subsidies, and floating funding. **The Funding Collaborative**, headed by the Director of the School Readiness Council, will work engage private and public sector leaders to secure grants and funding for renovation or construction of centers and home-based programs, obtain incentives for teachers to achieve educational goals, secure a livable wage and benefit package for child care professionals, secure new grant funding such as **Early Head Start** to serve children 0-3, and establish innovative strategies to address barriers to service provision. Schedule 1 summarizes the financial challenge, much of which can be met through expansion of existing funding streams and supplemented with new revenue and grant sources.
- **Design and implement an evaluation plan** that will assess the effectiveness of achieving the outcome goals.
 - Define readiness indicators and track outcomes, and
 - Reconcile the child-level assessment that will be used to measure school readiness.
- **Design an effective information-sharing system**
 - Gather effective data on readiness to create baseline and provide better feedback to programs,
 - Create a common, electronic reporting system,
 - Create reporting mechanisms to share information across city programs, and
 - Donations needed and volunteer opportunities.
- **Facilitate the licensure, accreditation, and support of early educators** who seek to establish center-based or home-based child care programs, including:
 - Establish a clear process for interested providers to start or expand a center-based or home-based child care program and help interested providers navigate this process,
 - Serve as an information clearinghouse to link providers with technical assistance, business planning programs, financing programs, professional development opportunities, and other provider support resources, and
 - Develop an Early Childhood Web Site to disseminate information and create an on-line community in support of early childhood providers.
- **Facilitate renovations or construction of centers and renovations of child care homes** through close coordination with assigned City permitting and licensing staff and by creating or providing access to financing and grant programs for this purpose. The Partnership would work closely with neighborhood-based efforts to locate sites for new centers in areas of high need.
- **Coordinate, expand, and hold accountable a network of effective technical assistance resource agencies**, charged to:
 - Work with centers and home care providers to offer developmentally appropriate curricula through provision of consultation and technical assistance in curriculum development,
 - Reach out to parents and caregivers of children ages birth to three to identify children at risk and develop a clear referral process to meet the needs of these children,

- Expand training capacity,
- Provide technical assistance for providers,
- Work to finance programs to support more providers, and
- Market to attract teachers and establish career ladders for home-based and center-based care.
- **Link** home-based and center-based care with community resources citywide and in neighborhoods.
- **Support local and regional efforts to advance a State legislative and administrative agenda** to support the plan.

The proposed Partnership should also include and support an **Evaluation and Standards Committee** that establishes minimum program standards for programs and staff, makes grants or subsidies contingent on meeting standards wherever feasible, and oversees an evaluation and monitoring process.

The new Council will be appointed by the Mayor and Superintendent and include representatives from the City, the Board of Education, the State of Connecticut, the Community Foundation for Greater New Haven, child care providers, business leaders, and parents of preschoolers. A majority of the Council would be New Haven residents. A new local ordinance which merges the functions of the Commission on Early Education and Care with the duties of the current School Readiness Council.

BUDGET

Increased funding from the major funding sources for early childhood education and care will be required to meet the program expansion and quality enhancement goals outlined in the plan. Most of the funds would come from expansion of existing federal and state programs. Additional funds will be sought from philanthropic sources, both foundation and corporate, and other programs.

For example, increasing the School Readiness slots from 790 to 1,490 and increasing the grant per slot modestly by 3.5% per year would increase the basic School Readiness grant from \$4.6 million to \$12.3 million. Expanding CCAP participation by 10% per year and implementing the new rate structure would increase CCAP investments from an estimated \$5.3 million currently to \$14.3 million in the fifth year.

Funding will also be required for expanded quality enhancement programs and for increased staff capacity for the School Readiness Council.

While significantly increased federal and state funding may be unrealistic in the current budget climate, these funding increases will be required to achieve the program expansion goals desired, and the amounts are reasonable in light of the offsetting cost savings, benefits, and improved educational and social outcomes for New Haven's children.

On the capital side, the major planned investment at this time is **\$8.67 million** in 14 new early childhood classrooms in seven schools. Additional schools will be added as a result of ongoing planning. The State is also making loan funds available through the Connecticut Educational Facilities Authority. These funds were used to assist in the construction of the new Hill Parent and Child Center on Cedar Street. Private philanthropic sources can be tapped for this purpose as well.

EVALUATION

This Plan includes benchmarks, outcome measures, and accountability mechanisms to gauge progress toward our goals. Responsibility for ongoing evaluation will rest with the reformulated School Readiness Council.