ASSURING SAFETY, HEALTH AND LEARNING IN EARLY CARE AND EDUCATION SERVICES

CCC

CITIZENS' COMMITTEE for CHILDREN
OF NEW YORK INC.

ASSURING SAFETY, HEALTH AND LEARNING IN EARLY CARE AND EDUCATION SERVICES

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Table of Contents

EXECUTIVE SUMMARY 5

METHODOLOGY 8

INTRODUCTION 10

A Brief History of State and City Initiatives
Child Care Administration and Oversight in New York City
Early Care and Education Programs

CENTER-BASED CHILD CARE: REGULATIONS AND FINDINGS 23

Staff Experience and Training
Health and Safety Oversight
Materials and Repairs

FAMILY CHILD CARE: REGULATIONS AND FINDINGS 29

Staff Experience and Training
Health and Safety Oversight
Materials and Repairs

FOCUS ON FAMILY CHILD CARE 33

RECOMMENDATIONS: BUILDING A SYSTEM THAT SUPPORTS QUALITY CARE 35

Strengthen the DOHMH Bureau of Day Care Infrastructure
Better Coordinate Interagency Operations
Identify Creative Ways to Address Workforce, Financing and Regulatory Issues

CONCLUSION 41

APPENDICES 42

Appendix A: Provider Permit Status
Appendix B: The U.S. Federal Food Program
Appendix C: Market Rate Comparison Chart
Appendix D: Center-Based Site Visit Questionnaire
Appendix E: Family Child Care site Visit Questionnaire
Appendix F: DOHMH Press Release

LIST OF TABLES

Table I. Child Care Oversight Funding 14
Table II. Child Care Wages in New York City 16
Table III. Child Care Regulations, Registration and Licensure....20
Table IV. Screening Requirements for Group Child Care Staff....23
Table V. Screening Requirements for School-Age Child Care Staff 25
Table VI. Group Child Care Staff Qualifications....26
Table VII. School-Age Child Care Staff Qualifications 27
Table VIII. Family Child Care Staff Qualifications 30
Table IX. Family Child Care Provider Permit Status as of July 2002....33
Table X. Family Child Care Provider Permit Status May 2003 – July 2003....34
Table XI. Family Child Care Provider Permit Status as of July 2002 – Complete Dataset 42
Table XII. Family Child Care Provider Permit Status May 2003 – July 2003 – Complete Dataset 42

LIST OF FIGURES

Figure I. Regulated Programs by Type of Care....12
Figure II. City and State Oversight Legislation....12
Figure III. Child Care Oversight Funding 14
Figure IV. Subsidized Child Care Slots by Type of Care 17
Figure V. Child Care Administration and Oversight....18
Figure VI. Group Child Care Licensure Process....24
Figure VII. Famiily, Group Family and School-Age Child Care Registration Process....32
Figure VIII. 2002 Family Child Care Permit Status....34
Figure IX. 2003 Family Child Care Permit Status....34

EXECUTIVE SUMMARY

Turning your child over to another adult, often outside the context of family, friends and even community is an anxiety provoking proposition. Yet in order to provide for their families, thousands of parents have established this as a part of their daily routine.

Most parents describe searching for child care arrangements as a harrowing experience. Piecing together information about child care through word of mouth, school and supermarket bulletin boards, community centers or referral agencies; educating oneself about how to identify quality; and long waiting lists make finding child care a time consuming task filled with worry. The search is especially difficult for families whose options are limited by income, non-traditional working hours or the limited child care choices available in many low-income neighborhoods.

But regardless of income or individual circumstance, parents count on government regulations and monitoring to ensure that their children are in child care arrangements free from health and safety hazards and that promote their child's cognitive and emotional development. For many children, child care is the setting in which they first learn to interact with other children on a regular basis and to establish bonds with non-familial adults. Research has shown the link between thinking and feeling, and that children need to be protected from physical hazards, and equally important, from harsh, inattentive or distant relationships with caregivers. Unfortunately, greater knowledge about children's first learning experiences has not resulted in a comprehensive system of quality early care and education. National studies of child care have found that the elements of high quality care are found in only 25% of child care settings.[1]

CHILD CARE OVERSIGHT

Strong child care regulations are an important means of assuring child care quality. In New York City, oversight and monitoring of child care is the responsibility of the New York City Bureau of Day Care, Department of Health and Mental Hygiene (DOHMH). DOHMH monitors group child care to ensure that these programs comply with New York City Health Code. The agency also monitors school-age child care, family child care and group family child care under contract with the New York State Office of Children and Family Services (OCFS) to ensure that these programs comply with New York State Social Services Law.

The scope of city and state regulations extends to requirements for the supervision of children, sleeping and napping arrangements, discipline, admissions policies, health and infection control, maintaining health records, and administering medication. Programmatic standards include qualifications and education requirements for teachers, directors and family child care providers, program activities and teacher: child ratios. Safety standards cover requirements for indoor and outdoor physical space and equipment and program size.

Recently, the State and the City have enacted laws designed to better protect children in care as a result of accidents and child deaths, bad press, and pressure from families. Beginning in 1998 New York State's Kieran's Law and Jeremy and Julia's Law strengthened background checks and penalties for violations resulting in child injuries. The legislation was strengthened in September 2000, by the passage of the New York State Quality Child Care and Protection Act. The Act continued to tighten basic health and safety regulations. Further, by increasing training requirements for child care providers and allocating funds for recruitment grants for caregivers, the Act emphasized the link between staff qualifications, interactions between children and providers, and child care quality.

At the City level, the Mayor and City Council had already acknowledged the importance of a well qualified and stable early childhood workforce with the passage of Local Law 31 in June 2000. This law was aimed at enhancing the quality of care in family child care settings through a set of comprehensive technical assistance visits that were to be conducted by the Administration for Children's Services (ACS) via contract with family child care networks. Unfortunately, due to unresolved questions about city and state jurisdiction and the relationship of Local Law 31 to the Quality Child Care and Protection Act, this piece of legislation has not been implemented, and gaps in New York City's system of child care oversight remain.

[1] *The Children of the Cost, Quality and Outcomes Study Go to School: Technical Report*. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Peisner-Feinberg, E. S., Burchinal, M.R., Clifford, R.M., Culkin, M.L., Howes, C., Kagan, S.L., Yazejian, N., Byler, P., Rustici, J., & Zelazo, J. (2000).

CCC'S CHILD CARE OVERSIGHT PROJECT

In September 2000, Citizens' Committee for Children (CCC) launched a research project to examine the role of the New York City DOHMH, Bureau of Child Day Care in protecting children and promoting child care quality. The goal was to assess the quality of child care monitoring within the broader context of child care financing, city and state quality initiatives and recent legislation.

Toward that end, CCC convened a Task Force on Quality Oversight of Child Care, held discussions with administrators at DOHMH and ACS, and obtained information from family child care networks. The Task Force developed a questionnaire to gather data from child care centers and family child care providers about DOHMH monitoring and oversight.

Administered in 2001, the questionnaire sought to understand DOHMH's process for inspecting child care programs (as reported by child care programs and providers); educating prospective providers about statutory requirements; providing technical assistance to providers; maintaining accurate data about early care and education programs and making this information available to other agencies and parents searching for care; enforcing regulations; and responding to provider and parent inquiries.

CCC also conducted a follow-up assessment of care in family child care residential settings. In Summer 2002, CCC conducted an analysis of the impact of DOHMH's child care regulatory procedures using data on 115 family child care providers documented by 12 contracted family child care networks. A final follow-up was conducted in Summer 2003 using data on 90 family child care providers collected by 10 contracted networks.

Finally, a national survey of model city and state initiatives was conducted in 2003 to gather information about

THE COST QUALITY AND CHILD OUTCOMES STUDY[2]

In 1993, a seminal study of 826 preschoolers in 151 child care centers was launched in order to assess the quality of child care programs in the United States. The *Cost, Quality and Child Outcomes Study* measured the quality of child care programs through classroom environments, teacher-child relationships and children's cognitive and socio-emotional development from individual assessments and teacher ratings. Four key findings came out of this study:

- A majority of children were attending centers that were of substandard quality. Such programs attended to children's routine care needs, but offered limited opportunities for learning activities, individual attention or language stimulation. Although teachers reported relatively close relationships with the children in their care, observation indicated that they were only minimally responsive to children.
- Centers that provided higher quality care were not dependent solely on parent fees – they had access to additional resources which they used to improve the quality of services. Thus more of their resources were devoted to salaries, wages and benefits, they were able to recruit staff with higher levels of education and had lower staff turnover rates.
- Children who attended child care of higher quality had better language and math skills that carried through from preschool years into elementary school. The quality of child care experienced by children before they entered school continued to affect their development through kindergarten and in many cases through the end of second grade, regardless of their kindergarten and second grade settings. For students at risk of academic failure, quality of child care is even more important, as it was even more strongly linked to better academic outcomes and more positive social interactions which lasted through second grade.
- Children with closer relationships with their teachers in child care had better classroom social and thinking skills, language ability, and math skills from the preschool years into elementary school. These children also had better cognitive and attention skills and were rated lower in problem behaviors by teachers in preschool through the second grade.

2 Ibid.

programs that have improved child care quality in other localities in order to develop recommendations which show promise for replication in New York City.

FINDINGS

Perhaps the most troubling finding was that child care centers and family child care providers reported that inspections were often delayed, and programs frequently operated with expired permits while waiting for inspections and/or required paperwork.

Programs reported that monitoring visits were thorough, however, responses indicated substantial variability in what was inspected. In fact, family child care providers expressed a need for increased access to information and technical assistance because monitoring visits often left them confused about inspectors' interpretation of child care regulations.

CCC found that existing staff and providers had acquired more than the mandatory level of training and desired additional professional development opportunities. While many respondents were uncertain about the feasibility of providing staff with additional training opportunities due to costs, difficulty recruiting and retaining qualified staff was a consistent theme. Center staff and providers repeatedly reported that lack of funds presented difficulty in a number of areas including the ability to afford necessary repairs and materials.

In addition, DOHMH's outdated database of programs and providers risked further straining program finances. Family child care providers worried about their eligibility to receive federal subsidies via the Child and Adult Care Food Program (CACFP) and delayed payments from the City for child care provided to families with child care subsidies.

RECOMMENDATIONS

CCC's findings suggest the need to strengthen Department of Health and Mental Hygiene's (DOHMH) oversight and technical assistance role by strengthening the infrastructure of the Bureau of Day Care including hiring additional staff and better utilizing current staff. These changes should enable DOHMH to conduct timely inspections, keep licenses and registrations current and provide technical assistance.

To accomplish this, DOHMH should develop a detailed, time-specific plan to improve the monitoring and oversight of child care programs. This plan should include work process improvement and a staffing plan to fully implement mandates specified in the Quality Child Care and Protection Act.

Improved coordination between the Department of Health and Mental Hygiene, ACS, and the Human Resources Administration (HRA) as well as between the DOHMH and the Office of Children and Family Service's (OCFS) is needed to better execute monitoring responsibilities that involve multiple agencies. This should include clarity about city and state regulatory jurisdictions and uniform safety standards that provide the highest level of protection for children. Such a coordinating effort would allow the City and the State to eliminate duplicative structures and to reap valuable cost-savings that can then be reinvested in the child care system.

Finally, financing issues that impact child care quality must be addressed through systemic investments and creative solutions at the City and State level. This is an important step toward addressing low wages, and the high rates of provider turnover – results of an under funded system of early care and education that have a negative impact on child care quality in New York City.

Prior to printing this report, the City was stunned by the tragic death of a 6-month-old in a group family child care program in Queens. The circumstances surrounding this event highlight the profound importance of careful monitoring and oversight of child care programs and providers. It is only with meaningful oversight that New York City can provide children with safe environments and promote the healthy development of children.

The recent tragedy has rightly focused public attention on the systems and structure of city agencies whose responsibility it is to promote quality child care programs, child safety and development. In response, DOHMH has undertaken a review of Bureau of Day Care operations, focusing on standardizing inspection of child care facilities. An overhaul of the functions of the Bureau, and a comprehensive plan for coordination between the agencies responsible for child care administration and oversight is essential to assure the safety of children in child care, provide parents with peace of mind, and inspire tax payer confidence. It is with this mission in mind that CCC undertook this study and published this report.

METHODOLOGY

In the Fall of 2000, Citizens' Committee for Children of New York launched a project to examine the monitoring and oversight of child care programs in New York City. The project began with a policy briefing on child care oversight attended by advocates, service providers and other interested New Yorkers with presentations by the Deputy Commissioner for Child Care and Head Start, Administration for Children's Services (ACS), and the ACS Liaison of the NYC Department of Health and Mental Hygiene (DOHMH), Day Care Bureau. At this briefing representatives from ACS and DOHMH discussed the child care safety and health regulations.

In order to learn more about the regulatory work of DOHMH, CCC held multiple conversations with agency staff. These conversations provided preliminary insight into DOHMH oversight and monitoring practices.

To deepen our knowledge, CCC convened a Taskforce on the Quality Oversight of Child Care, composed of 24 trained volunteers and developed a questionnaire to gather data from center-based and family child care providers about their interactions with DOHMH. CCC sought to gain information in seven areas: licensing and oversight, staff screening, staff recruitment, qualifications and training, child health, facilities, and materials. Specifically, CCC hoped to understand more about the health and safety regulations, providers' experience with compliance, the availability and nature of DOHMH technical assistance, provider and staff access to training and professional development activities, and whether there was a need for additional provider support. Our goal was to make recommendations about how city and state agencies can enhance the ability of family child care providers and center-based programs to provide quality child care.

After field-testing our questionnaires, CCC sent an invitation for participation to 145 randomly selected center-based providers from a list of 363 contracted programs provided by ACS, and made calls to 30 randomly selected family child care providers from a list of 756 providers supplied by one of the City's five Child Care Resource and Referral Agencies. We described the nature of the questionnaire to each family child care home provider and center-based program and allowed the program to select the staff representative for our interview. We received responses from 15 center-based providers and 14 family child care homes. Follow-up with these programs yielded a total of 13 centers and 6 family child care providers willing to participate in our study.

Between February and July 2001, CCC interviewed staff at 13 child care centers, and six regulated family child care providers. All the programs we visited provided care to families receiving a child care subsidy and two volunteers conducted interviews at each program.

Finding that family child care providers experienced a specific set of challenges with the registration and renewal process, CCC conducted a follow-up assessment of care in residential settings. Our goal was to better understand the challenges specific to family child care providers and to determine whether with the full implementation of the Quality Child Care and Protection Act in place, there would be resulting changes in our findings.

In Summer 2002, data from the questionnaires was supplemented by a larger analysis of the impact of DOHMH's process of permit renewal on 115 family child care providers affiliated with contracted family child care networks. CCC then used the results of this preliminary research to engage DOHMH in a conversation about areas of possible improvement and to educate City Councilmembers and other policy makers about child care regulations and oversight.

In July 2002 the New York City Council held a hearing on "The Role of the New York City Department of Health and Mental Hygiene in the Licensing and Inspection of Child Care." At the hearing, officials from DOHMH, ACS and HRA testified about monitoring and oversight activities. The purpose was to more closely evaluate the implementation of the Quality Child Care and Protection Act, and to assess city and state monitoring of child care programs. Citizens' Committee for Children presented testimony based on preliminary research findings.

The joint hearing of the General Welfare, Health, and Women's Issues Committees allowed for an examination of barriers to child care quality and supply by three Council Committees, providing additional information about oversight and monitoring in New York City.

A survey of model programs was conducted to gather information about programs that have improved child care quality in other localities in order to develop recommendations which show promise for replication in New York City. A final follow-up utilized data from 10 family child care networks and 94 family child care providers in Summer 2003.

The conclusions in this report were derived from the results of our two questionnaires and information drawn from interviews with administrators at ACS and DOHMH, information provided by nine family child care networks, and a national survey of model city and state initiatives.

Introduction

The significance of the first experiences of young children is clear. Research has shown that nurturing relationships and responsive environments are vital to the well-being of young children and that early care experiences have a profound and lasting impact on the ability of young children to learn and relate to others. Studies have also revealed the link between thinking and feeling and that children need to be protected not only from physical hazards, but equally important, from harsh, inattentive or distant relationships with caregivers.

With this new information, the importance of early care and education takes on a new meaning. As child care becomes a common experience for infants, toddlers and preschoolers, it presents an opportunity to foster healthy development by providing an enriching and responsive environment. Likewise, as children spend more time in child care, the possibility of harm in poor quality settings increases – due to basic safety hazards and potentially negative encounters with emotional, cognitive and language development.

The good news is that high quality child care is positively linked to emotional, cognitive and linguistic development.[3] Simply put, children who have secure relationships with their caregivers display more exploratory behavior, have stronger peer relationships and adjust well to the demands of formal schooling.[4] These children also achieve better academic outcomes and exhibit lower rates of teen pregnancy and incarceration. Good quality child care reaps tremendous cost-savings – with every dollar investment in early care and education saving six dollars in lower costs of special education, public assistance and crime prevention programs.[5]

The bad news is that although knowledge about the importance of early experiences has increased, research tells us that high quality care is not readily available, and that the elements of high quality are found in only 25% of child care settings.[6]

Catch phrases such as 'developmentally appropriate' and 'early learning' have become a part of the vocabulary of policymakers and of families in search of care. Now this new knowledge about child development must be used to develop a system of early care and education that supports quality through adequate regulation, oversight and monitoring, access to high quality training and adequate compensation for professional caregivers.

[3] *Neurons to Neighborhoods: The Science of Early Childhood Development*, Committee on Integrating the Science of Early Childhood Development, Shonkoff, Jack P. and Phillips, Deborah A., Eds., Washington, D.C.: National Academcy Press, page 312.
The Children of the Cost, Quality and Outcomes Study Go to School: Technical Report. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Peisner-Feinberg, E. S., Burchinal, M.R., Clifford, R.M., Culkin, M.L., Howes, C., Kagan, S.L., Yazejian, N., Byler, P., Rustici, J., & Zelazo, J. 2000.

[4] *Set for Success: Building a Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children*, The Kauffman Early Education Exchange, Volume 1, Number 1, Summer 2002, Kansas City, MO: The Ewing Marion Kauffman Foundation

[5] *Keeping Track of New York City's Children: The Millennium Edition*, Citizens' Committee for Children of New York, Inc., 2002.

[6] *The Children of the Cost, Quality and Outcomes Study Go to School: Technical Report*. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Peisner-Feinberg, E. S., Burchinal, M.R., Clifford, R.M., Culkin, M.L., Howes, C., Kagan, S.L., Yazejian, N., Byler, P., Rustici, J., & Zelazo, J. 2000.

CHOOSING QUALITY

Parents want a safe, nurturing, developmentally appropriate place for their children during the hours when they are at work and the opportunity to provide their children with the benefits that quality child care has on socio-emotional and cognitive development.

Recognizing that "access to care that meets the needs of individual families is critically important to parents and children, to schools and the workplace," the child care subsidy system is structured around the principal of providing parental choice to low-income families.[7] Federal regulations mandate that parents using child care subsidies have access to the same child care options as families who do not receive subsidies. States and localities are instructed to make this happen by setting the child care subsidy high enough to pay for "the full range of providers in a variety of settings" (i.e., a non-residential facility or a provider's home); and to develop a sliding fee scale that requires a family to spend no more than ten percent of its income on child care.[8]

Yet in reality, the underfunded subsidy system is not entirely successful at providing true child care options for families and "choice" is often more a product of income than actual preferences for care (see page 15, The Child Care Market Rate for a more detailed discussion of child care financing).[9] For many low-income families these constraints are more pronounced because they are more likely to live in communities where there is little licensed or regulated child care. In addition, low-income families have a greater need for certain types of regulated care that are in limited supply and typically more expensive, including child care for infants and toddlers, children with special needs and care during non-traditional hours.[10] Low-income families who do not receive assistance with the cost of child care, are forced into using the cheapest care they can find.[11]

[7] *Federal Register: Child Care and Development Fund, Final Rule*, Volume 63, No. 142, Department of Health and Human Services, Administration for Children and Families, Friday, July 24, 1998.

[8] The Federal Register notes that 55 percent of low-income parents use informal care arrangements compared to only 21 percent of non-poor families. They note further that recent studies have shown that some child care providers are unwilling to accept children from families that receive subsidies for child care because the rates are too low.

[9] Research has found that the type of arrangement varies depending on family income, household composition, and geographic location. *The 1999 Survey of America's Families.* "The NICHD Study of Early Care", National Institute of child Health and Human Development, February, 2003, www.nichd.nih.gov/publications/early_child_care.htm.

[10] The unpredictable work schedules of many low-income working families, as well as evening and weekend work further restrict families' child care options to more flexible arrangements with family, friends and neighbors. *Child Care for Low-Income Families: A Summary of Two Workshops*, Phillips, Deborah, Ed., National Academy Press, Washington, D.C., December 1995. *National Study of Child Care for Low-Income Families: State and Community Substudy Interim Report*, Collins, Anne, et. al., prepared for the U.S. Department of Health and Human Services, Administration for Children and Families by, Abt Associates Incorporated & National Center for Children in Poverty, November 2000.

[11] *America's Child Care Problem: The Way Out*, Suzanne W. Helburn & Barbara R. Bergmann, Palgrave for St. Martin's Press, LLC, 2002, January. New York, NY. *Child Care* The *Family Life Issue in New York City*, Citizens' Committee for Children, 2000.

A BRIEF HISTORY OF STATE AND CITY INITIATIVES

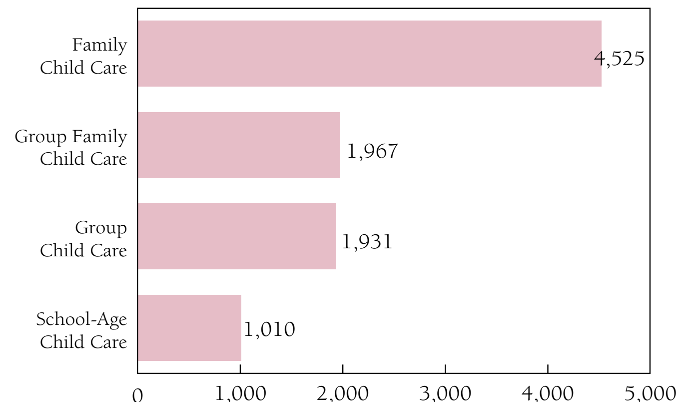
New York City is home to the largest publicly subsidized system of child care in the country and has a history of involvement in child care delivery and oversight that dates back to 1941.

The City provides subsidized child care to approximately 105,000 children, with just under 65,000 placed in regulated programs required to meet minimum health and safety standards and 38,000 children placed in unregulated settings.[12] In combination with an additional 200,000 children who receive child care from privately operated programs, New York City is responsible for the health and safety of 300,000 children in more than 9,000 publicly and privately operated programs.

Complicating matters further, a myriad of city and state laws and agencies administer, regulate and monitor these programs. Reports of child accidents and deaths have led the state and city to promulgate additional regulations and to reorganize agencies – improving safeguards for children, while making the child care system ever more complex.

In 1998, two laws responding directly to tragedies in child care settings were enacted. Kieran's Law allowed parents to conduct a criminal history background check on

Figure I. Regulated Programs by Type of care*



* Department of Health and Mental Hygiene, 2004

Figure II. City and State Oversight Legislation

1992	July 1998	July 1998	September 1998	June 2000
NYC Local Law 45	**Extension of NYC Local Law 45**	**NYS Kieran's Law**	**NYS Jeremy and Julia's Law**	**NYC Local Law 31**
Requires the Department of Health to ensure that all newly registered family day-care homes are pre-inspected, and further ensures that inspectors visit these homes no less than eight times each year.	Allows ACS to conduct a pre-inspection visit to family child care homes affiliated with an ACS contracted child care network.	Allows parents who obtain consent of prospective caregivers to conduct a criminal history background check.	Strengthens the penalty for violations resulting in the injury of a child, including violations for providers who intentionally misrepresent the number of children in a facility, the area of the facility or residence used for care, and/or the credentials or qualifications of any child care provider, assistant, employee or volunteer.	Granted ACS increased oversight of family child care providers including five annual visits, technical assistance and training.

[12] Administration for Children's Services, January 2003; Human Resources Administration, January 2003.

their child's prospective in-home child care provider. Jeremy and Julia's Law strengthened the penalty for violations resulting in the injury of a child – including violations for providers who intentionally misrepresent the conditions of the care they provide to parents and licensing officials.

In September 2000, New York State enacted the Quality Child Care and Protection Act. This legislation strengthened the minimum health and safety requirements for center-based programs and family child care providers across the State. Equally important, the legislation emphasizes the importance of well trained teachers and providers to child care quality. Specifically, the Act:

- requires criminal background checks and an inquiry of the Statewide Central Register of Child Abuse and Maltreatment of all child care staff including volunteers, substitutes and all individuals over age 18 who reside in the home of a family child care provider;
- doubles training requirements for child care staff, family child care providers, substitutes and volunteers from 15 to 30 hours every two years;
- requires a pre-registration inspection of all family child care homes and increases the number of registered family child care programs that are inspected from 20 to 50% annually;
- doubles the maximum daily fine for violations of health and safety standards from $250 to $500 in center-based programs and authorizes the State to fine family child care providers for health and safety violations; and
- provided a one-time allocation of $40 million in the FY 2001 State Budget to create a Child Care Professional Retention Program to enhance the salaries of child care workers.[13]

Finally, at the time of printing, the Governor had proposed a long overdue initiative to monitor legally exempt child care providers that receive public funds, by providing basic protection to children in unregulated home-based settings. The proposal replaces provider attestation about health and safety standards with a review of criminal convictions, child abuse and maltreatment to be conducted by the State.[14] Formal child care training and

September 2000	February 2002	April 2002	July 2004	October 2004
NYS Quality Child Care and Protection Act	**NYS Alysa's Law**	**NYS Medication Administration**	**Proposed NYS Legally Exempt Initiative**	**Proposed NYC Inspection Reporting Initiative**
Requires criminal background checks of all child care staff including volunteers and family members of family child care providers over the age of 18. Doubles the training requirements for child providers and volunteers from 15 to 30 hours every two years, and requires inspection prior to operation of a family child care homes prior to operation and increases the number of programs inspected from 20 to 50 percent annually.	Requires barriers to be placed around swimming pools and bodies of water on the grounds of family child care homes and group family child care homes.	Requires that providers administering medications to children receive training on the administration of medications and that these providers have a health care consultant.	Proposes to inspect 20 percent of legally exempt child care providers, provide formal child care training, and restructure payment rates for subsidized child care to provide incentives for quality enhancement.	Proposes to require current and accurate reports regarding inspections of programs on the DOHMH website and in child care programs; and permanent revocation of the permits of programs responsible for the death of a child in care.

[13] This funding supported retention and recruitment grants to child care workers through State FY '04.

[14] These visits would not include providers who are enrolled in the Child and Adult Care Food Program (CACFP) that already receive monitoring visits by CACFP sponsoring agencies.

educational resources will be provided, and payment rates will be restructured to provide incentives for legally exempt providers to improve the quality of care. The initiative also proposes to inspect 20 percent of legally exempt providers. Legislation will be required to authorize the State to obtain fingerprints for background checks.

In June 2000, New York City passed Local Law 31, aimed at monitoring and enhancing the quality of care provided in family child care settings. This legislation granted ACS increased oversight of family child care providers. Specifically, Local Law 31 authorizes ACS to:

- conduct a minimum of five monitoring visits of family child care providers to ensure compliance with state and city law;
- provide technical assistance to enhance quality; and
- provide increased access to resources and training.

As enacted, contracted family child care networks would provide basic monitoring services and technical assistance to help child care providers unaffiliated with their network to meet state and city regulations and to enroll in the federal Child and Adult Care Food Program – an initiative which provides reimbursement for meals served to children in care (see Appendix B for description).

TABLE I. CHILD CARE OVERSIGHT FUNDING ($ IN MILLIONS)*

Fiscal Year	City	State	Federal	Total Funds
1999	$1.5	$0.6	$2.0	$4.1
2000	$1.5	$0.6	$2.0	$4.1
2001	$2.0	$0.8	$2.8	$5.6
2002	$2.1	$0.9	$2.8	$5.8
2003	$1.8	$0.8	$3.4	$6.0
2004	$1.7	$0.7	$4.0	$6.4

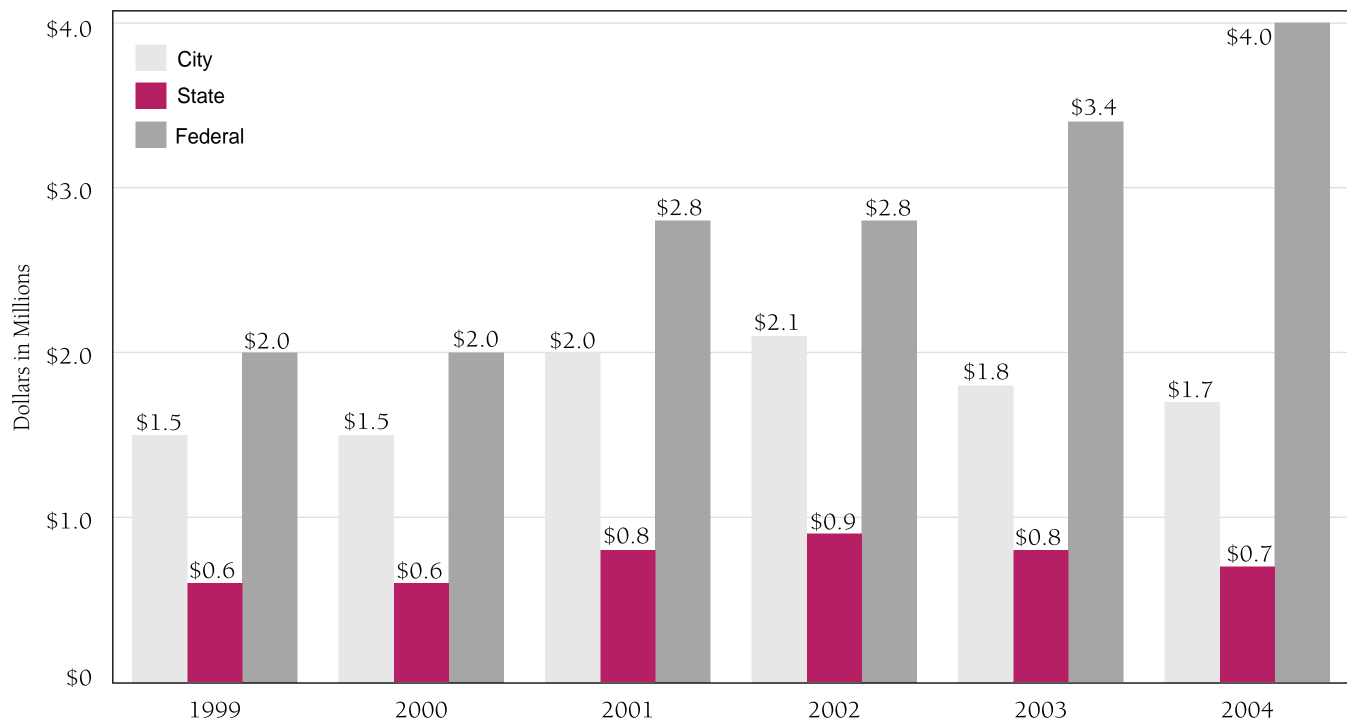
* Department of Health and Mental Hygiene, 2004.

In addition to this basic assistance, a portfolio of enhanced services to include linkage with a pool of substitute providers, parent orientation and assistance with curriculum development would be offered to child care providers within their network.

Local Law 31 was intended to provide support to family child care programs – for which the State currently has regulatory responsibility – however, because negotiations between the two levels of government have not resulted in an implementation plan, the law has yet to be applied.

At the time of printing, the New York City Council had

FIGURE III. CHILD CARE OVERSIGHT FUNDING



proposed an initiative to require that accurate and up-to-date inspection reports be posted on the DOHMH website, and in child care programs. Further, the initiative would require permanent revocation of the license or registration of any child care program or provider found responsible for the death of a child in child care.

Citizens' Committee for Children strongly supports these pieces of legislation. Since its inception, CCC has advocated for policies that enhance the quality of child care, and if enacted and implemented properly, the State and City initiatives, along with the renewed efforts of DOHMH to address longstanding structural and operational issues in the Bureau of Day Care, have the potential to strengthen New York City's system of quality oversight for child care programs.

However, several characteristics of the child care system are barriers to quality and must also be addressed. These barriers include limited funding for child care oversight, exemptions and reduced standards for certain categories of care, an inadequate supply of regulated care, the New York State Market Rate, and high turnover among the child care workforce.

- **Limited funding for child care oversight.** Although funding for oversight of child care has increased fairly consistently over the past five years, resources remain below what is needed to cover the cost of additional monitoring activities legislated in the New York State Quality Child Care and Protection Act passed in September 2000, and no substantial increase in state funding accompanied the passage of the legislation. During this same period, modest expansion of New York City's system of early care and education was funded with federal TANF resources[15] and increased the City's monitoring responsibilities, while New York City and New York State decreased funding for child care oversight.
- **Inadequate staffing levels for comprehensive child care oversight.** To conduct monitoring visits and inspections of the City's 7,502 family child care, group family child care and school-age child care programs, DOHMH has 31 staff; and 32 staff to monitor the City's 1,931 group child care programs. Further, these staff are also responsible for responding to provider inquiries and providing technical assistance on an as needed basis.[16] With the implementation of the Governor's proposal to regulate legally exempt providers, the responsibilities of the Bureau of Day Care will expand to include monitoring visits of 38,000 legally exempt child care providers, exacerbating current staffing difficulties.
- **Limited educational requirements for monitoring staff.** Less than a third of staff responsible for conducting program visits are required to have a background in early childhood education or experience operating a child care program. The remainder hold degrees in the biological or physical sciences and may have little knowledge of child development or developmentally appropriate practice.
- **Exemptions and reduced standards for certain categories of care.** Both state and city regulations exempt programs operated by religious institutions. Further, in the City, standards for staff qualifications are less stringent for infants from birth to 18 months of age who are cared for in center settings, leaving many children without the protection of basic health and safety standards.
- **An inadequate supply of regulated child care.** While there has been some expansion of child care opportunities, the demand for both subsidies and regulated child care programs continues to outstrip supply, limiting children's access to quality child care. Thus, public dollars are used to purchase unregulated child care for over 38,000 families who receive a subsidy. In addition, many of the income-eligible low-income families who cannot get a subsidy must pay for child care themselves, typically purchasing less costly unregulated care.[17]

[15] As public assistance caseloads began to decline and as resources from the Temporary Assistance for Needy Families program (TANF) became available for child care, the New York State Governor and Legislature increased the flow of these funds to child care by shifting TANF funds into the State Child Care Development Block Grant (the primary source of state funding for child care).

[16] Additional DOHMH staff are available for back office functions such as processing licensing and registration files, answering phones and fingerprinting family child care providers.

[17] Over 100,000 children between the ages of birth to five are income-eligible, but do not receive a subsidy due to a lack of supply. *Child Care: The Family Life Issue*, Citizens' Committee for Children, 2000.

THE CHILD CARE MARKET RATE: PAYMENT FOR THE PROVISION OF SUBSIDIZED CHILD CARE

In New York State, the Office of Children and Family Services (OCFS) provides child care subsidies to families whose incomes are at or below 85 percent of the State median income (i.e., approximately 200 percent of the federal poverty level). Federal regulations stipulate that states must set payment rates for child care providers who serve subsidized children at a level adequate to provide families who use a child care subsidy with the same access to child care as those families who pay for child care out-of-pocket. To set payment rates, New York State conducts a biennial survey of the child care market. OCFS then sets the reimbursement rate for subsidized child care at the 75th percentile of the rates charged by the market – the minimum requirement set by the federal government.

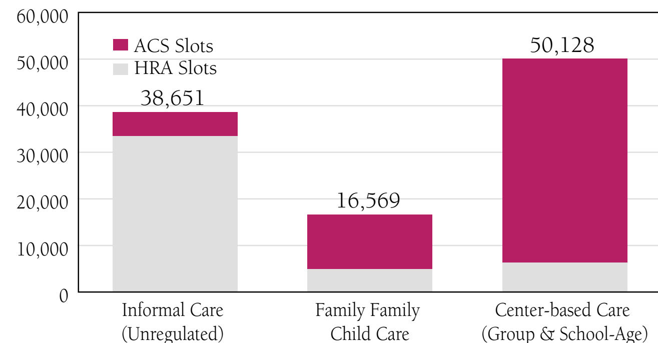
Unfortunately, New York State's reimbursement rate for subsidized child care does not adequately reflect the cost of care and has a negative impact on child care quality and supply. Numerous studies of the economics of child care have noted the child care trilemma: the tension between parent fees, provider wages, and child care quality. Parent fees reflect what parents can afford to pay, rather than the actual cost of providing child care. The State market rate survey uses parent fees as a proxy for cost, and the reimbursement rate remains depressed. Programs and providers then fill the gap between what parents can afford and the cost of care by limiting staff training, purchases of necessary materials and supplies; keeping staff compensation low, and by soliciting in-kind donations of facilities which eliminate rent and utilities costs. The supply of care is also diminished, as some child care providers decide not to accept children from families that receive subsidies because they find it economically unfeasible, and still other entrepreneurs decide not to develop child care facilities.

In October 2003, OCFS released the reimbursement rates for FFY 2003 - 2005. While the rates for some forms of care increased nominally, subsidy payments in New York City continue to lag far behind those in the surrounding counties and are comparable to rural counties with much lower costs of living, housing and commercial rents (See Appendix C).

- **The New York State Market Rate.** New York State's payment rate for subsidized child care also contributes to problems of quality. Historically, the State's rate of reimbursement for low-income child care barely allows providers to meet basic operating costs, and often prevents them from being able to afford essential equipment and materials. Low payment rates also contribute directly to depressed wages for child care staff and high rates of turnover, particularly among the most highly qualified staff.

Within the context of these challenges, this report examines the state of monitoring and quality-enhancing initiatives in New York City and New York State both prior to and after the implementation of the Quality Child and Protection Act via the input of child care program staff and family child care providers and network staff. Finally, the report surveys model programs that have enhanced the quality of child care in other localities and makes a set of recommendations for improving child care quality in New York City.

FIGURE IV. SUBSIDIZED CHILD CARE SLOTS BY TYPE OF CARE*



* The Administration for Children's Services, June 2004; and the Human Resources Administration, May 2004.

THE CHILD CARE WORKFORCE

Research has shown that care by well trained providers with whom children can develop stable and meaningful relationships is a necessary precursor of quality child care.[18] Yet turnover in the child care industry stands as high as 30% annually, largely due to low wages. [19]

Due to the economics of child care, workers earn some of the lowest salaries in the industry and often receive few, if any, employee benefits. For a workforce that is primarily comprised of women, many of whom are of child-bearing age, staying in the field means long hours for wages that make many providers eligible for public benefits themselves. Thus, the lure of higher paying positions, particularly among the most qualified workers is great. Teachers in the *Cost, Quality and Child Outcomes* study could have earned $5,200 per year more in another occupation, given their gender, age, education and background. [20]

The low rate of reimbursement for subsidized child care is central to this issue. New York State reimbursement rates do not cover the cost of care, at the sacrifice of quality (see Market Rate Box for further discussion). Lack of public investment in child care has resulted in an over reliance on workers with low skills. Indeed, unionized child care staff in New York City has not received a wage increase since 2000. A career path for caregivers with wage increases tied to qualifications is essential to recruiting and retaining well qualified providers.

Table II. Child Care Wages in New York City[21]

Job Title	Mean	Range
Child Care Workers	$17,400	$12,240 - $24,000
Preschool Teachers	$22,190	$13,670 - $34,500
Kindergarten Teachers	$42,380	$25,220 - $63,710
Elementary School Teachers	- - - - -	$39,000 - $81,000
Head Start Teachers	- - - - -	$28,566 - $43,393

CHILD CARE ADMINISTRATION AND OVERSIGHT

Administration

In New York City, two government agencies are responsible for the provision of *subsidized* child care: the Administration for Children's Services (ACS), and the Human Resources Administration (HRA). ACS provides child care through contracts with center-based programs and contracts with family child care networks.[22] In addition, ACS administers a smaller number of vouchers that eligible families may use to pay for services provided by private child care centers, family child care providers, and informal, unregulated caregivers. HRA provides vouchers for child care to families receiving public assistance and to families transitioning from welfare-to-work. These vouchers may be used to purchase regulated or unregulated child care.

[18] *Neurons to Neighborhoods: The Science of Early Childhood Development*, Committee on Integrating the Science of Early Childhood Development, Shonkoff, Jack P. and Phillips, Deborah A., Eds., Washington, D.C.: National Academcy Press, page 312. Peisner-Feinberg, E. S., Burchinal, M.R., Clifford, R.M., Culkin, M.L., Howes, C., Kagan, S.L., Yazejian, N., Byler, P., Rustici, J., & Zelazo, J. (2000).
The Children of the Cost, Quality and Outcomes Study Go to School: Technical Report. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

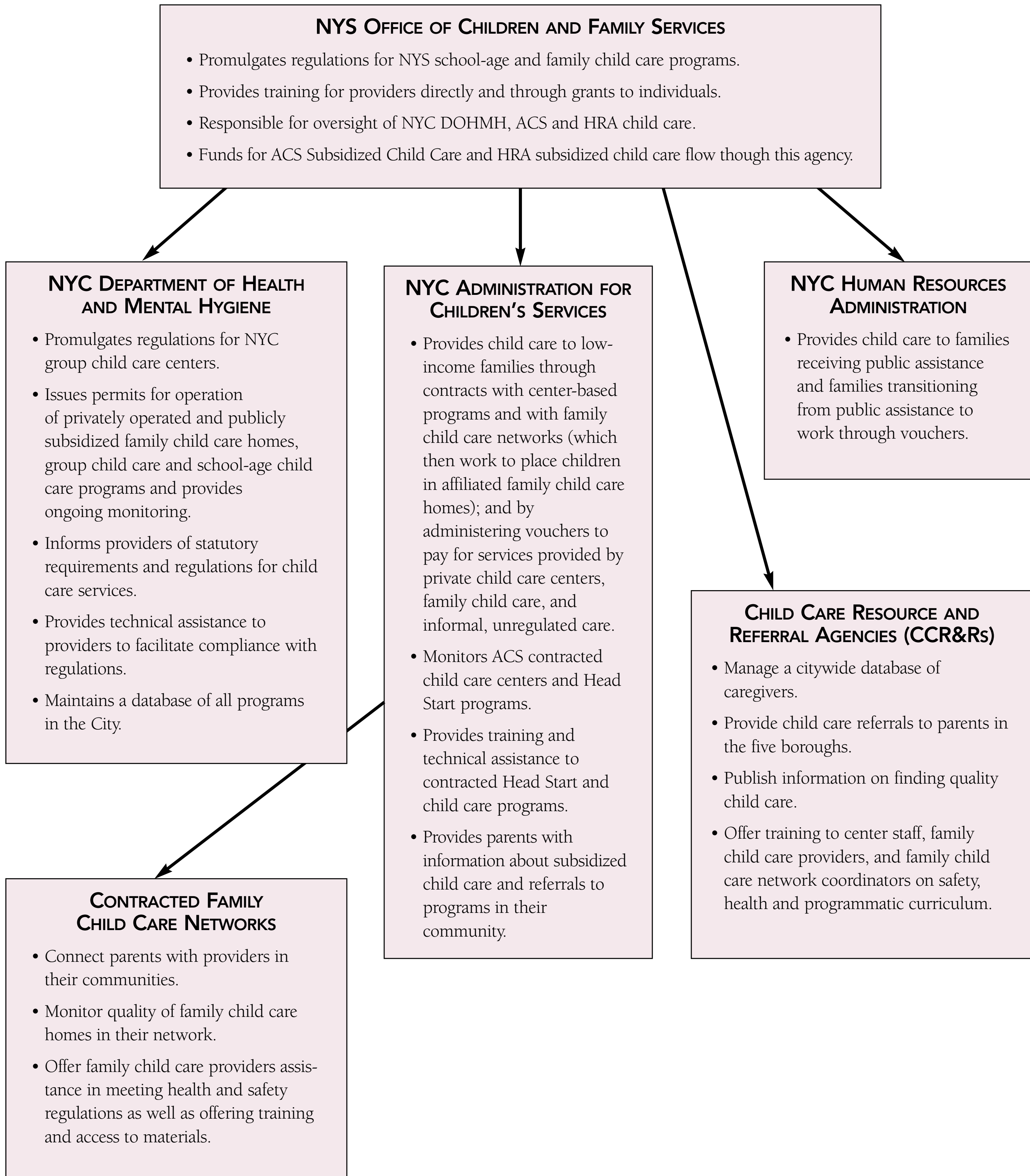
[19] *Then and Now*, Chapter 3, citing "Thresholds of Quality in Child Care Centers and Children's Social and Emotional Development", Child Development, 65, 253 – 263, Howes, C., Matheson, C. & Hamilton, C. (1994).

[20] *The Children of the Cost, Quality and Outcomes Study Go to School: Technical Report*. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Peisner-Feinberg, E. S., Burchinal, M.R., Clifford, R.M., Culkin, M.L., Howes, C., Kagan, S.L., Yazejian, N., Byler, P., Rustici, J., & Zelazo, J. (2000).

[21] Metropolitan Area Occupational Employment and Wage Estimates, New York, NY PMSA, 2003 NYC Department of Education, 2004 and the Administration for Children's Services 2003.

[22] The networks then work to place children in affiliated family child care homes.

FIGURE V. CHILD CARE ADMINISTRATION AND OVERSIGHT



Regulation and Oversight

Regulations designed to ensure the quality of child care in New York City are legislated by both the State and the City. Health code standards for group (center-based) child care programs were established in 1949 by the New York City Department of Health and remain in place today. State regulations, are promulgated by the New York State Office of Children and Family Services (OCFS), and detail requirements for school-age child care, family child care and group family child care.

The scope of city and state regulations extends to the supervision of children, sleeping and napping arrangements, discipline, admissions policies, health examinations and immunization requirements for children and staff, and administering medication. Safety standards include standards for physical space and equipment, program size and food service. Programmatic standards include education requirements for teachers, directors and family child care home providers, daily activities, and teacher:child ratios.

The New York City Department of Health and Mental Hygiene's (DOHMH) Bureau of Day Care is responsible for oversight and monitoring of city and state safety standards in subsidized *and* privately operated programs. DOHMH monitors group child care directly and monitors the remaining categories of care for which the State regulations apply through a contract with OCFS. DOHMH responsibilities include: 1) issuing permits for operation and processing permit renewal applications; 2) inspecting privately operated and publicly subsidized child care programs; 3) informing providers of statutory requirements and regulations for child care services; 4) providing technical assistance to providers to facilitate compliance with regulations; 5) offering basic health and safety training; 6) maintaining a database of all programs in the City; and 7)

THE ROLE OF REGULATIONS AND LICENSING

The licensing of early care and education programs is a major government responsibility. At the most basic level, licensing helps keep children safe from harm by structuring the environment, guiding staff in safe methods and procedures and keeping them alert to hazards.[23] More recently, licensing has been expanded to include program guidelines designed to encourage learning through developmentally appropriate activities.

To be most beneficial to children in care, laws and regulations should:

- require programs to undergo the licensing process regularly;
- ensure appropriate monitoring and technical assistance necessary for improvements in quality;
- encourage providers to affiliate with professional associations that play an active role in supporting regulations;
- encourage provider accreditation (and achievement of higher standards) through incentives;
- be designed to encourage the vast numbers of unregulated providers to join the system of regulated care, and the expansion of public and private regulated child care; and
- avoid exemptions of religious and other organizations, which run counter to the purpose of licensing.[24]

Thought must also be given to monitoring requirements and workload. To be most effective, monitors must have specialized and reasonable work loads – the National Association for the Education of Young Children (NAEYC) recommends 75 programs for licensing staff who have no other duties, with 50 being a more desirable number. Similarly, when staff do not have to work with a large variety of categories or program types, they are more likely to understand and apply the requirements consistently.[25]

[23] "Licensing Rules: Too Much? Too Little?" Carolynne Stevens, National Association for Regulatory Administration, NARA Public Information Room, www.nara-licensing.org/Licensing RulesTooLittleTooMuch.htm.

[24] "Day Care Standards and Licensing," Jake Terpstra, National Association for Regulatory Administration, NARA Public Information Room, www.nara-licensing.org/dcterpstra.htm.

[25] "Licensing and Public Regulation of Early Childhood Programs: A Position Statement of the National Association for the Education of Yong Children," NAEYC, 1998.

forwarding all necessary documentation and complaints to the State where appropriate (e.g., forwarding fingerprints to the Division of Criminal Justice Services for clearance with the NYS Central Register of Child Abuse and Maltreatment).

ACS has primary responsibility for monitoring the 416 subsidized group child care programs that operate in New York City. Early Childhood Consultants located at 4 borough Resource Areas conduct inspections of these contracted programs and are responsible for licensing paperwork and provide extensive technical assistance to enable programs to meet city licensing standards. After inspection, consultants submit paperwork to DOHMH for approval. The agency also plays a substantial role in monitoring family child care providers that are affiliated with ACS contracted family child care networks.

Network staff conducts frequent visits of family child care homes to ensure the programs are meeting state licensing standards and ACS program guidelines, to assist providers with regulatory paperwork, program quality and enrollment in the Child and Adult Care Food Program. Networks also enhance quality by providing ongoing technical assistance to materials for curriculum.

Family and group family child care programs that are not affiliated with networks receive their sole source of monitoring from DOHMH.

EARLY CARE AND EDUCATION PROGRAMS

Child care and early education programs may be located in a facility operated by a nonprofit organization, or in a private residence. In both venues, different regulations apply according to the age of children in care, and the program size.

- **Group child care** is provided for seven or more children from birth to six years of age in a non-residential facility. These programs provide children with a full day of care (i.e., from 8:00 a.m. to 6:00 p.m.) year round. Group child care centers are operated primarily by nonprofit organizations, religious institutions and to a

Table III. Child Care Regulations, Registration & Licensure

Setting	Category of Care	Authority	Monitoring	Visits	Age of Children	# of Children	# of Children Served
Child Care Center/ Facility	Group Child Care[26]	License[27] NYC Health Code	DOHMH	Annually	0 – 2 years	7 or more	50,128
	Group Child Care (Infants)	License NYC Health Code	DOHMH	Once every two years	2 – 6 years	7 or more	
	School-age Child Care	Registration[28] NYS Social Services Law	NYS OCFS via DOHMH	Approximately once every 2 years	5 – 13 years	7 or more	
Residence	Family Child Care	Registration NYS Social Services Law	NYS OCFS via DOHMH & Networks	Approximately once every 2 years	6 weeks – 12 years	3 – 6	16,569
	Group Family Child Care	License[29] NYS Social Services Law	NYC OCFS via DOHMH & Networks	Approximately once every 2 years	6 weeks – 12 years	7 – 12	
	Informal Care (Unregulated)	None	DOHMH response to reports of violations	None	Any	1 – 2	38,651[29]

[26] A six month permit is issued to new Group Child Care Programs.

[27] A license means a permit issued by NYC DOHMH authorizing a provider to operate a child care program in accordance with Article 47 of the NYC Health Code.

[28] Registration means a permit issued by OCFS authorizing a provider to operate a school-age child care program in accordance with Part 414 of NYS Social Services Law, or a family child care home in accordance with Part 417 of NYS Social Services Law.

[29] This number only includes informal providers who care for children with a child care subsidy.

lesser extent, the New York City Department of Education. Many programs also serve as sites for Universal Pre-Kindergarten and Head Start. This category of care includes programs run with public dollars and privately operated for-profit programs.

- **School-age child care** is provided to children age six to 12 years after school (and sometimes before school), on holidays and during the summer. These programs are operated by family child care and group family child care homes and by nonprofit organizations often in addition to group child care programs, and less frequently in stand-alone programs. In 2003, city law transferred responsibility for school-age child care from ACS to the Department of Youth and Community Development (DYCD). Implementation of the transfer began January 2004.
- **Family child care** is provided for one to six children, most frequently age six weeks to five years at the residence of a registered provider. These programs often have the ability to accommodate parents who work non-traditional hours and on weekends, and are typically more flexible than care provided in centers. Many providers work long hours and it is not uncommon for a program to operate from 7:00 a.m. to as late as 8:00 p.m., year-round.
- **Group family child care** is offered in a licensed provider's home for up to 12 children age six weeks to 12 years. The program operator and an assistant provide care and as is the case with family child care providers, hours of operation are flexible with respect to parents work schedules.

ACCREDITATION

No national standards exist for child care and early education programs, and state and local standards vary greatly. While child care programs in New York City are required to meet minimum health and safety requirements, accreditation enables providers to voluntarily meet peer validated standards of quality above and beyond the minimum licensing standards.

Accreditation provides an excellent opportunity for child care staff and family child care providers to engage in a reflective process about program quality and to enter into a dialogue with the early childhood community about program development. Typically, accreditation involves a period of self-study and evaluation, followed with observation by a trained expert. These experts look in detail at the following: providers' nonverbal and verbal interactions with children, provider responsiveness, available materials and activities, quality of the physical environment as well as health, safety and nutrition.

Studies show that accredited caregivers are more likely to plan developmentally appropriate activities and interact with children in warm, age appropriate ways.[30] Further, tying financial incentives to accreditation provides an opportunity to reward providers who offer high quality care.

Federal regulations stipulate that states and localities have the option of reimbursing providers who offer subsidized care at a rate 15% above that of unaccredited providers. New York City has the option to reimburse accredited providers at a higher rate than their non-accredited counterparts, but has not yet capitalized on this as a quality enhancement incentive.

While accreditation offers a means to increase quality, many programs need assistance paying for the related costs. For example, accreditation by the National Association for Family Child Care (NAFCC) requires a $247.50 self-study fee, and a $247.50 accreditation observation fee. The cost of accreditation from the National Association for the Education of Young Children (NAEYC) ranges from $425 for programs with less than 60 children, to $1,000 for centers caring for up to 360 children.

[30] *NAEYC Accreditation as a Strategy for Improving Child Care Quality: An Assessment by the National Center for the Early Childhood Work Force*, NCECW, 1997 and , "The Effects of Accreditation on Care in Military Child Development Centers." From *NAEYC Accreditation: A Decade of Learning and the Years Ahead.* Bredekamp and Willer, Eds. NAEYC, 1996.

- **Infant care** may be provided by group child care centers, family child care homes or group family child care homes and consists of care of children up to age two. The number of infants who may be cared for varies according to the setting (i.e. residential or non-residential) and the number of toddlers, preschool or school-age children in care.
- **Informal child care** is unregulated (due to legal exemption) and may be provided by a relative, friend, or neighbor in the provider's home or in the child's home. To operate legally, providers can care for no more than two children. Government oversight is limited to investigation of complaints.
- **Head Start** is a federally funded comprehensive early childhood program for low-income children age three to five administered by ACS. Head Start's rigorous program standards and successful outcomes have made it a nationally recognized model of early childhood education. However, because most Head Start programs are half-day in New York City, many working families and families that are required to meet public assistance work requirements are unable to take advantage of the program.
- **Universal Pre-Kindergarten** (Universal Pre-K) is a state and city funded educational program created in 1997. The program serves four-year-olds of all incomes with a half-day of programming designed to prepare children for school. Many child care programs blend child care, Head Start and Universal Pre-K funding into a single seamless program for children.

While the range of child care settings and program types might suggest that families have access to a variety of child care options, the reality is that family income and cost of care severely constrain families' choices. As a case in point, of families who receive a subsidy from HRA as a part of their public assistance benefits, 80 percent rely on unregulated informal care compared to 7 percent of low-income working families who access subsidies through ACS.

CHILD CARE SUPPORTING AGENCIES

Family Child Care Networks are run by community based organizations and support family child care providers by offering assistance in meeting health and safety regulations as well as offering training and access to materials. There are approximately 100 family child care networks in New York City, with considerable variation in the type and extent of services they offer their members. However, most operate as a liaison between parents and providers by placing children in need of care in family child care slots with registered providers. Networks under contract with ACS receive $17.06 per child per week to cover their services, with $9 coming from the provider, and the remainder provided by the City. Networks not under contract utilize a variety of resources to support their operations.

Child Care Resource and Referral Agencies (CCR&R) operate in part under a contract with the state. Together this consortium of five CBOs manages a single database of caregivers, provides referrals to parents in each of the five boroughs, and publishes information on finding quality child care. CCR&Rs also offer training to center staff, family child care providers, and family child care network coordinators on safety, health and programmatic curriculum. In addition, CCR&Rs often provide start-up assistance and materials to providers and networks and a number operate their own family child care networks.

Center-Based Child Care: Regulations and Findings[31]

To operate a center-based program, prospective school-age and group child care operators must submit a description of indoor and outdoor activities, as well as proposed discipline and admissions practices. Group child care programs (but not school-age programs) are also assigned a consultant from DOHMH who assists during the application process and is responsible for program inspections and for providing ongoing technical assistance. Group child care programs must work with a registered architect or licensed professional engineer to submit building plans and payment of the required filing fee to the Buildings Department. They must also have an affidavit from a registered architect or a licensed professional engineer stating that the program meets all Fire Department requirements. Programs must ensure that the means of egress conform to the requirements of the Building Code and Health Department requirements.

The 13 center-based (7 group, 1 school-age and 5 group/school-age) child care programs that CCC interviewed had been in operation between 5 to 44 years and offered a combination of publicly subsidized and private pay care to families in Brooklyn, Manhattan, Queens, Staten Island, and the Bronx. Program size ranged from 20 to 700 children, the number of staff ranged from 11 to 81, the average fee charged for care was $139 per child per week, and 10 programs had a waiting list. 12 programs had contracts to provide subsidized child care through ACS, 10 programs reported that they accept vouchers from ACS, and one program reported accepting HRA vouchers. In addition to providing child care, four offered Head Start, three programs offered Universal Pre-K and one offered Early Intervention services.[32]

Table IV. Screening Requirements for Group Child Care Staff [33]

Program Type	Staff	Regulating Agency	Fingerprinting Agency	Level of Clearance
Group child care (private)	Job applicants, employees and volunteers (excluding parent volunteers)	DOHMH	NYC DOHMH (NYC DOI)	State and Federal[34]
Group child care with ACS contract (includes Head Start)	Job applicants, employees and volunteers (excluding parent volunteers)	DOHMH	DOHMH (NYC DOI)	State and Federal
Group child care with ACS contract in a school	Job applicants, employees and volunteers (excluding parent volunteers)	DOHMH	DOHMH (NYC DOI)	State and Federal

[31] Includes both Group Child Care and School-Age Child Care.

[32] The Early Intervention program provides a variety of services to children birth to three with developmental delays.

[33] Data provided by Child Care Inc., Citizens' Committee for Children and Lawyers' Alliance for New York City for the ACS Advisory Board Child Care and Head Start Subcommittee and the United Way of New York City Early Learning Project, 2003.

[34] Where state and federal clearance is obtained, DOI processes fingerprints through the Division of Criminal Justice Services of NYS and the Federal Bureau of Investigation to obtain a criminal conviction report nationwide.

FIGURE VI. GROUP CHILD CARE LICENSURE PROCESS

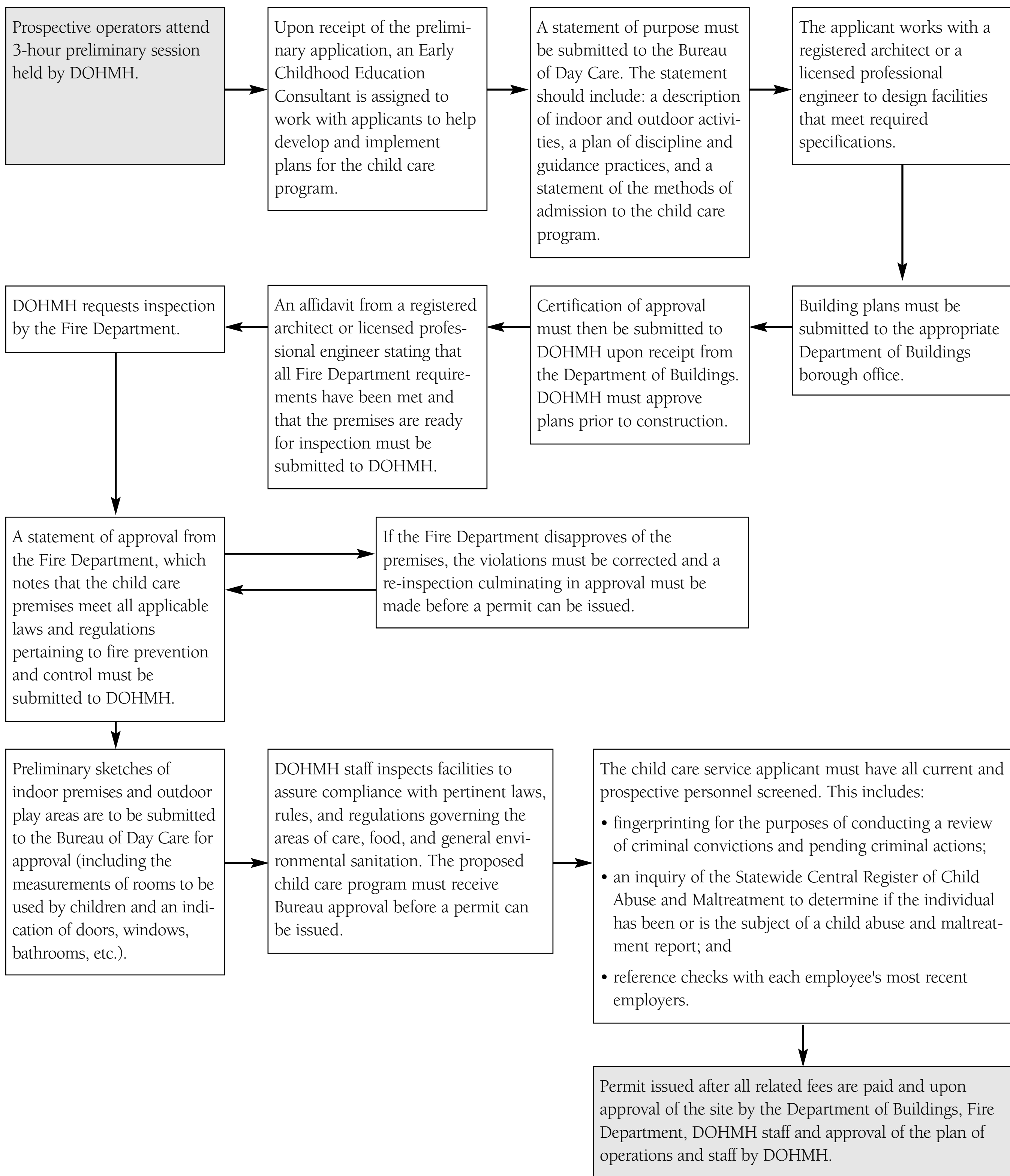


Table V. Screening Requirements for School-Age Child Care Staff[35]

Program Type	Staff	Regulating Agency	Fingerprinting Agency	Level of Clearance
School-Age	Operator, employee or volunteer	OCFS	DOHMH (DOI, local police precinct, CCR&Rs)	State only
School-Age in a school	Operator, employee or volunteer	OCFS	DOHMH (DOI, local police precinct, CCR&Rs) and NYC DOE	State and Federal
Legally Exempt Nursery school or school-age programs operated by public school districts, private schools & summer day camps	None	DOHMH	N/A	N/A

STAFF EXPERIENCE AND TRAINING

To ensure the safety of children, regulations require all center-based (group and school-age) child care staff to be screened. Staff must have their fingerprints taken and undergo a review of criminal convictions and inquiry with the State Central Register of Child Abuse and Maltreatment. Prospective employees and providers must also provide three employment references. For group child care staff, the screening process involves a national review of criminal convictions and child abuse and maltreatment reports in accordance with New York City Health Code.

For school-age child care staff, the review entails a statewide review and applicant attestation regarding misdemeanor or felony convictions in New York State or any other jurisdiction as required by the New York State Social Service Law (see Tables IV and VI).

Child care teachers and directors are required to meet a range of educational and experiential requirements (see Tables VI and VII). DOHMH allows center-based programs to hire group teachers who are in route to meeting the educational requirements specified in the City Health Code and New York State Social Services Law. Provisionally hired group teachers must provide programs with a detailed plan for meeting educational requirements.

[35] Data provided by Child Care Inc., Citizens' Committee for Children and Lawyers' Alliance for New York City for the ACS Advisory Board Child Care and Head Start Subcommittee and the United Way of New York City Early Learning Project, 2003.

Findings:

- **CCC found that a majority of programs surveyed had great difficulty recruiting and retaining qualified staff.** Over half of programs indicated that they have difficulty finding qualified staff, and many noted that the higher rates of compensation provided by the Department of Education to certified teachers make recruitment and retention of the most highly qualified staff difficult. Programs reported that directors and group teachers were particularly challenging to recruit and retain. Ten programs reported that they had no staff vacancies at the time of the survey. A majority of programs (n=7) indicated that replacing staff takes between three to four months when vacancies arise, with one program reporting that finding staff to fill vacant positions can take up to a year.
- **Several center-based programs reported that they hire staff prior to receiving clearance from the Statewide Central Register of Child Abuse and Maltreatment due to the length of time between submission of screening paperwork and the receipt of clearance documents.** New York City Health Code and the State Child Care Quality and Protection Act require that all center-based personnel be screened in order to provide care to children. However, programs may hire staff provisionally, with permanent hire contingent upon receiving clearance. The center-based programs that participated in CCC's study reported a one to four month turnaround for clearance from the review of criminal convictions and the Statewide Register. These delays often necessitated the provisional hire of staff. Eight programs indicated that they had group teachers who are in the process of meeting their city training requirements, and three indicated that they had directors who were in the process of meeting city training requirements.

Table VI. Group Child Care Staff Qualifications

Title	Required Education	Experience	Ongoing Training Requirements
Educational Director	NYS Teacher Certification [36] Appropriate academic course work including 150 hours of observed and supervised teaching in Pre-K or Kindergarten and 30 hours of study in professional education	2 years as a group teacher	30 hours every 2 years
Group Teacher	NYS Teacher Certification -OR- A plan to complete the requirements within "a reasonable period of time" as determined by DOHMH[37]	1 semester of supervised teaching in Pre-k or K	30 hours every 2 years
Assistant Teacher	High School Diploma -OR- Child Development Associate Credential	Must be at least 19 years of age	30 hours every 2 years
Special Education Teacher	NYS Teacher Certification Qualified in Special Education -OR- Early Childhood Education with additional appropriate training to work with children with special needs	None None	30 hours every 2 years
Infant Care Director	B.A. in Early Childhood Education	1 year of experience as a group teacher or caregiver in charge of infants and toddlers	30 hours every 2 years
Infant Care Group Teacher	A.A. in Early Childhood Education -OR- Community Development Associate -OR- High School Diploma	None None 1 year of experience with infants	30 hours every 2 years

[36] Requires a M.A. in Education.

[37] New York City Health Code, Article 47, 47.13 (b)

- **Program directors, group teachers and assistant teachers at the programs reviewed had varied access to training. Programs also reported that paying for training was a challenge.** Programs indicated that they provide training for directors and other staff either directly, through colleges or universities, or through Child Care Resource and Referral Agencies. The amount of training provided to staff varied from program to program, and training costs ranged from $200 to $6,000 annually for directors and $200 to $7,000 annually to train group and assistant teachers.

HEALTH AND SAFETY OVERSIGHT

Health and safety regulations require that center-based programs maintain up-to-date health and immunization records for all staff and enrolled children. Children from birth to two years must have a physical examination within 30 days prior to admission, and children age two to six years must be examined within 90 days prior to admission. Exams must include testing for lead poisoning, tuberculosis, dental health and the required age-appropriate immunizations which must be presented to the program prior to enrollment. Staff at group child care programs must also present a physician's statement of good health, and receive an annual tuberculosis test. School-age child care staff must provide a medical statement upon hire and every two years thereafter.

Programs are required to establish and post written policies for dealing with emergencies that must be approved by the Department of Health and Mental Hygiene prior to receiving a license, including a prior arrangement with local emergency services. Center-based programs must also meet a range of standards for physical safety and fire protection including: window guards, radiator guards, room temperature, lighting and ventilation, diaper changing, bathroom facilities, provision of food, fire extinguishers, smoke detectors and means of egress.

Findings:

- **Center-based program staff expressed a desire for increased access to information about safety and health regulations, as well as technical assistance and other supports.** Most programs were aware that the Department of Health and Mental Hygiene's early childhood consultants were available to work with them on an as needed basis. However, they indicated a desire for increased access to technical assistance. More specifically, staff expressed a need for additional information about documenting and maintaining records on staff work experience and criminal conviction clearance, and on developing a program activities plan.
- **Most center-based programs reported that they received regular visits from the Department of**

TABLE VII. SCHOOL-AGE CHILD CARE STAFF QUALIFICATIONS*

Title	Required Education	Experience	Ongoing Training Requirements
Director	A.A. in child development, elementary education, physical education, recreation or a related field -OR- NYS Children's Program Administrator Credential -OR- NYS School-Age Child Care Credential	2 years direct experience working with children under age 13 including one year in supervisory capacity	30 hours every 2 years
Group Teacher	A.A. in child development or a related field -OR- High School Diploma	None 2 years direct experience working with children under 13 years of age	30 hours every 2 years
Assistant Teacher	High School Diploma	Substantial experience working with children under 13 years of age	30 hours every 2 years

*Administration for Children's Services, 2003.

Health and Mental Hygiene and the Fire Department, however, CCC found that far too many programs were operating without a license due to inspection and licensing delays. A majority of programs reported that on average, inspections occur once a year, and a smaller number reported receiving biannual visits. Five of the 13 center-based programs CCC interviewed were operating with an expired license as they awaited inspection by a DOHMH early childhood consultant or receipt of their license after completion of an inspection. Most center-based programs (n=7) we surveyed reported that after submitting an application for license renewal to DOHMH, it takes between three to four months for a consultant to inspect their program. A few of the programs CCC interviewed indicated this pattern was far from atypical.

- **The duration of DOHMH inspections and the materials inspected varied from program to program, with four center-based programs reporting that inspections are somewhat thorough.** Programs were very likely to report that consultants inspect meals, outdoor play areas, staff work and background clearance, smoke alarms and fire extinguishers child immunization, bathroom areas, the visibility of choking, handwashing and fire evacuation posters and first aid materials. They were less likely to report that consultants inspect cribs, cots and washable mats, program activities or the quantity and type of books or other materials and equipment available for play.
- **A majority of center-based programs reported that they are given one to two months to address any violations identified during the Department of Health and Mental Hygiene inspections.** According to DOHMH, the timeframe for correction of violations varies according to the severity of the violation. Programs reported that at the conclusion of their inspection, consultants provide them with a list of violations, if any, that they must address. In general providers reported that they were given adequate time to become compliant, and two programs noted that for 'major' violations, programs are given two to three weeks.

MATERIALS & REPAIRS

Access to quality, developmentally appropriate materials is important if center-based programs are to provide children with exposure to concepts and ideas they will need to succeed in school. However, limited budgets mean that programs often struggle to afford even basic repairs required to remain in compliance with city and state safety and health regulations. Purchasing up-to-date learning materials that reflect the latest knowledge about child development is frequently not an option. Funding for repairs is inadequate – programs which serve low-income children through a contract with ACS receive approximately $25.00 a child for renovation and small repairs.

Finding:

- **Center-based programs spent between $1,000 and $20,000 annually on repairs necessary to comply with city safety and health regulations, and reported that there were additional repairs they would like to make but could not afford.** All in all, the 13 center-based programs in the study spent an average of $6,375 on repairs annually. These repairs were financed through loans or government contracts, and most programs indicated that there were additional repairs that they would like to make to enhance program quality but could not afford. Areas that programs indicated a desire to enhance included repairs to their playground and outdoor space, physical therapy and gym space, classroom space, bathrooms and roofing. A majority of programs reported that simple materials such as outdoor play equipment, and first aid supplies are not difficult for them to afford. However, other materials purchased such as cribs and cots, outdoor equipment, books, art supplies, toys and other materials can be difficult to afford.

Family Child Care: Regulations and Findings

Family child care – a family residence in which a provider cares for children – is the preferred choice for many families searching for an intimate child care setting for their youngest children. As an increasing number of families rely on two incomes to make ends meet and with the increasing prevalence of nontraditional hours employment for families transitioning from welfare to work, family child care offers a more flexible schedule to working families than center-based programs.

To provide care to children in New York City, providers must acquire knowledge about child development, early care and education, and a dizzying array of city agencies and often overlapping regulations and policies. As operators of small businesses they must perform a range of tasks themselves including marketing the program and recruiting parents, cooking, cleaning, shopping for food and supplies, record keeping, keeping up with regulatory changes, and meeting training requirements. When caring for children, providers often work long hours in isolation and piece together information through their own informal connections and through word of mouth.

When applying for a registration, family and group family child care providers must supply a diagram of the home and meet state standards for indoor and outdoor space. These include requirements regarding paint finishes, bathroom facilities, room temperatures, the use of smoke detectors and fire extinguishers and means of egress. Regulations also include a series of safety requirements regarding radiators, hazardous materials, pets and materials and play equipment used by children.

Family child care providers must develop a schedule of program activities including snack and meal periods, rest periods, indoor activities and outdoor play time. They must have adequate materials for play, and follow specific regulations regarding child supervision and toileting, discipline and reporting suspected incidents of child abuse and maltreatment. All prospective caregivers applying for a family or group family child care permit after December 31, 2000 receive pre-registration visits by DOHMH as required by the Quality Child Care and Protection Act.

The six family child care providers that CCC interviewed had been registered with the Department of Health and Mental Hygiene between two to seven years, and offered a combination of publicly subsidized and private care to children and families in Brooklyn, Manhattan, Staten Island and the Bronx. The family child care providers in our study had been in operation between two to seven years and cared for between three to four children for a minimum of 10 hours a day. Providers charged between $80 and $150 per child per week, providing caregivers with an approximate gross annual salary of $14, 000 to $26,250 before taxes and not including the cost of materials and food. Four of the programs accepted vouchers from ACS or HRA. One caregiver reported an interest in providing care to families with an HRA voucher, but reported difficulty obtaining information about how to do so. None of the family child care homes CCC visited offered Head Start, Universal Pre-K or Early Intervention services. Two programs reported that they had waiting lists, one employed an assistant, and only one provider belonged to a family child care network.

STAFF EXPERIENCE AND TRAINING

Like center-based staff, family child care providers must be fingerprinted by the Department of Health and Mental Hygiene and undergo a review of criminal convictions and inquiry with the State Central Register of Child Abuse and Maltreatment. In addition, for all family child care providers who apply for registration or renew their registration after December 31, 2000, fingerprinting and criminal background checks are required for all residents of a family child care home over age 18. Providers are also required to submit three employment or personal references to DOHMH.

Caregivers must be at least 18 years old, have a minimum of two years experience caring for children under age six or one year caring for children under age six and six hours of training in early childhood development. New York State regulations allow providers to include unpaid experience caring for children and child-rearing towards meeting this requirement.

All family child care providers are required to have 30 hours of training every two years, 15 of which must be within the first six months of operation (six of these must be basic health and safety training which providers must acquire prior to operation). State training requirements for family child care providers include training on child health and safety, child development and education, nutrition,

program development and child abuse and maltreatment identification and prevention.

Finding:

- **Family child care providers receive their training from a variety of sources, and more than half had received more than the 15 hours originally required when they received their registration.** Although all the providers who participated in CCC's study had been registered prior to passage of the Quality Child Care and Protection Act, most had already received above and beyond the 15 hours previously required. Most of the family child care providers in CCC's study receive training from a college or university or family child care network. Providers reported that the cost of training ranged from $75 to $300, and that they paid for this training out-of-pocket. While most providers utilized free training as well, they indicated that the training they *purchased* was of higher quality, providing them with the most relevant information, and connecting them to other career-minded caregivers.

HEALTH AND SAFETY OVERSIGHT

Family and group family child care providers are required to maintain up-to-date health and immunization records for themselves, home residents, staff and every child under their care. At the time of registration, providers are required to submit a statement from a health care provider stating that they are physically and mentally fit to provide child care and have medical examinations including testing for tuberculosis.

All parents must provide a written statement by a health care provider verifying that the child is free from contagious disease and able to participate in child care. The statement should include documentation that children have received age-appropriate immunizations. Providers are required to have a plan for medical emergencies and arrangements for children who become sick while under care. The standards also include specific regulations for provider and child hand washing, diapering, treating cuts, and disinfecting carpets, surfaces, furnishings and other supplies.

At the time of our interviews, DOHMH was required to visit a 20 percent random sample of family child care providers a year. However, with the implementation of the Quality Child Care and Protection Act, the inspection rate was increased to 50 percent.

Findings:

- **Family child care providers pieced together information about meeting safety and health regulations, and obtained assistance in the operation of their programs through a variety of sources with a range of success.** Both providers who had received a Department of Health and Mental Hygiene visit and those who had not expressed frustration with their efforts to obtain information about safety and health regulations, and difficulty renewing their registration. Several providers reported that they attend informal informational sessions for family child care providers held by local community based organizations. Providers indicated a need for additional information about the child care food program, food preparation and nutrition.

Table VIII. Family Child Care Staff Qualifications*

Program Type	Staff	Regulating Agency	Fingerprinting Agency	Level of Clearance
Family child care	Operator, assistants employees, volunteers, and residents over age 18	OCFS	DOHMH (Police Department or CCR&R)	State only (asked to disclose out of state convictions in application).
FCC thru ACS contract	Operator, assistants employees, volunteers, and residents over age 16	OCFS	DOHMH & DOI	State and Federal (due to ACS standards).
Legally Exempt Informal Care	Operator	OCFS	N/A	N/A

* Administration for Children's Services, 2003.

- **Changes in DOHMH's monitoring role combined with family child care provider's limited and sometimes strained interactions with DOHMH consultants resulted in a lack of clarity about the agency's role as a provider of information or technical assistance**. Providers indicated that they were not receiving the information they needed to fully understand the registration process. Our interviews led us to the conclusion that confusion about registration was linked to delayed and poor communication between providers and DOHMH early childhood consultants. Five family child care providers were unaware of the scope of DOHMH consultants' responsibilities including their role as technical assistance providers.
- **Although family child care providers reported a need for additional information about safety and health regulations generally, a majority of providers (n=4) were aware of the new screening requirements mandated by the State Quality Child Care and Protection Act.** Providers indicated that they had been informed of this regulatory change via information received in the mail from OCFS and by word of mouth. All but one provider indicated they were aware of the process for having fingerprints taken by the Department of Health and Mental Hygiene.
- **Consistent with regulations at the time, only one-third of the family child care providers CCC interviewed had ever received a visit from the Department of Health and Mental Hygiene**. Three of the providers we interviewed had never received a visit from DOHMH. As noted earlier, the passage of the Quality Child Care and Protection Act in September 2000 increased the annual percentage of randomly inspected providers from 20 percent to 50 percent effective December 31, 2001.
- **Family child care providers frequently operate with expired licenses while waiting for renewal paperwork from the Department of Health and Mental Hygiene**. Providers reported that after submitting an application for registration renewal, on average, it takes from three to six months to receive their registration. Three providers reported waiting over a year to receive their renewed registration, and although the Department of Health and Mental Hygiene conducts registration renewals through the mail, another reported having to go to DOHMH in person to resolve permit issues. Providers indicated that they made numerous calls to the Department of Health and Mental Hygiene to check the status of their renewals and that early childhood consultants were not always courteous.
- **Family child care providers who had received a visit and inspection from a Department of Health and Mental Hygiene consultant reported that the inspections were thorough.** Providers reported that the consultants had evaluated their program activities plan, the quantity and types of cribs, cots or washable mats, materials, books and equipment available for play, the outdoor play area, kitchen and bathroom facilities, documentation of staff qualifications, staff and child immunization records, first aid supplies, smoke alarms and fire extinguishers.

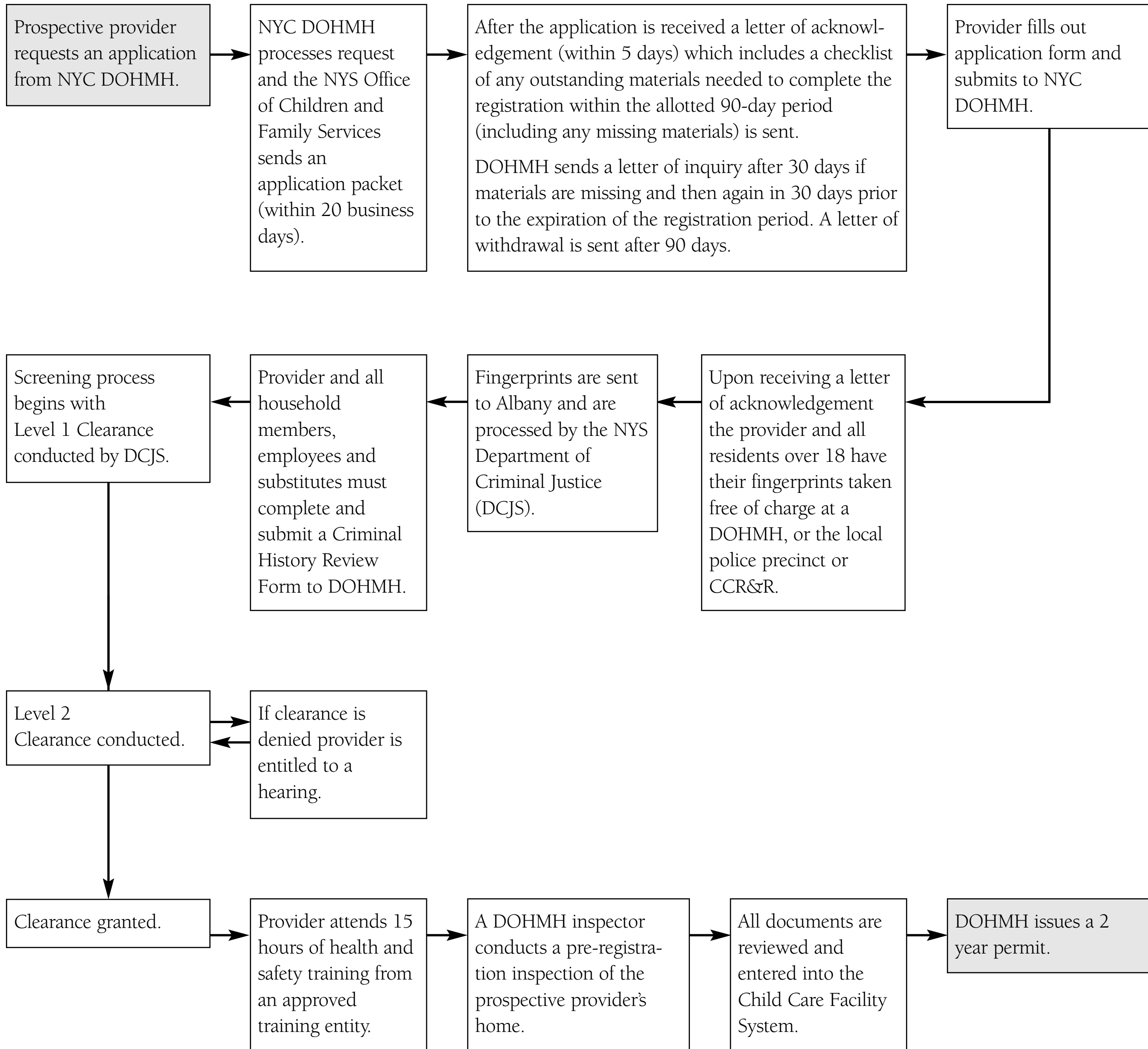
MATERIALS & REPAIRS

The purchase of materials, supplies and food as well as making renovations to meet inspection requirements are required of all family child care providers. However, because of parents' limited ability to pay for the actual cost of child care and inadequate reimbursement rates for subsidized care, such costs are difficult to absorb and have a direct connection to caregivers' low wages.

Finding:

Family child care providers reported that making the home alterations necessary to be in compliance with State regulations and the purchase of materials for play and learning was a challenge. Half of the providers we interviewed reported having made repairs to their homes, with two reporting having spent at least $1,000 to bring their homes into compliance with state regulations. Providers also indicated that materials and supplies such as cribs, cots, high chairs and books were typically paid for out of pocket or through loans. Most reported that they seek out donations of books, art supplies and other materials whenever possible because the cost of such items presented a hardship. Providers also reported that they were unable to make ends meet and simultaneously offer children in their care access to a full range of play and learning materials.

FIGURE VII. FAMILY, GROUP FAMILY AND SCHOOL-AGE CHILD CARE REGISTRATION PROCESS



Focus on Family Child Care

The information CCC acquired through its interviews with providers, CCR&R staff, and officials at DOHMH and ACS generated a series of questions about the role of the DOHMH Bureau of Day Care in ensuring quality care, particularly in family child care residential settings. To better understand the extent to which the experiences of CCC's sample of six family child care providers was representative of the greater population of family child care providers in New York City, CCC supplemented anecdotal information provided in the interviews with a larger sample of data on more than 100 family child care providers supplied by 12 networks. This data, along with information provided by DOHMH administrators and the City Council Hearing on the Licensing and Inspection of Child Care revealed the following:

- **Late inspections and registration renewals of family child care providers are commonplace.** In 2002, data from family child care networks revealed that 83 child care providers were operating with expired licenses while waiting for renewals (see Table IX). These providers' CACFP meal reimbursement was jeopardized by their permit status. In addition, untimely registration renewals combined with DOHMH's delayed responses to providers' phone inquiries endangered payment for care provided and the placement of additional children in providers' homes. These risks pushed many providers to try resolving these issues in person at DOHMH during business hours, disrupting care arrangements for the children they served, and resulting in lost income for providers.[38]
- **Within our sample, the number of family child care providers operating with expired permits increased from 2002 to 2003.** Of a sample of 83 providers with pending renewal applications in 2002, 5% had licenses that had expired in 2000, 37% had licenses that expired in 2001, and 30% had permits that expired in 2002. Of a sample of 84 providers with pending renewal applications in 2003, 17% had licenses that had expired in 2001, 57% had licenses that expired in 2002, and 19% had permits that expired in 2003. (See Figure VIII and Figure IX).

[38] *Caring From Home: Addressing Barriers to Family Child Care Expansion*, Citizens' Committee for Children of New York, April 2002.

Table IX. Family Child Care Provider Permit Status as of July 2002

TOTAL APPLICATIONS PENDING	115
Providers with initial application pending prior to June 2002	32
Providers with renewal application pending prior to June 2002	83
TOTAL EXPIRED PERMITS	**83**
Providers whose permit expired before 2000	6
Providers whose permit expired in 2001	43
Providers whose permit expired by May 2002	34
Providers who received permits as of June 2002	**32**
Total permit pending as of June 2002	**83**

- **DOHMH's child care database is problematic, causing difficulties with payments when registered providers are not listed in the database, and making the search for child care more difficult for parents who may find that provider lists include numerous incorrect phone numbers, and/or former providers who no longer care for children.** Although Child Care Resource and Referral Agencies typically work with the agency to clean up DOHMH data, the same errors often appear again. This is further complicated by NYS OCFS's role in data management and the need for greater communication between OCFS and DOHMH. Unfortunately, because ACS and HRA must rely on outdated information, family child care providers who are not accurately accounted for in the DOHMH database often receive delayed payment for care.[39]

[39] In the case of HRA, these data inaccuracies have implications for TANF families' ability to participate in required work activities. For example, if a registered provider is not included in the DOHMH database, and enrolls an HRA child, the provider later learns that they will not be paid. Often this results in the parent losing care and jeopardizing her participation in a work activity.

Figure VIII. 2002 FCC Permit Status (N = 115)

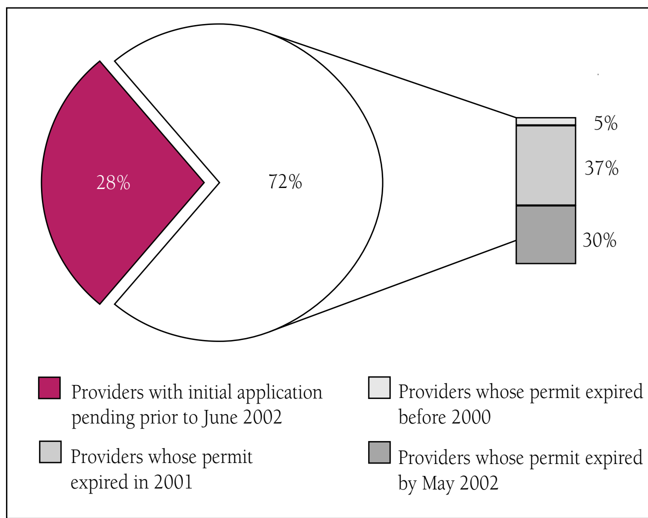
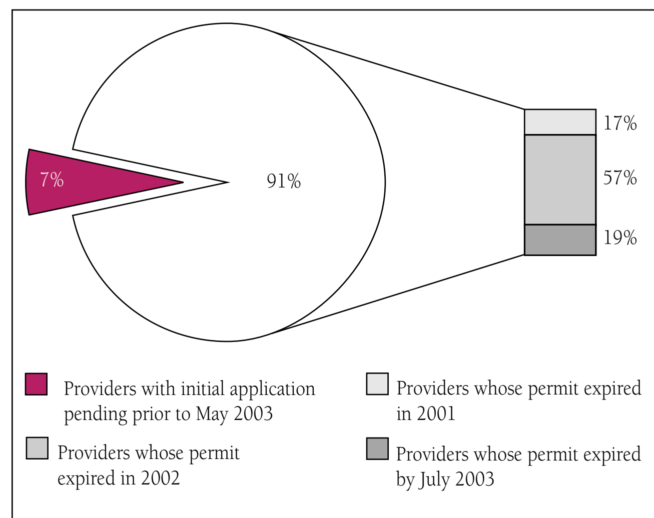


Figure IX. 2003 FCC Permit Status (N = 90)



The fingerprinting, background and clearance processes are redundant, complex and costly, and often fail to provide adequate protection for children in child care. Depending on the category and location of care (whether located in a school building, community based organization or residence) and how programs receive payments (voucher vs. contract) staff are fingerprinted by a combination of one or more of the following agencies: DOHMH, DOI, NYC DOE, or ACS. Unfortunately, not all of these agencies offer multi-state screening for criminal convictions and child abuse and maltreatment reports. Further, the family child care networks that participated in our study estimated that of the fingerprints of family child care providers taken by DOHMH, approximately 60% are sent back to the agency to be re-done because they are smeared or unusable.

Table X. Family Child Care Provider Permit Status May 2003 - July 2003[40]

TOTAL APPLICATIONS PENDING	**90**
Providers with initial application pending prior to May 2003	6
Providers with renewal application pending prior to May 2003	84
TOTAL EXPIRED PERMITS	**84**
Providers whose permit expired in 2001	15
Providers whose permit expired in 2002	52
Providers whose permit expired by July 2003	17
Providers who received permit as of May 2003	**31**
Remaining permits pending as of May 2003	**59**
Providers who withdrew from program as of July 2003	**18**

[40] For data collected on all family child care providers Summer 2002 and 2003, see Appendix A.

Recommendations: Building a System that Supports Quality Care

STRENGTHEN THE DOHMH BUREAU OF DAY CARE INFRASTRUCTURE

The passage of the Quality Child Care and Protection Act and the implementation of the new safety, health and programmatic requirements at the heart of this legislation provide an unprecedented opportunity to provide quality environments for children in child care. While prescribing additional safeguards for children such as additional fingerprinting and screening of family child care providers and residents of their homes, the Act seeks to improve the quality of child care programming through increased education and training for child care staff and providers. The key elements of the legislation place additional responsibilities on both DOHMH and child care staff and providers, making effective planning and a sound infrastructure at the Bureau of Day Care essential to realizing the intended outcome of the legislation – child care programs that are physically, developmentally and emotionally safe for children.

DOHMH should develop a time-specific work process improvement and staffing plan to improve the monitoring and oversight of child care programs. This plan should include an assessment of new needs to determine what additional funding, staffing levels and resources may be necessary to fully implement mandates specified in the Quality Child Care and Protection Act. More specifically, this plan should detail how DOHMH will achieve the following:

- **Coordinate inspections with licensing expiration dates to enable programs to operate in compliance with city and state law.** Our research indicates that far too often, monitoring visits occur after permit expiration. While group child care centers receive annual inspections, by law, school-age programs and child care provided in residential settings receive less frequent inspections making punctual monitoring visits all the more important.

  More specifically, providers are required to receive renewal applications 120 days prior to the expiration of their permit. Unfortunately, these applications are often received too late to ensure that child care permits do not lapse. Still other programs reported that after providing the DOHMH with the required renewal application in advance of permit expiration, inspections were often delayed past the date their permit allowed them to operate.
- **Establish reasonable workloads for DOHMH early childhood consultants and staff up the Bureau of Day Care to allow consultants to specialize in monitoring a single type of program.** The National Association for the Education of Young Children recommends that licensing staff who have no other duties be responsible for no more than 75 child care centers and/or family child care homes.[41] Reasonable work loads combined with specialization improve the quality and accuracy of child care monitoring visits.
- **Ensure that programs receive site visits from staff that hold degrees in early childhood education and that have substantial experience in the field.** Knowledge about child development and appropriate environments for infants, toddlers, preschoolers and school-age children is central to the ability of inspectors to identify potential hazards, help programs structure a supportive environment for children and provide meaningful technical assistance.
- **Standardize monitoring and enforcement procedures and provide clarity to family child care and center-based program operators about the inspection process.** All elements of care that are linked to high quality should be thoroughly inspected and DOHMH should ensure that providers better understand what will be included in the inspection.
- **Respond to family child care provider's inquiries and provide technical assistance within 24 hours of a request for assistance.** It is critical that appropriate response times be established for assisting providers seeking information about health and safety regulations. Our conversations with family child care providers and family child care network coordinators revealed that DOHMH staff often did not respond to repeated messages and inquiries, that staff who were knowledgeable about regulations were often not on hand to answer questions, and that office staff were often less than courteous. Providers also reported having to close their programs and go to DOHMH in person for information. DOHMH must develop a

[41] "Licensing and Public Regulation of Early Childhood Programs: A Position Statement of the National Association for the Education of Yong Children," NAEYC, 1998.

system that provides caregivers with easy access to the information they need to comply with state and city law.

- **Develop partnerships with family child care networks, CACFP sponsors and other entities that provide technical assistance to regulated family child care and legally exempt informal care providers.** The number of informal care and family child care providers that receive reimbursement for food through the federal food program is unknown, however, low salaries provide a strong incentive for providers to supplement their income. DOHMH should partner with these agencies to provide more comprehensive oversight of the 6,492 family and group family child care providers in New York City.
- **Improve data collection and information management. This should include making web-based access to information on child care programs available to parents and providers.** DOHMH must maintain an accurate database of child care programs. Providing information to providers regarding the status of their licenses and registration is a core function of DOHMH. Providers depend on this data for their income because the federal, state and city agencies responsible for administration of child care services utilize this data to make payments to providers for care, determine the rate of reimbursement for care provided, and to determine whether programs are eligible to care for children with a child care subsidy. Unfortunately, our research indicates that DOHMH data has consistent inaccuracies. DOHMH currently provides highly accurate information about restaurants which the public can access via the internet. Similar information should be made available on New York City's child care programs. If DOHMH does not have the capacity to maintain and provide accurate data, this function should be delivered through a contract with another public agency or private entity.
- **Develop a mechanism to enable parents and other individuals to report potential problems or concerns about child care quickly, and to answer questions.** Parents and other community members have the most frequent contact with child care providers in their neighborhoods. DOHMH should promote information sharing with parents and community members by phone and/or the internet, with the Bureau of Day Care. Parents should also have access to professionals who can respond quickly to issues that may have a direct impact on their child's safety.
- **Develop a public education campaign to provide parents with information about how to choose child care and to report potential problems or concerns.** The campaign should include information about appropriate supervision, staff qualifications, developmentally appropriate activities, emergency plans, medication and immunizations and partner with child care programs, family child care networks, health practitioners and other social service agencies to provide parents with information about child care quality. Equally important, the campaign should educate parents and community members about how to report concerns about child care providers and programs.
- **Develop a biannual report that provides the public with information regarding the number of complaints lodged against programs, the number of programs inspected and the outcomes of safety and monitoring inspections.** Parents and the public at large should have ongoing access to information about the quality of early care and education programs. DOHMH should help parents make informed decisions about child care by making up-to-date information about child care readily available.

BETTER COORDINATE INTERAGENCY OPERATIONS

The multiplicity of federal, state and city agencies and requirements which govern the administration and oversight of child care make interagency information sharing and coordination essential if greater system efficiency and cost-savings are to be realized. In order to better coordinate interagency responsibilities:

- **New York City should create an early care and education oversight committee under the auspices of DOHMH.** The Committee should be comprised of representatives of the Bureau of Day Care, ACS, HRA, family child care networks, center-based and family child care providers and experts in the field of early care and education.

- **New York State and New York City should coordinate and simplify fingerprinting responsibilities that are currently performed by multiple agencies and should require one level of prints with the highest level of clearance (FBI).** Fingerprinting is currently required of all job applicants, staff and volunteers in all child care settings including family members over age 18 in family and group family child care settings) except for legally exempt care provided by informal child care providers, private schools, or programs operated by religious organizations. However, fingerprinting is not of the same quality, and is too often duplicated at considerable expense to providers, the City and the State. Streamlining fingerprinting responsibilities, and sharing fingerprinting data across agencies can reduce costs and better protect children in care.
- **DOHMH should work with the NYS Office of Children and Family Services to more efficiently track providers' permit application status and to synchronize renewals and inspections.** OCFS's Child Care Facility System tracks data about family child care, group family child care and school-age child care. It is important that this system facilitate the ability of administrators to inform providers of the status of their applications. In addition, DOHMH should develop a system of data maintenance that ensures the accuracy of city regulated group child care programs. This will enable DOHMH to expedite renewal time frames and enable providers to address outstanding issues that may be holding up their applications.
- **DOHMH should provide HRA, ACD and Child Care Resource and Referral Agencies with monthly, automated updates of newly registered providers.** Such updates will ensure that eligible programs are able to serve children with ACS or HRA vouchers, and that they receive the correct payment rate from these agencies. Such updates will also better enable New York City's Child Care Resource and Referral Agencies to provide accurate referrals to parents searching for care.
- **DOHMH should designate a staff person to work as a liaison between ACS, HRA, the Buildings Department and Fire Department and other agencies as appropriate to assure the quality of child care.** State and city child care regulations are detailed and require the involvement of many agencies. As a result misinterpretation of the law is not uncommon. Clarity about enforcement would be greatly facilitated by creating a staff position to work with staff at the multiple agencies responsible for administration and oversight of child care services.

IDENTIFY CREATIVE WAYS TO ADDRESS FINANCING, WORKFORCE, AND REGULATORY ISSUES THAT DIRECTLY IMPACT QUALITY

The early care and education system faces a number of challenges to quality improvement. Current financing mechanisms fail to support a comprehensive system of child care and are overly reliant on families to pay for the cost of child care. Regulatory and administrative inefficiencies complicate the licensure and registration process and often delay or eliminate payment to caregivers for care provided. And low wages and limited training and professional development opportunities lead to high levels of turnover and depressed quality of care. To address these issues:

- **New York State and New York City should allocate funds to ensure adequate staffing to carry out oversight and monitoring responsibilities.** The current ratio of DOHMH early childhood consultants to programs does not allow for standardized program inspections, or the necessary support for providers working to meet standards. The additional protections for children that will result from the Governor's proposal to monitor legally exempt, home based programs will make the need for additional inspectors even more urgent and widen the gap between oversight capacity and available resources. Department of Health and Mental Hygiene inspections are the key to ensuring that programs provide quality care to children in their care. Providing adequate funds to provide comprehensive monitoring visits is essential.

- **New York State should develop a methodology for calculating payment rates that provides a funding level adequate for high quality care. The payment structure should include a tiered system of reimbursement that provides higher rates of reimbursement to accredited programs, or programs meeting higher program standards.** The current methodology sets payment rates for subsidized care at 75 percent of the market rate. Unfortunately, because the market rate does not reflect the actual cost of providing care, providers struggle to meet their bottom line and quality and supply are diminished. A number of states have established payment rates that support quality care by setting their payment rates above the minimum required by the federal government. Still other states have encouraged program enhancement by reimbursing programs who make a commitment to meeting higher quality standards at a higher rate.
- **New York State should allocate funding to compensate providers at a level commensurate with their education and experience in order to better recruit and retain qualified staff and provide quality child care.** Research shows that staff continuity in child care settings is essential if children are to develop secure attachments with their providers. In New York City, teachers in early childhood programs must meet the same qualifications as teachers employed by the NYC Department of Education, but are paid substantially less (see Table II). Compounding the problem, ACS child care staff represented by DC 1707, Local 205 has been without a contract since December 2000. Resolving the contract negotiation is critical to retaining child care workers and recruiting new staff.

  Further, New York State has increased its educational requirements for teachers of early care and education. As of February 2004, child care teachers must obtain a masters degree and permanent teacher certification within three years. A one year extension of initial certification is possible, in contrast a five year renewal and two year extension was possible prior to the new requirements. New York State should provide funds to enable staff to meet the new higher standards requirements, and adjust the market rate to enable programs to adequately compensate staff.
- **New York State should reinstate the New York State T.E.A.C.H. program and both the State and City should develop a clearly articulated career ladder for child care providers with compensation linked to qualifications and experience.** Modeled after the North Carolina T.E.A.C.H. Program developed in 1990, New York State's T.E.A.C.H. program was developed to increase staff education and compensation and to reduce high turnover rates. The program was a partnership between child care employers, staff, family child care providers, and the State. Through T.E.A.C.H., New York State provided scholarships to caregivers to help pay for tuition, books and transportation costs toward a certificate or credential, associates, bachelors or graduate degree.

  For staff that works in center-based programs the State scholarship covered between 50-70% of tuition and books. Employers were required to contribute between 15-20% of the cost of tuition and in turn the State reimbursed employers for a portion of the release time granted to scholarship recipients (to cover the cost of replacement staff). The employee then picked up the remaining cost.

  For family child care providers, the State scholarship covered between 50-80% of tuition, books, provided a stipend for release time, and a bonus of $100 per course upon completion. Scholarship recipients committed to an additional year of employment or child care business operation.

  Over five years, the program helped over 110 providers and program staff to increase their level of education and compensation, and achieved a turnover rate of 5 percent. Unfortunately, the program was discontinued due to a lack of funding in 2002.

  Evaluations of North Carolina's model of T.E.A.C.H. indicated that the program was particularly successful in reducing turnover from approximately 30 percent to as low as 0-3% for multi-year participants and to between one to 10 percent for first year participants.[42]

[42] *Then and Now*, Chapter 3, citing *Thresholds of Quality in Child Care Centers and Children's Social and Emotional Development, Child Development*, 65, 253 – 263, Howes, C., Matheson, C. & Hamilton, C. (1994).

- **New York State should implement a career ladder initiative based on successful models in other states.** One such example is the Washington State early childhood education career development ladder. This initiative was the result of a partnership with the Economic Opportunity Institute, the Services Employees International Union Local 925, Child Care Works for Washington and the Governor. The two-year pilot program was funded through $4 million from the TANF block grant.[43] The program helps participating

PROFESSIONAL DEVELOPMENT AND TRAINING OPPORTUNITIES

A wide array of training opportunities are currently available to providers in New York City, however, family child care providers and center-based directors and staff need increased access to information about available training, as well as access to scholarships and other assistance that will place professional development activities within their reach.

Current training opportunities are made available through ACS, OCFS, the State University of New York (SUNY), universities and community based organizations. Training provided by ACS focuses primarily on helping publicly operated programs meet state mandated health and safety regulations. Non-government entities offer training to fulfill state requirements and also offer intensive technical assistance and professional development opportunities which focus on capacity building and credentialing.

SUNY offers a series of live videoconference training courses although its Independent Study Program, and scholarships for training and professional development provided through its Educational Incentives Program (EIP). EIP scholarships are also available to pay for university-based credit bearing courses and non-academic training offered by other entities which provide intensive education and professional development focused on core areas of child development. These entities include: Child Care Resource and Referral Agencies, family child care networks, public and private colleges and universities that offer professional development and technical assistance opportunities to public and private center-based programs and family child care providers. While some of the training opportunities provided by these entities are coordinated by ACS, other high quality training is accessed by programs independently, dependent on knowledge of availability.

To address the need for a comprehensive inter-agency system of early care and education including the need for a coordination mechanism to provide programs with information about the full range of available, high quality, training, former ACS Commissioner Nicholas Scoppetta convened the ACS Child Care Advisory Board Subcommittee in September 2000. The Subcommittee has recommended the creation of an Early Childhood Professional Development Institute that would coordinate training services and increase access to and availability of training opportunities. Launched in Spring 2004, specific functions of the Institute include:

- planning centrally to increase access to and availability of training, professional development and technical assistance opportunities;
- conducting or commissioning a citywide needs assessment of Head Start and child care training, professional development and technical assistance needs, available opportunities and gaps;
- coordinating capacity-building training with private entities through partnerships with universities, family child care networks, Child Care Resource and Referral Agencies, community based organizations, and other community based training and technical assistance organization; and
- serving as an information clearinghouse for training, professional development and training opportunities to ensure that contract and voucher programs and providers are able to meet the professional development needs of their programs and staff.

[43] *Building a Stronger Child Care Workforce: A Review of Studies of the Effectiveness of Public Compensation Initiatives*, Jennifer Park-Jadotte, Stacie Carolyn & Barbara Gault, Institute for Women's Policy Research, 2002, Washington, D.C.

centers pay staff higher wages based on a well articulated career ladder. Compensation rates are set according to education level, tenure and job responsibility, and in order to participate, 10 percent of enrolled children must receive a child care subsidy. The State assists by:

– paying 50% of wage increases, and 15% above the award to cover administrative costs;
– paying for the 'experience' component of salary scale in programs where more than 25% of enrolled children receive a child care subsidy; and
– requiring that programs establish a quality care committee, provide 10 days annual paid leave and offer staff a health plan and pay at least $25 a month toward employee costs.

This initiative increased wages, providers' access to education, and brought an infusion of funds to community colleges and public universities that were then used to build early childhood education programs.[44] New York State should explore creating a similar initiative.

- **New York City should provide ongoing funding for the Early Childhood Professional Development Institute.** Conceived by the ACS Child Care and Head Start Subcommittee, and created in Spring 2004 through a combination of public and private investment, the Early Childhood Professional Development Institute is designed to provide programs and providers with increased knowledge about the breadth of training opportunities available citywide. Current funding levels will enable the Institute to develop a web-based database of training and professional development opportunities. Further investment will be necessary if the Professional Development Institute is to fully coordinate available training, address existing gaps, and increase access to credit-bearing educational opportunities.
- **New York State and New York City should update, and coordinate safety and health regulations to ensure that they protect all children regardless of setting and age of child.** Safety and Health regulations do not protect children in informal care or programs operated by religious organizations. In addition, regulatory standards for infant and toddler care are less rigorous than those developed for preschool or school-age children. The State and the City should require staff at child care programs which are legally exempt to obtain basic safety and health training and/or create incentives for these programs to acquire a permit. In addition, more rigorous standards for infants and toddlers must be developed to ensure their safety.

[44] Ibid.

Conclusion

Strong child care regulations are crucial to child care quality. We know that states that have more stringent licensing standards have fewer low quality child care programs, suggesting that raising standards raises quality of care. However, regulations are only effective when they lay out clear expectations for those being held accountable, and when they are accompanied by regular and thorough monitoring.

Family child care and center-based child care program regulations provide a structure around which child care quality can be improved. Regulations work as minimum standards that help identify where quality needs to be enhanced, address issues of concern and to provide parents with peace of mind.

However, regulations are only effective when they lay out clear expectations for those who will be held accountable and when accompanied by regular and thorough monitoring and technical assistance. Our review suggests the need to strengthen DOHMH's oversight and technical assistance role through better utilization of staff and additions to staff as necessary to keep inspections and permits current and to ensure the availability of technical assistance to providers. It also suggests the need for strengthening inter-agency communication – including communication between DOHMH and OCFS as well as between DOHMH, ACS and HRA.

Challenges to programs' ability to meet licensing and registration standards speak to the need for systemic investments and the development of creative solutions to address the underlying economics of child care. Such difficulties as recruiting and retaining qualified staff, and staff turnover underscore the need for increased compensation and benefits for those responsible for children, including the development of enhanced training opportunities connected to wages and the development of a clearly articulated career ladder.

To address these issues, additional investments are necessary at both the State and the City level. In addition, streamlining systems and reinvesting resulting cost savings, are essential to improving child care quality in New York City.

Appendix A

Table XI. Provider Permit Status as of July 2002

Network	Providers with Initial Application Pending	Providers with Renewal Application Pending	Providers whose permit expired before 2000	Providers whose permit expired in 2001	Providers whose permit expired by May 2002	Providers who received permit as of June 2002	Total Permit Pending as of June 2002
A	7	5	0	2	3	2	10
B	4	17	1	8	7	1	20
C	0	5	1	3	1	3	2
D	0	8	0	6	2	2	6
E	1	3	1	1	2	2	2
F	8	4	1	2	0	2	10
G	1	13	1	13	0	9	5
H	2	7	0	4	4	3	6
I	0	0	0	0	0	0	0
J	6	9	1	4	7	4	11
K	3	12	0	0	8	4	11
Totals	**32**	**83**	**6**	**43**	**34**	**32**	**83**
	Total Applications Pending		**Total Expired Permits**			**Permits Received**	**Pending**
	115		**83**			**32**	**83**

Table XII. Provider Permit Status May 2003 - July 2003

Network	Providers with Initial Application Pending	Providers with Renewal Application Pending	Providers whose permit expired in 2001	Providers whose permit expired in 2002	Providers whose permit expired by July 2003	Providers who received permit as of 5/03	Total Permit Pending as of 5/03	Providers withdrawn from program as of 7/03
A	3	20	3	14	3	13	10	5
B	1	4	1	2	1	0	5	2
C	0	4	0	0	4	0	4	0
D	0	8	0	7	1	4	4	1
E	0	1	0	1	0	0	1	1
F	2	9	1	5	3	3	8	4
G	0	4	2	2	0	0	4	1
H	0	18	2	16	0	10	8	4
I	0	16	6	5	5	1	15	0
Totals	**6**	**84**	**15**	**52**	**17**	**31**	**59**	**18**
	Total Applications Pending		**Total Expired Permits**			**Permits Received**	**Pending**	**Withdrawn**
	90	**84**	**31**	**59**	**18**			

Appendix B

WELL FED: THE U.S. FEDERAL FOOD PROGRAM

Founded in 1968, the Federal Child and Adult Care Food Program (CACFP) helps to provide children in child care with nutritious meals by paying for a portion of meal costs. Through grants to the States, the program reaches 2.6 million children daily, providing them with meals that meet USDA nutrition standards. Public and private nonprofit child care centers and family child care homes are eligible to participate in the program. The program is also open to for profit child care centers which do not receive Title XX funds for serving low-income children. Family and group family child care homes are eligible once they sign an agreement with a sponsoring organization such as a family child care network.

Providers are reimbursed according to the child's income eligibility. Specifically, programs may claim up to two reimbursable meals (breakfast, lunch or dinner) and one snack, or two snacks and one meal for each eligible child, a day. Programs must submit monthly claims for reimbursement to administering agencies.

Table XIII. CACFP Reimbursement

Meal	Center			Family Child Care Homes	
	Free (up to130% of poverty)	**Reduced** (130 – 185% of poverty)	**Paid**	**Tier I** Low-income area or provider's income at or below 185%	**Tier II**
Breakfast	$1.36	$1.06	$0.38	$0.99	$0.37
Lunch/Dinner	$2.35	$1.95	$0.37	$1.83	$1.10
Snack	$0.76	$0.46	$0.21	$0.54	$0.15

APPENDIX C

WEEKLY MARKET RATE COMPARISON CHART
1999 - 2003

Child Care Setting	New York City					Nassau, Putnam, Suffolk Westchester*Rockland**				
	1999	200 1	200 3	1999/ 2001 Increase	2001/ 2003 Increase	1999	2001	2003	1999/ 2001 Increase	2001/ 2003 Increase
Regulated Family Child Care (0 – 1.5 years)	$127	$135	$135	$8	$0	$185 $185* $150**	$220 $220* $250**	$220 $220* $250**	$35 $35* $100**	$0 $0* $0**
Group Family Child Care (1.5 – 2 years)	$140	$150	$150	$10	$0	$185 $200* $155**	$200 $200* $225**	$220 $220* $225**	$15 $0* $70**	$0 $0* $0**
Center Care (3 – 5 years)	$170	$180	$180	$10	$0	$195 $195* $140**	$210 $210* $210**	$210 $210* $210**		
School-Age Care (6 – 12 years)			$170	$177	$177	$7	$0	$181	$181*	$140**
Unregulated Informal Care	(0 – 1.5 years)	$95	$101	$95	$6	-$6	$139	$139*	$113**	$165
Special Needs	(All Ages)	$255	$267	$300	$12	$33	$12	$12*	$12**	$267

APPENDIX D

CITIZENS' COMMITTEE FOR CHILDREN
TASK FORCE ON QUALITY CHILD CARE PROGRAMS

CENTER- BASED SITE VISIT QUESTIONNAIRE

Thank you for taking the time to meet with us to discuss the State and City health and safety regulations for child care programs in New York City. CCC is a 57 year old independent child advocacy organization, dedicated to ensuring that every New York City child is healthy, housed, educated and safe.

We are making site visits to center-based and family child care programs as part of a study of child care programs in New York City. Your program is one of twenty-five programs that was selected to participate in our study. We would like to learn from child care providers about the challenges faced in operating a child care program. Specifically, we are eager to hear first hand about:

- the process of obtaining a license
- the process of renewing your license once your child care program is up and running
- the quality of the orientation session offered by the Department of Health
- how the Department of Health may or may not have helped you to meet safety and health regulations;
- and other related issues.

Please know that your responses will be confidential and that no child care program, administrator, staff person, or child cared for will be identified by name in any of CCC's findings or recommendations

Name of CCC Volunteers Completing Questionnaire:

____

____

Program Name: ______________________ Date of Visit: ______________________

Name of staff person answering survey: ______________________

Title ______________________

Address: ______________________

Phone: ______________________

SECTION 1: PROGRAM PROFILE

1.1 What are your hours of operation?

____

1.2 How many children is your program licensed to care for?
Infants (0 – 1.5 years): __________
Toddlers: (1.5 – 2 years): __________
Preschoolers (3 – 5 years): __________
School-age: (6 – 12 years): __________

1.3 How many children are currently enrolled in your program?
Infants (0 – 1.5 years): __________
Toddlers: (1.5 – 2 years): __________
Preschoolers (3 – 5 years): __________
School-age: (6 – 12 years): __________

1.4 Does your program have a waiting list?
❑ Yes
❑ No *(skip to question 1.6)*

1.5 If yes, how many children are on the waiting list?

____

1.6 How much does your program charge per week to care for children in the following age groups?
Infants (0 – 1.5 years): __________
Toddlers: (1.5 – 2 years): __________
Preschoolers (3 – 5 years): __________
School-age: (6 – 12 years): __________

1.7 Does your program serve children who have the following vouchers?
❑ Agency for Child Development (ACD) Number: ____________________
❑ Human Resources Administration (HRA) Number: ____________________
❑ Both ACD and HRA Number: ____________________
❑ Other: (please specify) ____________________ Number: ____________________

1.8 In addition to child care, does your program offer any of the following types of programs:
❑ Head Start
❑ Universal Pre-K
❑ Early Intervention
❑ Other: (please specify) ______________________________________

____

____

1.9 How many of the following categories of personnel does your program currently employ?

Educational Director(s)	full time:________	part time: ________
Head Teacher(s)	full time:________	part time: ________
Assistant Teacher(s)	full time:________	part time: ________
Social worker/family coordinator(s)	full time:________	part time: ________
Nurse(s)	full time:________	part time: ________
Parent Volunteer(s)	full time:________	part time: ________
Non-parent volunteer(s)	full time:________	part time: ________
Other: (please specify)	full time:________	part time: ________

____

1.10 Does your program currently have any vacancies?

❑ Yes

❑ No *(skip to question 1.12)*

1.11 If yes, for which positions are there openings? For each position, please specify the number of vacancies.

❑ Directors	Number of vacancies: ________
❑ Group Teachers	Number of vacancies: ________
❑ Assistant Teachers	Number of vacancies: ________
❑ Other: (please specify) ________	Number of vacancies: ________

1.12 On average how long does it take your program to fill vacancies?

❑ One to two months

❑ Three to four months

❑ Five to six months

❑Other: (please specify) ____

____

SECTION 2: LICENSING & OVERSIGHT

The first portion of the interview focuses on licensing, and will ask you for information about the process of obtaining a license.

2.1 When did your program receive its first license?

____

2.2 As part of the licensing process, we know that you were required to get a Certificate of Occupancy from the Department of Buildings. After submitting your application to the Department of Health, how long did it take for the Department of Buildings to inspect your program's space?

❑ One to two months

❑ Three to four months

❑ Five to six months

❑ Other: (please specify) ____

____

____

2.3 Did the Department of Buildings make any recommendations regarding your program's space?
❑ Yes
❑ No *(skip to question 2.6)*

2.4 If yes, in which of the following areas did the Department of Buildings make recommendations?
❑ Amount of artificial & natural light
❑ Window guards/screens
❑ Ventilation
❑ Means of egress
❑ Walls/paint
❑ Other: (please specify) ______________________________
____
____

2.5 After making the necessary changes, how long did it take for your program to receive the Certificate of Occupancy?
❑ One to two months
❑ Three to four months
❑ Five to six months
❑ Other: (please specify) ______________________________
____
____

2.6 Did your program experience any difficulties obtaining a Certificate of Occupancy
❑ Yes
❑ No *(go to question 2.8)*

2.7 If yes, please describe these difficulties.
____
____
____

2.8 As part of the licensing process, we know that programs are required to get clearance from the Fire Department. After submitting your application to the Department of Health how long did it take for the Fire Department to inspect your program's space?
❑ One to two months
❑ Three to four months
❑ Five to six months
❑ Other: (please specify) ______________________________
____

2.9 Did the Fire Department make any recommendations regarding your program's space?
❑ Yes
❑ No *(skip to question 2.12)*

2.10 If yes, in which of the following areas did the Fire Department make recommendations?

- ❑ Means of egress
- ❑ Fire Hazards
- ❑ Other: (please specify) ______

2.11 After making the necessary changes, how long did it take for your program to receive clearance from the Fire Department?

- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ______

2.12 Did your program experience any difficulties obtaining clearance from the Fire Department?

- ❑ Yes
- ❑ No *(go to question 2.14)*

2.13 If yes, please describe these difficulties.

______

2.14 Once your program had the necessary clearance from the Department of Buildings and the Fire Department, how long did it take for your program to receive a license from the Department of Health?

- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ______

2.15 Did your program experience any difficulties obtaining your license from the Department of Health?

- ❑ Yes
- ❑ No *(go to question 2.17)*

2.16 If yes, please describe these difficulties.

______

The next set of questions focuses on the process of renewing your program's license, and the role of the Department of Health and other city agencies in this process.

2.17 When was your program's license last renewed?

____

2.18 How often is your program required to renew its license?

- ❑ Once a year
- ❑ Once every two years
- ❑ Other: (please specify) ____

____

2.19 On average, how long after submitting an application for license renewal to the Department of Heath, does it take for a consultant to visit your program?

- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Not at all
- ❑ Other: (please specify) ____

____

2.20 When was the date of your program's most recent Department of Health visit?

____

2.21 How often does the Department of Health visit your program?

- ❑ Once every 2 years
- ❑ Once a year
- ❑ Twice a year
- ❑ Other: (please specify) _ ____

____

2.22 On average, how long does each visit last?

- ❑ 1 day
- ❑ Half a day
- ❑ 2 hours
- ❑ 1 hour
- ❑ Less than 1 hour
- ❑ Other: (please specify) ____

____

2.23 After receiving a satisfactory rating from the Department of Health consultant, how long after the inspection does it take on average for your program to receive a new license?

- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ More than six months
- ❑ Other: (please specify) ____

2.24 Which of the following areas did the Department of Health consultant examine?
- ❑ Program activities plan
- ❑ Quantity and types of materials & equipment available for play
- ❑ Quantity and type of books available
- ❑ Outdoor play area
- ❑ Kitchen facilities
- ❑ Meals served
- ❑ Bathroom facilities
- ❑ Documentation of staff work experience & criminal conviction clearance
- ❑ Staff and child immunization records
- ❑ First aid supplies
- ❑ Smoke alarms & fire extinguisher
- ❑ Availability of cribs, cots, beds or washable mats for children under 5
- ❑ Visibility of choking, handwashing & fire evacuation posters
- ❑ Other: (please specify) ______________________________

2.25 In your experience, have you found the Department of Health inspections to be:
- ❑ Thorough (skip to question 2.27)
- ❑ Somewhat thorough
- ❑ Not thorough at all

2.26 If you have not found the inspections to be completely thorough, which of the following areas were not adequately covered or could you use additional information on:
- ❑ Facilities regulations (Department of Buildings and Fire Department inspections)
- ❑ Staffing requirements (qualifications, staff/child ratios, etc.)
- ❑ Staff screening process (fingerprinting, child abuse inquiry and review of criminal convictions)
- ❑ Immunization requirements for children
- ❑ Immunization requirements for staff
- ❑ General health information and procedures (required first aid and other supplies, information on infectious disease prevention)
- ❑ Food preparation/nutrition
- ❑ Program development (curriculum, activities, materials, etc.)
- ❑ Other: (please specify) ______________________________

2.27 In the event that the Department of Health has issues they would like your program to address, is your program given a copy of these concerns at the completion of the visit?
- ❑ Yes (skip to question 2.29)
- ❑ No

2.28 If not, when are you informed of the Department of Health's concerns?

____

____

____

2.29 On average, how much time does the Department of Health give you to address these concerns?

- ❑ One to two months
- ❑ Two to three months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ____

____

2.30 Does the Department of Health offer technical assistance to help your program comply?

- ❑ Yes
- ❑ No (skip to question 2.32)

2.31 If yes, has your program ever utilized the Department of Health's consultants for this purpose?

- ❑ Yes
- ❑ No

2.32 If yes, which of the following issues have you discussed with them?

- ❑ Facilities regulations (Department of Buildings and Fire Department inspections)
- ❑ Staffing requirements (qualifications, staff/child ratios, etc.)
- ❑ Staff screening process (fingerprinting, child abuse inquiry and review of criminal convictions)
- ❑ Immunization requirements for children
- ❑ Immunization requirements for staff
- ❑ General health information and procedures (required first aid and other supplies, information on infectious disease prevention)
- ❑ Food preparation/nutrition
- ❑ Program development (curriculum, activities, materials, etc.)
- ❑ Other: (please specify) ____

____

2.33 Did you find that the consultants were able to provide your program with the information it needed to comply with Department of Health regulations ?

- ❑ Yes *(skip to question 2.35)*
- ❑ No

2.34 If not, please explain how the consultants might be more helpful.

____

____

____

2.35 Are you aware that the Department of Health also has Early Childhood Consultants who are available to provide programs with technical assistance on an as needed basis?

❑ Yes
❑ No

2.36 Aside from during the original process of applying for your registration, has your program been visited by:

❑ The Department of Buildings
❑ The Fire Department
❑ Neither *(go to question 2.38)*

2.37 In which of the following areas, if any, were recommendations made by the Department of Buildings and the Fire ❑

❑ Department?
❑ Means of egress
❑ Fire Hazards
❑ Window guards/screens
❑ Ventilation
❑ Walls/paint
❑ Amount of artificial & natural light
❑ Other: (please specify) ______________________________

____

____

The next set of questions focuses on the kinds of information the Department of Health makes available to child care providers regarding the licensing process.

2.38 Are you aware that the Department of Health offers monthly orientation sessions in each borough that provide information to prospective providers?

❑ Yes
❑ No *(skip to question 3.1)*

2.39 If yes, did you attend one of these informational sessions?

❑ Yes
❑ No *(skip to question 3.1)*

2.40 If yes, did the session provide you with the information you needed to understand the application process?

❑ Yes *(skip to question 3.1)*
❑ No

2.41 If not, which of the following issues would you have liked more information about:

❑ Facilities regulations (Department of Buildings and Fire Department inspections)
❑ Staffing requirements (qualifications, staff/child ratios, etc.)
❑ Staff screening process (fingerprinting, child abuse inquiry and review of criminal convictions)
❑ Immunization requirements for children

- ❑ Immunization requirements for staff
- ❑ General health information and procedures (required first aid and other supplies, information on infectious disease prevention)
- ❑ Food preparation/nutrition
- ❑ Program development (curriculum, activities, materials, etc.)
- ❑ Other: (please specify) ____________________

SECTION 3: STAFF SCREENING

The next set of questions will ask about the criminal background checks and screening process.

3.1 Once staff have been fingerprinted, on average, how long does it take for the State to complete the review of criminal convictions and notify your program?

- ❑ One to two months
- ❑ Two to three months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ____________________

3.2 In your experience, does the length of time it takes to complete the review of criminal convictions impede your program's hiring process?

- ❑ Yes
- ❑ No *(skip to question 3.4)*

3.3 If yes, how does it impede your hiring process?

____

3.4 The Department of Health requires a $74 fee to fingerprint prospective staff. Who pays the fee for prospective staff at your program?

- ❑ Your program
- ❑ Prospective employees
- ❑ The Agency for Child Development (ACD)
- ❑ Other: (please specify) ____________________

3.5 After submitting the necessary paperwork to the Statewide Central Register, on average, how long does it take to receive clearance for prospective staff?

- ❑ One to two months
- ❑ Two to three months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ____________________

3.6 In your experience, does the length of time it takes for prospective staff to receive clearance impede your program's hiring process?

❑ Yes

❑ No *(skip to question 4.1)*

3.7 If yes, how does it impede your hiring process?

____

____

____

SECTION 4: STAFF RECRUITMENT, RETENTION & QUALIFICATIONS

The next set of questions focuses on our program's ability to recruit and retain qualified staff.

4.1 Does your program have difficulty finding staff?

❑ Yes

❑ No *(skip to question 4.3)*

4.2 If yes, does your program have difficulty finding:

❑ Directors

❑ Group Teachers

❑ Assistant Teachers

❑ Other: (please specify) ____________________________

4.3 We understand that programs are able to hire staff who do not have all the required Department of Health qualifications on a provisional basis while staff participate in training and education programs that will enable them to meet the qualification requirements. What percent of your program's Directors are in the process of receiving training in order to meet Department of Health requirements?

❑ Less than 10 percent Number: ____________

❑ 10 to 20 percent

❑ 20 to 30 percent

❑ 30 to 40 percent

❑ 40 to 50 percent

❑ More than 50 percent

4.4 What percent of your program's ***Group Teachers*** are in the process of receiving training in order to meet Department of Health requirements?

❑ Less than 10 percent Number: ____________

❑ 10 to 20 percent

❑ 20 to 30 percent

❑ 30 to 40 percent

❑ 40 to 50 percent

❑ More than 50 percent

4.5 What percent of your program's ***Assistant Teachers*** are in the process of receiving training in order to meet Department of Health requirements?

- ❑ Less than 10 percent Number: ________________
- ❑ 10 to 20 percent
- ❑ 20 to 30 percent
- ❑ 30 to 40 percent
- ❑ 40 to 50 percent
- ❑ More than 50 percent

SECTION 5: TRAINING

The next set of questions focuses on training.

5.1 We know that Directors are required to receive 15 hours of training a year. Who provides training to your program's

- ❑ Directors?
- ❑ Your program
- ❑ Child Care Resource and Referral Agency (Child Care Inc., Child Development Support Corporation, Chinese American Planning Council, Committee for Hispanic Children and Families, Day Care Council of New York, Inc.)
- ❑ CUNY
- ❑ Another College or University
- ❑ Other: (please specify) ____

____

5.2 On average, how much does your program spend on this training annually?

____

5.3 How does your program pay for this training?

- ❑ Government Contract
- ❑ Your program pays for staff training
- ❑ Staff pay for training out-of-pocket
- ❑ Other: (please specify) ____

____

5.4 Have any of your program's Directors received training above and beyond the 15 hours a year that is currently required by the Department of Health?

- ❑ Yes
- ❑ No

5.5 In addition to providing Directors with 15 hours of training, does your program provide any other staff members with access to training?

- ❑ Yes
- ❑ No *(skip to question 5.8 UNLESS answer to question 5.4 was also No, then skip to question 6.1)*

5.6 Which of the following staff does your program provide with access to training?

❑ Group Teachers
❑ Assistant Teachers
❑ Volunteers
❑ Other: (please specify) ______________________________

5.7 Who provides training to your program's Group Teachers and Assistant Teachers?

❑ At your program
❑ Child Care Resource and Referral Agency (Child Care Inc., Child Development Support Corporation, Chinese American Planning Council, Committee for Hispanic Children and Families, Day Care Council of New York, Inc.)
❑ CUNY
❑ Another College or University
❑ Other: (please specify) ______________________________

5.8 How does your program pay for this additional training?

❑ Government Contract
❑ Your program pays for staff training
❑ Staff pay for training out-of-pocket
❑ Other: (please specify) ______________________________

5.9 On average, how much does your program spend on this additional training annually?

____

SECTION 6: HEALTH

The next set of questions focuses on child health.

6.1 How many of the children currently in your program had not been fully immunized when they applied for enrollment in your program?

Number:____________________ Percent:____________________

6.2 Do families encounter barriers to getting their child the necessary immunizations?

❑ Yes
❑ No (*skip to question 6.4*)

6.3 If yes, what are the barriers?

❑ Lack of insurance
❑ Parents do not have a family doctor
❑ Other: (please specify) ______________________________

6.4 Does your program assist parents in arranging for examinations?
- ❑ Yes
- ❑ No *(skip to question 6.6)*

6.5 If yes, how?
- ❑ By making referrals to a hospital
- ❑ By making referrals to a clinic
- ❑ By accompanying a parent and child to a hospital/clinic
- ❑ Assisting parents in enrolling children in Medicaid/Child Health Plus
- ❑ Other: (please specify) ______________________________

6.6 Does the Department of Health requirement that programs have separate facilities for ill children present a challenge to your program?
- ❑ Yes
- ❑ No

6.7 Are you able to meet this requirement?
- ❑ Yes
- ❑ No *(skip to question 7.1)*

6.8 If yes, how?

____

____

____

SECTION 7: PHYSICAL SPACE

The next set of questions focuses on the Department of Health requirements for general maintenance of your program's facilities.

7.1 Did meeting any of the Department of Health regulations (including inspections by the Department of Buildings and the Fire Department) require you to make any alterations to your facility?
- ❑ Yes
- ❑ No *(skip to question 7.4)*

7.2 If yes, how did your program pay for these alterations?
- ❑ Government Contract
- ❑ Foundation dollars
- ❑ Fundraisers
- ❑ Loan
- ❑ Other: (please specify) ______________________________

7.3 How much did these alterations cost?

____

7.4 How much would you estimate your program spends on repairs annually?

____

7.5 How do you pay for these repairs?
- ❑ Government contract
- ❑ Fundraisers
- ❑ Loan
- ❑ Foundation dollars
- ❑ Other: (please specify) ______________________________

____

7.6 Are there repairs you would like to make but cannot afford?
- ❑ Yes
- ❑ No *(skip to question 8.1)*

7.7 What are they?

____

____

____

SECTION 8: MATERIALS

8.1 What kinds of materials does your program purchase?
- ❑ Cribs or cots
- ❑ Blankets
- ❑ Books
- ❑ Toys
- ❑ Outdoor play equipment
- ❑ Art supplies
- ❑ First aid supplies
- ❑ Fire extinguisher
- ❑ Plugs for electrical outlets
- ❑ Other: (please specify) ______________________________

____

8.2 How does your program pay for this equipment?
- ❑ Government contract
- ❑ Fundraisers
- ❑ Loan
- ❑ Foundation dollars
- ❑ Other (please specify) ______________________________

____

8.3 What, if any, items are difficult for you to afford?
- ❑ Cribs or cots
- ❑ Blankets
- ❑ Toys
- ❑ Books
- ❑ Art supplies
- ❑ Fire extinguisher
- ❑ Plugs for electrical outlets
- ❑ Other: (please specify) ______________________________

____

SECTION 9: SUPPORT SERVICES

This last section focuses on the social services that the family child care network you belong to makes available to children and families.

9.1 Does your program offer support services for children and families enrolled in your program?
- ❑ Yes
- ❑ No *(skip to question 10.1)*

9.2 If yes, what services do you provide?
- ❑ Graduate Record Exam (GED)
- ❑ English as a Second Language (ESL)
- ❑ Resume development
- ❑ Computer classes
- ❑ Parenting skills
- ❑ Medicaid enrollment or enrollment in Child Health Plus
- ❑ Other: (please specify) ______________________________

____

9.3 How are families informed about the availability of these support services?
- ❑ Printed materials/brochure
- ❑ During the enrollment process
- ❑ Word-of-mouth
- ❑ Other: (please specify______________________________

____

9.4 How did your program come to provide the specific support services you provide?

____

____

____

9.5 On average, what percentage of the families in your program take advantage of these services?

____

9.6 Are there other support services you would like to provide to children and families in your program?

❑ Yes

❑ No *(skip to question 10.1)*

9.7 If yes, what kind of services would you like to offer?

____

____

____

9.8 Are there barriers to offering these support services?

❑ Yes

❑ No *(skip to question 10.1)*

9.9 If yes, what are they?

❑ Cost

❑ Space

❑ Other: (please describe) ____

____

SECTION 10: RESPONDENT OVERVIEW

10.1 Please tell us anything else about your experiences with the Department of Health regulations, staff, or your own work that our questionnaire did not cover. Please include any thoughts you may have about how the Department of Health could better assist your program.

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APPENDIX E

CITIZENS' COMMITTEE FOR CHILDREN
TASK FORCE ON QUALITY CHILD CARE PROGRAMS

FAMILY CHILD CARE SITE VISIT QUESTIONNAIRE

Thank you for taking the time to meet with us to discuss the State and City health and safety regulations for child care programs in New York City. CCC is a 57 year old, independent, child advocacy organization dedicated to ensuring that every New York City child is healthy, housed, educated and safe.

We are making site visits to center-based and family child care programs as part of a study of child care programs in New York City. Your program is one of twenty-five programs that was selected to participate in our study. We would like to learn from child care providers about the challenges faced in operating a child care program. Specifically, we are eager to hear first hand about:

- the process of becoming a registered family child care provider;
- the process of renewing your registration once your child care program is up and running;
- the quality of the orientation session offered by the Department of Health;
- how the Department of Health may have helped you to meet safety and health regulations;
- and other related issues.

Please know that your responses will be confidential and that no child care program or children cared for will be identified by name in any of CCC's findings or recommendations.

Name of CCC Volunteers Completing Questionnaire:

____

____

Program Name: ____________________ Date of Visit: ____________________

Name of staff person answering survey: ____________________________

Title ____

Address: ______________________________________

Phone: ______________________________________

SECTION 1: PROGRAM PROFILE

1.1 How many children do you have a permit to care for?

Infants (0 – 1.5 years): ________
Toddlers: (1.5 – 2 years): ________
Preschoolers (3 – 5 years): ________
School-age: (6 – 12 years): ________

1.2 How many children are currently enrolled in your program?

Infants (0 – 1.5 years): ________
Toddlers: (1.5 – 2 years): ________
Preschoolers (3 – 5 years): ________
School-age: (6 – 12 years): ________

1.2 What are your hours of operation?

____

1.3 How much do you charge per week to care for children in the following age groups?

Infants (0 – 1.5 years): ________
Toddlers: (1.5 – 2 years): ________
Preschoolers (3 – 5 years): ________
School-age: (6 – 12 years): ________

1.4 Do you serve children who have any of the following vouchers?

❑ Agency for Child Development (ACD)
❑ Head Start
❑ Both ACD and Head Start
❑ Not sure
❑ Other: (please specify) ________________________________

1.5 How many of the following persons provide care in your program?

Assistant(s): ________
Family member(s): ________
Social worker/family coordinator(s): ________
Parent Volunteer(s): ________
Non-parent volunteer(s) ________
Other: (please specify) ________

1.6 Are you:

❑ A registered family child care provider (serving 0 – 6 children)
❑ A licensed group family child care provider (serving 7 – 12 children)

1.7 Do you belong to a family child care network?

❑ Yes
❑ No *(go to question 2.1)*

1.8 If yes, to which network do you belong?

____

SECTION 2: REGISTRATION & OVERSIGHT:

The first portion of the interview will focus on registration.

2.1 When did you become a registered family child care provider?

____

2.2 We know that you were required to get a Certificate of Occupancy from the Department of Buildings as part of your registration process. How long did it take from the time of filing your application to actually receiving the Certificate of Occupancy?

- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ______________________________

2.3 Did you experience any difficulties obtaining a Certificate of Occupancy

- ❑ Yes
- ❑ No *(go to question 2.5)*

2.4 If yes, please describe.

____

____

____

2.5 As part of the registration process, we know that you were required to get clearance from the Fire Department. How long did it take from the time of filing your application to actually receiving the Certificate of Occupancy?

- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ______________________________

2.6 Did you experience any difficulties obtaining clearance from the Fire Department?

- ❑ Yes
- ❑ No *(go to question 28)*

2.7 If yes, please describe.

____

____

____

2.8 Once you had the necessary clearance from the Department of Buildings and the Fire Department, how long did it take you to receive your registration from the Department of Health?
- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ______________________________

2.9 Did you experience any difficulties obtaining your registration from the Department of Health?
- ❑ Yes
- ❑ No (*go to question 2.5)*

2.10 If yes, please describe.

____

____

____

The next set of questions focuses on the process of renewing your program's registration, and the role the Department of Health and other city agencies play in this process.

2.11 When was your license last renewed?

____

2.12 How often are you required to renew your program's registration?
- ❑ Once a year
- ❑ Once every two years
- ❑ Not sure
- ❑ Other: (please specify) ______________________________

2.9 After submitting the necessary paperwork for renewal, how long on average does it take for you to receive your registration?
- ❑ One to two months
- ❑ Three to four months
- ❑ Five to six months
- ❑ More than six months

2.10`Have you experienced any difficulty with this part of the process?
- ❑ Yes
- ❑ No *(go to question 2.12)*

2.11 If yes, please describe

____

____

____

2.12 Aside from when you originally applied for your registration, has the Department of Health ever visited your program?
- ❑ Yes
- ❑ No *(go to 2.14)*

2.13 If yes, how often on average does the Department of Health visit your program?
- ❑ Once every 2 years
- ❑ Once a year
- ❑ Twice a year
- ❑ Only once
- ❑ Other: (please specify) ____________________

2.14 When was the date of your most recent inspection?

____

2.15 On average, how long does each inspection last?
- ❑ 1 day
- ❑ Half a day
- ❑ 2 hours
- ❑ 1 hour
- ❑ Less than 1 hour
- ❑ Other: (please specify) ____________________

2.16 In your experience, have you found the Department of Health inspections to be:
- ❑ Thorough (*go to question 2.18)*
- ❑ Somewhat thorough
- ❑ Not thorough at all

2.17 If you have *not* found the inspections to be completely thorough, which of the following areas were not adequately covered:
- ❑ Facilities regulations (Department of Buildings and Fire Department inspections)
- ❑ taffing requirements (qualifications, staff/child ratios, etc.)
- ❑ Staff screening process (fingerprinting, child abuse inquiry and review of criminal convictions)
- ❑ Immunization requirements for children
- ❑ Immunization requirements for staff
- ❑ General health information and procedures (required first aid and other supplies, information on infectious disease prevention)
- ❑ Food preparation/nutrition
- ❑ Program development (curriculum, activities, materials, etc.)
- ❑ Other: (please specify) ____________________

2.17 Specifically, did the Department of Health consultant examine
- ❑ The quantity and type of books available in your program
- ❑ The meals served to the children in your program
- ❑ Staff and child immunization records

In which of the following areas, if any, were recommendations made by the Department of Health?
❑ Facilities regulations (Department of Buildings and Fire Department inspections)
❑ Staffing requirements (qualifications, staff/child ratios, etc.)
❑ Staff screening process (fingerprinting, child abuse inquiry and review of criminal convictions)
❑ Immunization requirements for children
❑ Immunization requirements for staff
❑ General health information and procedures (required first aid and other supplies, information on infectious disease prevention)
❑ Food preparation/nutrition
❑ Program development (activities and materials, etc.)
❑ Other: (please specify) ____________________

2.18 In the event that the Department of Health has issues they would like you to address, when are you notified of their concerns?

____
____
____

2.20 Are you given a time period within which areas of concern must be improved?
❑ Yes
❑ No

2.21 How much time are you given?
❑ One to two months
❑ Two to three months
❑ Three to four months
❑ Five to six months
❑ Other: (please specify) ____________________

2.22 Aside from during the original process of applying for your registration, have you even been visited by:
❑ The Department of Buildings
❑ The Fire Department
❑ Neither (*go to question 2.24)*

2.23 In which of the following areas, if any, were recommendations made by the Department of Buildings and the Fire Department?
❑ Window guards
❑ K
❑ k

The next set of questions focus on the kinds of information the Department of Health makes available to providers regarding the licensing process.

2.24 Are you aware that the Department of Health offers monthly orientation sessions in each borough that provide information to prospective providers?
❑ Yes
❑ No (*go to question 2.28)*

2.25 If yes, did you ever attend one of these informational sessions?
- ❑ Yes
- ❑ No *(go to question 2.28)*

2.26 Did the session provide you with the information you needed to understand the application process?
- ❑ Yes *(go to question 2.28)*
- ❑ No

2.27 If not, which of the following areas would you have liked more information about:
- ❑ Facilities regulations (Department of Buildings and Fire Department inspections)
- ❑ Staffing requirements (qualifications, staff/child ratios, etc.)
- ❑ Staff screening process (fingerprinting, child abuse inquiry and review of criminal convictions)
- ❑ Immunization requirements for children
- ❑ Immunization requirements for staff
- ❑ General health information and procedures (required first aid and other supplies, information on infectious disease prevention)
- ❑ Food preparation/nutrition
- ❑ Program development (curriculum, activities, materials, etc.)
- ❑ Other: (please specify) ______________________________

2.28 Are you aware that the Department of Health has Early Childhood Consultants who are available to provide family child care providers with technical assistance?
- ❑ Yes
- ❑ No *(go to question 3.1)*

2.26 Have you ever worked with the Early Childhood Consultants?
- ❑ Yes
- ❑ No *(go to question 3.1)*

2.27 If yes, which of the following issues did you discuss with them?
- ❑ Facilities regulations (Department of Buildings and Fire Department inspections)
- ❑ Staffing requirements (qualifications, staff/child ratios, etc.)
- ❑ Staff screening process (fingerprinting, child abuse inquiry and review of criminal convictions)
- ❑ Immunization requirements for children
- ❑ Immunization requirements for staff
- ❑ General health information and procedures (required first aid and other supplies, information on infectious disease prevention)
- ❑ Food preparation/nutrition
- ❑ Other: (please specify) ______________________________

2.28 Were the Early Childhood Consultants helpful?
- ❑ Yes *(go to 3.1)*
- ❑ No

2.29 If not, please explain.

____

____

____

SECTION 3: SCREENING

The next set of questions will ask about the process for submitting paperwork to the Statewide Central Register and receiving other types of clearance.

3.1 New State legislation that went into effect on December 5, 2000, makes the employee screening process more stringent. Some family child care providers are not yet aware of these changes while others are familiar with the new legislation. Are you aware that there are now new fingerprinting and screening requirements for child care providers?

❑ Yes *(skip paragraph below and go directly to 3.2)*

❑ No *(read explanatory paragraph below)*

The new requirements will now require that family child care providers and all household members over the age of 18, employees, and volunteers will be required to undergo the screening process. New providers will undergo this process prior to receiving their registrations. Child care providers who are currently registered will have to meet this requirement as part of their registration renewal process.

3.2 How did you become aware of the regulatory changes?

❑ Through information I received in the mail from the Office of Children and Family Services

❑ Through a family child care network

❑ Word of mouth

❑ Other: (please specify) ______________________________

3.3 Some regulated providers belong to networks that already require them to have their fingerprints taken and undergo a review of criminal convictions. Do you belong to a network that requires you to be fingerprinted?

❑ Yes

❑ No *(go to 4.1)*

3.4 Once you have been fingerprinted, how long does it take for the State to notify you that you have cleared the review of criminal convictions?

❑ One to two months

❑ Two to three months

❑ Three to four months

❑ Five to six months

❑ Other: (please specify) ______________________________

3.4 As part of a network, are you also required to submit paperwork to the Statewide Central Register of Child Abuse and Maltreatment?

❑ Yes

❑ No *(go to 4.1)*

3.5 After submitting the necessary paperwork, how long does it take to receive clearance?

- ❑ One to two months
- ❑ Two to three months
- ❑ Three to four months
- ❑ Five to six months
- ❑ Other: (please specify) ________________

SECTION 4: TRAINING

The next set of questions will focus on training.

4.1 Where do you currently receive your annual 15 hours of training?

- ❑ Child Care Resource and Referral Agency (Child Care Inc., Child Development Support Corporation, Chinese American Planning Council, Committee for Hispanic Children and Families, Day Care Council of New York, Inc.)
- ❑ Family Child Care Network
- ❑ CUNY
- ❑ Another College or University
- ❑ Other: (please specify) ________________

4.2 How do you pay for this training?

- ❑ Out-of-pocket
- ❑ Loan
- ❑ Government Contract
- ❑ Family Child Care Network
- ❑ Other: (please specify) ________________

4.3 How much does it cost?

____

4.4 Have you received training above and beyond the 15 hours a year that is currently required by the Department of Health?

- ❑ Yes
- ❑ No *(skip to 5.1)*

4.5 If yes, how many additional hours of training have you received annually?

____

4.6 How much additional money have you spent on this additional training?

____

4.7 How do you pay for this training?

- ❑ Out-of-pocket
- ❑ Loan
- ❑ Government Contract
- ❑ Family Child Care Network
- ❑ Other: (please specify) ________________

SECTION 5: HEALTH

The next set of questions focuses on child health.

5.1 How many of children in your program had not been fully immunized prior to enrollment in your program?
Number:____________________ Percent:____________________

5.2 Do families encounter any barriers when trying to get the necessary immunizations for their child?
❑ Yes
❑ No *(go to 5.4)*

5.3 If yes, what are the barriers?
❑ Lack of insurance
❑ Parents do not have a family doctor
❑ Other: (please specify) ____________________

5.4 Does your program assist parents in arranging for examinations?
❑ Yes
❑ No *(go to 6.1)*

5.5 If yes, how?
❑ By making referrals to a hospital
❑ By making referrals to a clinic
❑ By accompanying a parent and child to a hospital/clinic
❑ Assisting parents in enrolling children in Medicaid/Child Health Plus
❑ Other: (please specify) ____________________

SECTION 6: PHYSICAL SPACE

The next set of questions focuses on the Department of Health requirements for general maintenance of your program's facilities.

6.1 Did meeting any of the Department of Health regulations (including inspections by the Department of Buildings and the Fire Department) require you to make alterations to your home?
❑ Yes
❑ No *(go to 7.1)*

6.2 If yes, how did you pay for these alterations?
❑ By taking out a loan
❑ Money from government contract
❑ Out-of-pocket
❑ Other: (please specify) ____________________

6.3 How much did these alterations cost?

____

6.3 How much would you estimate your program spends on repairs annually?

____

6.4 Are there repairs you would like to make, but cannot afford?

- ❑ Yes
- ❑ No

6.5 What are they?

____

____

____

SECTION 7: MATERIALS:

7.1 What kinds of materials do you purchase for your program?

- ❑ Cribs or cots
- ❑ Blankets
- ❑ Toys
- ❑ Books
- ❑ Art supplies
- ❑ Fire extinguisher
- ❑ Plugs for electrical outlets
- ❑ Other: (please specify) ______________________________

7.2 How does your program pay for this equipment?

- ❑ By taking out a loan
- ❑ Money from government contract
- ❑ Out-of-pocket
- ❑ Other: ____

7.3 What, if any, items are difficult for you to afford?

- ❑ Cribs or cots
- ❑ Blankets
- ❑ Toys
- ❑ Books
- ❑ Art supplies
- ❑ Fire extinguisher
- ❑ Plugs for electrical outlets
- ❑ Other: (please specify) ______________________________________

SECTION 8: SUPPORT SERVICES

This last section focuses on the social services that the family child care network you belong to makes available to children and families. The following set of questions are applicable only for those programs that belong to a family child care network. If not move to final open-ended question.

8.1 Does your family child care network offer support services to children and families?
- ❑ Yes
- ❑ No (go to 8.6)

8.2 If yes, what services does your network provide?
- ❑ Parenting skills
- ❑ Graduate Record Exam (GED)
- ❑ English as a Second Language (ESL)
- ❑ Resume development
- ❑ Computer classes
- ❑ Medicaid enrollment or enrollment in Child Health Plus
- ❑ Other: (please specify) ____________________

8.3 How are families informed about the availability of these support services?
- ❑ Printed materials/brochure
- ❑ During the enrollment process
- ❑ Word-of-mouth
- ❑ Other: (please specify) ____________________

8.4 What percentage of the children and families in your child care home take advantage of these services?

____

8.5 Are there other services you would like to provide?
- ❑ Yes
- ❑ No

8.6 If yes, what additional services would you like your network to offer?

____

____

____

8.7 Are there barriers to offering these support services?
- ❑ Yes
- ❑ No *(go to 8.10)*

8.8 If yes, what are the barriers?
- ❑ Cost
- ❑ Space
- ❑ Don't know

❑ Other: (please describe) ____________________

8.10 Please tell us anything else about your experiences with the Department of Health regulations, staff, or your own work that our questionnaire did not cover:

APPENDIX F

Press Release

New York City Department of Health and Mental Hygiene
Office of Communications

FOR IMMEDIATE RELEASE
CONTACT: Sandra Mullin/Sid Dinsay
Business Hours (212) 788-5290
After Business Hours (212) 764-7667
Friday, September 24, 2004

HEALTH COMMISSIONER ANNOUNCES MAJOR REFORM OF DAY CARE BUREAU

Death of Infant in Queens Child Care Facility Subject of Internal Investigation

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NEW YORK CITY - September 24, 2004 - Commissioner Thomas R. Frieden of the Department of Health and Mental Hygiene (DOHMH) ordered an overhaul of the agency's Bureau of Day Care (BDC) following the recent death of an infant at a Queens group family day care center. The BDC is responsible for licensing and inspecting the approximately 9,400 child care facilities in New York City, including group day care, group family day care, family day care and school-age day care centers.

Commissioner Frieden said, "Nothing is more devastating and tragic than the loss of a child, and the family has my deepest sympathies. The facility's license has been revoked and the facility closed. Although the day care operator was in violation of New York State regulations in several respects, and although it appears the operator may have misled our staff, my Department had not done everything it could or should have done. We will never know whether we could have prevented this tragedy, but our review indicates that we could have done our job much better. I have taken immediate steps to overhaul the Department's Day Care program."

The Department has taken the following immediate and far-reaching steps:

1. The Director of the program has been relieved of his responsibilities and terminated from employment by the Department and the City.
2. The Department has assigned one of its most experienced, qualified, and competent staff to be Acting Director of the Bureau and is actively recruiting for an Assistant Commissioner for Day Care Services.
3. The Department is undertaking an immediate review of all aspects of the Bureau of Day Care operations, with initial recommendations by the end of next week.
4. The Bureau of Day Care Services has been transferred to the Department's Division of Environmental Health. The Division of Environmental Health has extensive experience with inspections to ensure safety and compliance with applicable laws, including child-related inspections such as those for lead poisoning, window guards, summer camps, and other issues. A team is now overhauling the program to ensure that it most effectively protects our City's children.

Health Commissioner Announces Major Reform of Day Care Bureau Page 2 of 3

5. The Department has spoken with key stakeholders, including child advocates, the Commissioner of the New York State Office of Children and Families, Commissioner Mattingly of the New York City Administration for Children's Services, and others. It welcomes and will seek input from all key constituencies as we move forward to improve the program.
6. The Department will work with New York State to review, standardize, and improve licensing and inspection of Day Care facilities, increasing the consistency of City and State regulations and procedures.

On August 11, 2004, DOHMH inspectors responded to a complaint that a group family day care at 109-19 72nd Avenue in Forest Hills, Queens was not licensed. While the inspectors determined that it was in fact licensed, they failed to take action on several serious violations. Some time later that day, a six-month-old infant was discovered unconscious in a crib on an upper floor of the facility that was not looked at by the inspectors when they visited that day. The infant was taken to the hospital, where he was pronounced dead. No criminal charges have been brought against the facility operator to date; however, the New York City Police Department (NYPD) is continuing its investigation.

The Department is in contact with the District Attorney's office and the NYPD concerning the possibility of the District Attorney pursuing criminal charges against the operator of the facility.

Dr Frieden continued, "I am deeply disturbed by this incident. Our deepest sympathies go out to the family of this child. We will take every action we can to ensure that this tragedy results in a safer day care system."

The Health Department reminds day care operators of their responsibility to operate these facilities legally and responsibly. New Yorkers should report potentially unlawful conditions at child-care centers by calling **311**. The Department will investigate every complaint received.

Information for Parents

Parents with children in day care facilities should inquire about or personally observe the facility with regard to several safety-related issues, including:

- Line of sight. Staff of the center must be able to have all children in direct visual contact at all times.
- Adult supervisor/child ratio: The number of staff and children is indicated on the permit. If there are children under 2 years of age, there may be a requirement for additional adults, depending on the type of day care and the number of infants. For day cares in homes (family and group family), there must be at least 1 adult for every 2 infants under 2 years of age.
- Is the current license conspicuously posted? Make sure that the date on the license is valid, and that the license specifies the number and ages of the children the center is authorized to care for.
- Are the children supervised at all times, both indoors and outdoors?
- Do all windows have window guards on them?
- Are all walls, furniture, and equipment free of peeling paint and other safety hazards?
- Is there at least one toilet and one sink for every 15 children?

For more information http://www.nyc.gov/html/doh/html/dc/dctips.html. Parents may also call **311** to file a complaint about a child care facility.

Day Care in New York City

There are four types of licensed day care operations in New York City:

- Group day care facilities: day care centers of 7 or more children.
- Group family day care home: day care in residential family homes, caring for 7 to 12 children with limited exceptions. Children related to the operator may be cared for and count toward the maximum.
- Family day care: day care in residential family homes caring for 3-6 children with limited exceptions. Children related to the operator may be cared for and count toward the maximum.
- School-age program, i.e. school-age child care: care provided to 7 or more school-age children under 13 years of age, with limited exceptions, during the school year.

The first of these four types is regulated pursuant to the New York City Health Code. The last three are regulated by the New York State Office of Children and Family Services. The day care in which the incident occurred was a licensed group family day care home.

Operators of day care facilities should be particularly aware of the following legal requirements:

- "Line of sight": the operator and employees of a child care facility must have the children in their care in direct visual contact at all times.
- Number of children: the operator of a child care facility must adhere to supervisor-to-child ratios specified in City and/or State regulations. If there are children under 2 years of age, there must be additional adults, depending on the type of day care and the number of infants. For day cares in homes (family and group family), there must be at least 1 adult for every 2 infants under 2 years of age.

Permit requirements for group day care facilities regulated by the Health Code include minimum standards for physical space, equipment, program/group size, adult supervisor/child ratios, educational background of teaching personnel and education director, health examinations and immunizations for all staff and children, food service, admissions policies, and transportation.

The Health Code also provides that all day care service personnel be screened, a process that includes fingerprinting to permit review of criminal records, inquiry of the New York State Central Child Abuse and Maltreatment Register, and reference checks with each of the three most recent employers. Furthermore, the premises must have the approval of the New York City Fire Department, the New York City Buildings Department, and DOHMH's Bureau of Day Care.

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#132

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