

what matters

# Bringing It All Together

Collaboration, Partnership, and Blended Funding Strategies for Strengthening Early Learning Programs in New York City

United Way of New York City's

## New York City Early Learning Project

in Partnership with Child Care, Inc.



September 2003



**United Way**  
of New York City

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## **United Way of New York City**

United Way of New York City (UWNYC) mobilizes community partners and resources to help New Yorkers in need lead more productive, self-sufficient lives. Working in collaboration with local nonprofits, businesses, academia, foundations, government, and others, UWNYC leads strategies and initiatives that seek to achieve measurable, sustainable change in five key Action Areas:

- Education & Early Childhood Development
- Homelessness & Affordable Housing
- Access to Health Care
- Workforce Development
- Sustaining the Health of the Nonprofit Sector

For more information on UWNYC, please visit [www.unitedwaynyc.org](http://www.unitedwaynyc.org).

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## **Child Care, Inc.**

This report was prepared by Child Care, Inc. (CCI). CCI strives to make high-quality child care and early education opportunities a reality for every child in New York City. As a recognized leader in the field, CCI helps thousands of parents each year make informed decisions about child care for their children, with special attention to the needs of low-income families; offers training to all types of child care programs, including infant and preschool services, family child care, and school-age care; provides technical and financial assistance to start up and expand child care programs; and promotes local, state, and national public policies that support quality early care and education.

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## **Acknowledgements**

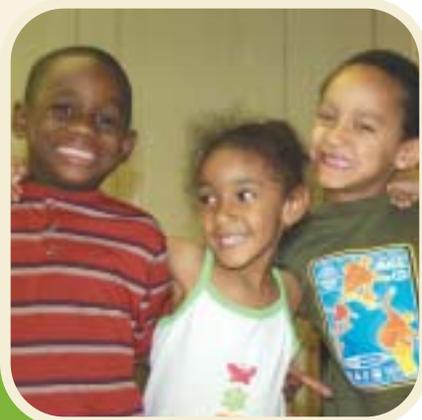
We would like to thank the programs profiled in this report, as well many other programs that were not included here, for their dedication to a vision of high-quality, comprehensive, full-year early education services for New York City children. In particular, a number of providers and others were extremely generous with their time over the course of the research for this project, including: Andrea Anthony; Barbara Carlson, Lisa Caswell, Mei Ling Ching, Miriam Cruz, Marian Detelj, Mercedes Franklin, Eleanor Grieg Ukoli, Ronni Fisher, Barbara Greenstein, Solomon Igel, Joyce James, Carol Joyner, Tarmo Kirsimae, Nancy Kolben, Betty Lee, Mark Lewis, Priscilla Lincoln, Karen Liu, Barbara Manners, Mary Murphy, Alice Owens, Michele Piel, Felicia Robinson, Carmen Rodriguez, Linda Rosenthal, Andrew Seltzer, Kathy Smith, Sheila Smith, Frieda Spivack, Arlene Uss, Geraldine Vogel, Charmane Wong.

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## Preface

High-quality, affordable early care and education<sup>1</sup> is critical for the well-being of children and the self-sufficiency of families. Yet an estimated 100,000 New York City children under the age of six are eligible for but not receiving subsidized child care. To address this urgent need, United Way of New York City (UWNYC) has developed a multi-tiered early care and education initiative with the goal of ensuring that parents have access to the child care services they need to work and that children need to succeed in school and life.

Through its work in this field, United Way of New York City seeks to improve child care quality, to expand access, and to institutionalize the systemic changes needed for ongoing progress. We are using innovative strategies to build partnerships with the public sector, private funders, and the nonprofit community, to provide leadership, and to leverage resources.

Current United Way of New York City early education projects include:

- The Child Care and Early Education Fund, a multi-year donors' collaborative dedicated to improving child care and early education in New York City
- The Child Care Accreditation Project, an initiative—in partnership with The Picower Foundation—to engage early care and education programs in the process of attaining and maintaining accreditation by the National Association for the Education of Young Children (NAEYC)
- KidSmart, a collaboration between United Way of America, IBM, and local United Ways nationwide that brings computers specifically designed for preschool age children into nonprofit preschool settings
- The New York City Early Learning Project, which aims to create an integrated early care and education system for New York City's youngest children and their families



United Way of New York City has been recognized for this work by Bank of America, and received funding to launch Success By 6 in New York City. Success By 6 is a national model being implemented in 350 communities across the country-focused on ensuring school readiness for all children. United Way of New York City's Success By 6 initiative will build on the work we have begun to improve quality and access as described above, as well as create new mechanisms to support parents as their children's first teachers and raise public awareness. Success By 6 will be the cornerstone of our Community Action Agenda in Education.

### United Way's Community Action Agenda

In the summer of 2003, United Way of New York City launched a plan to more effectively address a select number of health and human care problems and provide greater accountability to donors. Under this plan, United Way is focusing its resources on five key problems in New York City, working with volunteers from all sectors in the community to establish goals and strategies, and identify and expand best practices.

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1 The terms "early learning," "early education" and "early childhood programs" are used interchangeably throughout this report. They are used to describe a wide range of programs including child care, Head Start and Universal Prekindergarten.

High-quality, affordable early care and education is critical for the well-being of children and the self-sufficiency of families. Yet an estimated 100,000 New York City children under the age of six are eligible for but not receiving subsidized child care.

**Our Action Areas are:**

- Education & Early Childhood Development
- Homelessness & Affordable Housing
- Access to Health Care
- Workforce Development
- Sustaining the Health of the Nonprofit Sector

The areas were chosen after extensive research and analysis over the last six months by a 42-member volunteer Community Action Task Force comprised of leading experts from the private, public, academic and nonprofit sectors, as well as input from the public at large.

### The New York City Early Learning Project

The New York City Early Learning Project is funded by the U.S. Department of Health and Human Services/Child Care Bureau through the Early Learning Opportunities Act. The project is managed by United Way of New York City, in close partnership with Child Care, Inc./the Early Childhood Strategic Group, Agenda for Children Tomorrow, and Citizens' Committee for Children. Its primary focus is to create an integrated early care and education system for New York City's youngest children and their families, by working towards the following goals:

- Increasing the number of early childhood programs that offer comprehensive, full-day/full-year services
- Promoting neighborhood-based and citywide initiatives that share information, develop leadership and build consensus around expanded and enhanced early learning services
- Creating new opportunities for parents to gain information about child development and early learning resources in their communities

One of the Early Learning Project's major objectives is to support early education programs in developing and implementing creative funding strategies. This work benefits from several key developments in early care and education, including the expansion, since welfare reform, of publicly funded child care; a new emphasis on collaboration in the federal Head Start program; and the launching of New York State's Universal Prekindergarten program. It also builds upon the work undertaken in New York City by a number of stakeholders, including the Early Childhood Strategic Group, a partnership of twenty organizations and individuals convened by Child Care, Inc., dedicated to creating a comprehensive and fully integrated early care and education system in New York City.

United Way of New York City, in partnership with Child Care, Inc./the Early Childhood Strategic Group, has produced this report on partnership and blended funding approaches to highlight some of the most promising new funding and program strategies today in the world of early education, and to encourage their growth.

# Executive Summary

## The issue

Early care and education has emerged as a critical component of New York City’s educational system—badly needed by children and families, but consistently under-funded by the public sector. Existing services are fragmented, inadequate, and undermined by conflicting policies and priorities. No single funding source is sufficient to support both the full-day, full-year options parents need to work and the comprehensive, high-quality services children need to prepare for success in school and life.

Over the past decade, providers in New York City and around the country have developed innovative strategies to address these deficiencies. Using “blended funding” strategies, also called “linked” or “braided” funding, providers have combined two or more existing programs and funding streams into a single program that leverages the strengths and compensates for the weaknesses of each. Similarly, in “partnership” approaches, two or more providers build on their respective strengths and integrate their resources to better serve children and families. Potential partners may be either other early childhood providers, or other community-based service providers, such as health or mental health service providers, dental clinics, or social service agencies.

Both of these collaborative strategies have met with remarkable success in improving services for children, families, and communities. Government agencies administering major early learning programs are increasingly encouraging, and even requiring, such collaborations to maximize existing resources. However, despite this support, early learning programs encounter significant challenges in developing and implementing collaborations. This report presents profiles of fifteen New York City programs utilizing collaborative approaches to highlight the achievements and challenges of their efforts. Based on in-depth conversations with the program directors, we offer a blueprint for other providers seeking to adopt similar approaches, and identify public policy changes needed to stimulate and support innovation, forging a more integrated early care and education system.

## Collaboration strategies: opportunities and challenges

Programs that blend funding and/or enter into partnerships do so to achieve various goals through a variety of program components. Despite these differences, however, the profiled programs share many similar characteristics and have achieved a broad range of shared accomplishments, including:

- Program improvements
  - Creating full, extended-day and year-round programs
  - Providing all program benefits to all enrolled children
  - Making child care and early education available to more families
  - Creating consistent early education programming from 0 to 5
  - Integrating special needs children with typically developing children
  - Eliminating redundancies to fund additional staff
  - Maximizing resources to fund program enhancements

Collaborative strategies have met with remarkable success in improving services for children, families, and communities.

- **Workforce development**
  - Funding staff salary increases
  - Offering professional development opportunities
  - Creating new employment opportunities in child care and early education
- **Medical and social service supports**
  - Providing on-site medical and dental services
  - Extending educational, social service, and employment supports to families
  - Extending supports to the wider community

In developing and managing collaborative programs, the profiled programs faced major challenges that fall into two categories:

- **Institutional capacity and the intricacies of blended funding**
  - Increased paperwork and management responsibilities without adequate support
  - Budgeting and cost allocation complexities
  - Conflicting eligibility criteria, certification procedures, and assessment criteria and forms
  - Multiple audits
  - Sustaining all funding streams on which program relies
- **Adjusting to the new service paradigm**
  - Staff transition, integration and morale: working with new student populations
  - Staff transition, integration and morale: working with new colleagues
  - Parent education
  - Partnership maintenance: sharing facilities, integrating programs, and maintaining contacts

Agencies that successfully dealt with these challenges are similar in a number of ways, suggesting the components needed to support collaboration. These include:

- Strong institutional capacity
- Access to multiple funding sources
- Staff training and buy-in

Perhaps most importantly, the experiences of these profiled programs clearly demonstrate that the capacity, leadership, and support of public agencies are critical to collaborative efforts, regardless of the strength of individual organizations. Indeed, public agency decision-making has a powerful effect on the ability of early care and education providers to achieve and sustain innovative practices.



## Profiled Programs

Program	Collaboration Type	Description
<i>1199 SEIU/Employer Child Care Fund</i>	Partnership	A child care fund supported by employer contributions is a provision of a collective bargaining agreement
<i>ACE Integration Head Start</i>	Blended Funding	Head Start and Preschool Special Education programs are integrated in a full-day program, with related services providers and family literacy program based onsite
<i>Children's Aid Society: Community Schools Early Childhood Program</i>	Partnership	Public-school-based Early Head Start and Head Start programs are linked to create seamless transitions from birth to kindergarten
<i>Columbia University Head Start</i>	Partnership	A Partnership between a Head Start/Early Head Start program and New York-Presbyterian Hospital provides close medical supervision for enrolled children
<i>Consortium for Worker Education/Satellite Child Care Program</i>	Partnership	Job Training for low-income individuals creates new employment opportunities and provides enriched, home-based child care in high-need areas
<i>Graham Windham Services</i>	Blended Funding	Full-day Early Head Start is delivered through a network of family child care homes, and training creates new employment opportunities in the community
<i>Herbert G. Birch Services, Watson Avenue Day Care Center</i>	Blended Funding	ACS Child Care, Universal Prekindergarten and Preschool Special Education are integrated to extend program hours and enhance quality for special needs and typically developing children
<i>Leake &amp; Watts Services Early Childhood Program</i>	Blended Funding	Universal Prekindergarten and Preschool Special Education classes are integrated and linked with a Head Start program to create comprehensive, full-day care
<i>Lenox Hill Neighborhood House Early Childhood Center</i>	Blended Funding	Head Start, ACS Child Care, and Universal Prekindergarten programs are integrated into a seamless Early Childhood Center offering full-day, full-year care
<i>Nuestros Niños Child Development School</i>	Blended Funding	Collaboration between a center-based Universal Prekindergarten program and a family child care network creates enhanced full-day, full-year care

CONTINUED ON PAGE 7

## Profiled Programs (continued)

Program	Collaboration Type	Description
<i>Riverdale Neighborhood House Early Childhood Program</i>	Blended Funding	Universal Prekindergarten is integrated into a Limited Purchase of Service ACS Child Care program to enhance program offerings and serve additional children
<i>Sharon Baptist Head Start/ Oral Health Programs and Policy Partnership</i>	Partnership	A city-funded, no-cost dental clinic is located on-site at a Head Start program to provide comprehensive dental services to both enrolled and community children
<i>University Settlement House</i>	Blended Funding	A unified city contract for ACS Child Care and Head Start offers comprehensive, full-day care for all participating children; collaboration between an Early Head Start program and a family child care network creates a comprehensive, full-day home-based option
<i>Visiting Nurse Service/ LYFE School-Based Early Head Start</i>	Partnership	Collaboration between an Early Head Start program and a school-based child care program enhances quality and comprehensiveness of services for teenage parents and their children
<i>Yeled V'Yalda</i>	Blended Funding	A wide range of collaborative strategies and public and private funding streams create comprehensive services, particularly those serving special-needs children, for several early childhood programs

### Public Policy Issues and Recommendations

The single greatest challenge in delivering early education and child care services in New York City is a lack of coordination across public agencies. This fragmentation affects funding, data collection, planning, and regulation. These challenges suggest areas where government can play a key role in creating a climate that is more hospitable to collaboration.

Specific issues raised and recommendations for action include the following:

- **Compliance issues:**

*Issue:* Multiple auditing requirements

*Proposed next step:* Develop a proposal for a unified audit plan

*Issue:* Inconsistent interpretation of regulations

*Proposed next steps:* Document regulatory inconsistencies; develop proposal for ombudsman function to oversee early care and education system

- Quality cost issues

*Issue:* No universal agreement on the components of high-quality programs or the costs of providing them

*Proposed next steps:* Develop model budgets representing the cost of high-quality programs; disseminate budgets and offer training on their use

*Issue:* Differences in line-item budget allowances and approval of expenses

*Proposed next step:* Develop more flexible spending categories and policies

*Issue:* Differences in staff compensation and benefits

*Proposed next step:* Move towards a system of equal compensation based on training and experience.

- Parent access issues

*Issue:* Duplicative enrollment procedures

*Proposed next step:* Create a unified enrollment form and strategy

## Conclusion

The successes of the programs profiled in this report illustrate the tremendous benefits of blended funding and partnership approaches. Conversely, the challenges they face underscore areas where effective policy changes in government can significantly improve the ability of early education programs to serve children and families. United Way of New York City, in partnership with Child Care, Inc./the Early Childhood Strategic Group, hopes that this report will contribute to the continuing effort to improve early care and education services in New York City.

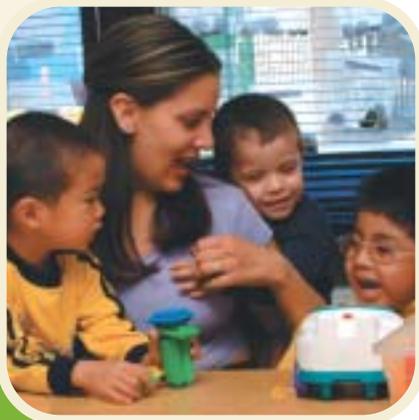
# Introduction

Early care and education has emerged as a particularly critical aspect of New York’s educational systems—badly needed by the city’s families and yet consistently under-funded by the public sector. As the foundation for later school success, and as a critical support for economic self-sufficiency, New York City’s early care and education system should offer a comprehensive, coherent, and high quality approach that is responsive to working families. This must include services that are safe, nurturing, and age appropriate for all children who need them, including those with special needs.

In reality, existing services are fragmented, inadequate, and undermined by conflicting policies and priorities, unequal access, uneven quality, and severe shortages. A variety of private and public programs operate independently of each other, with no coherent planning mechanism or means for considering a community’s overall needs. Some children gain access to services by virtue of their parents’ workforce participation, some by family income levels, others by their parents’ ability to purchase services. Only 45% of New York City children who need out-of-home care while their parents work have access to regulated care,<sup>2</sup> and approximately 46,000 eligible children are currently on waiting lists for city child care subsidies.<sup>3</sup>

In response both to these needs and to current funding limitations, providers in New York City and around the country over the past decade have responded with a variety of creative, collaborative strategies to fill in the gaps in early education services. These strategies follow two basic models: blended funding and collaborative partnership.

“Blended funding,” also called “linked” or “braided” funding, refers to the combination of two or more existing programs and/or funding streams into a single, cohesive program, an approach that can create seamless services for families; provide fully-funded, full-day programs; and make possible critical program enhancements. “Partnerships” refers to efforts by two or more providers to build on their respective strengths and integrate their resources in the service of more comprehensive early learning opportunities for community children. Both of these collaboration strategies have met with remarkable success, and have begun to penetrate mainstream thinking in the field. In fact, collaboration is increasingly encouraged by many of the major government agencies administering early learning programs, although barriers exist which complicate this process.



United Way of New York City, in collaboration with Child Care, Inc./the Early Childhood Strategic Group, has produced this report on collaborative partnerships and blended funding as part of the Early Learning Project. The report’s dual goals are to help early education providers understand and, where appropriate, replicate these new collaborative strategies, and to identify many of the obstacles complicating or preventing their full implementation in New York City.

The case studies presented here are based on in-depth conversations with directors of dozens of early learning programs in New York City. Programs were selected according to the following criteria:

.....  
2 Child Care, Inc., *A Child Care Primer*, 2000, p. 33.  
3 “Slots for Tots: New York City’s Failure to Manage Daycare Enrollment,” City of New York, Office of the Comptroller, Office of Policy Management, April 1, 2003, p. 1

- **Innovation:** Creatively partnering with other agencies or identifying and blending funding streams
- **Comprehensiveness:** Offering full-day, full-year care and/or providing enhanced services to families, such as health care, dental care, home visits, parent engagement, and/or social services
- **Integration:** Facilitating seamless services for families
- **Effectiveness:** Overcoming obstacles to collaboration
- **Sustainability:** Creating programs that can be readily sustained over time
- **Replicability:** Offering viable models for early learning program providers

The report analyzes these innovative and successful collaborative programs, highlights the benefits and challenges of their approaches, and offers a blueprint for other providers seeking to emulate them. It is our hope that this report, and the project and initiatives of which it is a part, will both stimulate thinking about funding possibilities and program improvements, and promote dialogue about how to adopt policies more supportive of blended funding and partnership approaches, helping to expand and improve New York City's opportunities for quality early childhood education.

## Background

### NEED AND OPPORTUNITY

The importance of high-quality, full-day early education cannot be overstated. Recent studies indicate that approximately 85% of a child’s brain development takes place before age five.<sup>4</sup> Children who have access to high quality early-educational services enjoy great advantages in school and later life. Researchers in one study estimated that every \$1 invested in quality preschool programs yields a savings of \$7 in unnecessary welfare payments, uncommitted crimes, and reduced unemployment.<sup>5</sup> Full-day, quality child-care services are also a critical factor in supporting employment: with approximately 70% of mothers with small children engaged in the workforce, the need for high-quality, full-day early learning options is now greater than ever.

In addition, early education programs offer an unparalleled opportunity for building family and community strength. Because of their regular access to families, these programs can serve as hubs to deliver a range of critical services in high-need communities—health-care services for young children who might not otherwise have access to them; screening and appropriate services for children with special needs; and mental health supports, parent education, and other social services for the whole family. Early learning programs can even provide employment opportunities for women moving into the workforce.

Currently, early education providers rely on operating support from a wide range of public funding streams, none of which is sufficient to cover all the costs of a comprehensive program. Some provide full-day, full-year care. Some offer social supports. Some are targeted to special-needs children. Each funding stream has its own regulations, requirements, and fee and subsidy structures (see below for details). Providers funded under each of these programs develop very different service models, few of which meet all the complex needs of the communities they serve.



### Brief overview of the major early-education programs

Early education funding in New York City is provided by three different City agencies—the Administration for Children’s Services, the Department of Education, and the Human Resources Administration—as well as by New York State and the federal government. These support a number of different programs, which are described here in brief and summarized in the chart in Appendix I.

#### ACS Child Care

The New York City Administration for Children’s Services (ACS) is the largest municipal child-care entity in the nation. The agency provides full day, full-year child care services with attention both to early childhood development and to meeting the needs of working parents.

ACS contracts for publicly subsidized child-care services with 344 child-care centers (serving approximately 57% of total ACS enrollment) and 59 family child care networks (serving approximately 13% of total enrollment).

4 Purves, Dale, *Body and Brain*, Harvard University Press, 1998.

5 Schweinhardt, High Scope/Perry Pre-School Study, 1993;  
<http://www.highscope.org/research/perryproject/perryfact.htm>

Parent fees are set according to family size and income, not to exceed 12.5% of a family's gross income. In combination with vouchers (currently serving approximately 30% of total ACS enrollment), which can be applied to a variety of informal and formal child care settings, these center-based and home-based providers offer subsidized child care to almost 60,000 at-risk and low-income children. However, access to these services by eligible families is limited and many families go unserved.

### **HRA Child Care**

The Human Resources Administration (HRA) provides subsidized child care to families receiving public assistance and participating in approved work activities, as well as families transitioning from public assistance to economic self sufficiency. The HRA benefit is structured as a voucher payment made directly to any provider of a parent's choosing, whether regulated or informal. In 2002 HRA issued almost 36,000 vouchers.

### **Head Start**

Head Start is the country's largest and oldest major funding source for early education. It is a federal program administered by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services.

Head Start is a family-centered model serving the children of families earning less than 100% of the federal poverty level (although 10% of the children enrolled in any Head Start program may be from families with income above the federal poverty level). The program is intended to meet those children's educational, health, and social needs through comprehensive services. There are no parent fees.

Unlike most Federal programs, Head Start is not managed by the states. Instead, the federal government contracts directly with local grantees. In New York City, Head Start takes the form of two funding streams. New York City's ACS is a mega grantee and sub contracts to individual providers, while ACF contracts directly with a smaller number of programs. There are nearly 20,000 three- and four-year-olds enrolled in Head Start in New York City.

### **Early Head Start**

Early Head Start is a federally funded, community-based program for families with infants, toddlers, and pregnant women. Like Head Start, Early Head Start is administered by ACF, which contracts directly with service providers. Early Head Start offers comprehensive services to low-income families, 10% of whom may have incomes above the poverty line, to promote healthy pregnancies and birth, support the development of infants and toddlers, and promote healthy family life. The program offers social service supports and home visiting, and may be either center-based or home-based.

In New York City, 15 agencies currently offer Early Head Start programs, serving just over a thousand children.



Early education providers rely on operating support from a wide range of public funding streams, none of which is sufficient to cover all the costs of a comprehensive program.

### **Universal Prekindergarten (UPK)**

UPK is a New York State legislative initiative with the goal of providing prekindergarten to all the state’s four-year-olds, at no cost to their families. In New York City, the program is administered by the Department of Education, Office of Early Childhood Education.

UPK may be offered as a stand-alone, two-and-a-half-hour program in public or private schools, or in a community-based program. Seventy percent of all New York City children in the program are served in more than 600 community-based settings, where UPK may be blended with Head Start, child care, or family child care, either providing program enhancements or extending the program day. In 2002, UPK served almost 43,000 children.

### **SuperStart and SuperStart Plus**

SuperStart and SuperStart Plus are school-based programs serving over 9,000 primarily low-income four-year-olds.

### **Preschool Special Education, Early Intervention, Related Services Only, and Special Education Itinerant Teacher Services**

New York State offers a set of programs and services—including speech and language therapy, occupational therapy, physical therapy, counseling, and early learning opportunities—to children under the age of five with identified special needs. Although New York State provides the funding and regulates the program models, requirements, certifications, and funding mechanisms for special education services, New York City, along with other individual school districts, is responsible for ensuring that free and appropriate public education services are provided for all eligible children choosing to participate.

Special education services may be offered in a school-based setting, community based settings, or in other appropriate settings, such as the child’s home. Services to children ages three to five are delivered through the Department of Education’s Committees on Preschool Special Education (CPSEs), which conduct evaluations, design Individual Educational Plans (IEPs), and refer children to appropriate service providers. The special education services for children ages three to five are Preschool Special Education, Special Education Itinerant Teacher services, and Related Services Only.

Preschool Special Education is a center-based early education program, offered for a maximum of six hours to approximately 21,000 children in community-based organizations. Many of these settings are “inclusive,” meaning that they include both special needs and typically developing children in a shared classroom. “Special Education Itinerant Teacher” services, or SEIT, provide teachers certified in special education who visit early education settings to provide special expertise and support to both a child and his teacher. Finally, “Related Services Only,” or RSO, includes speech and language therapy, occupational therapy, physical therapy, and counseling, offered in either an early education setting or elsewhere. Many children receive some combination of these special education services.

Services to children from birth to three (“Early Intervention”) are managed at the local level by the New York City Department of Health and Mental Hygiene. Early Intervention serves both infants and toddlers and their families, and provides developmental screenings, evaluations, and appropriate developmental services, on a voluntary basis, as determined appropriate by parents

Numerous providers have developed innovative, collaborative approaches that build on the strengths of existing funding sources and compensate for their weaknesses.

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and caregivers. These services are extensive, and may include occupational, physical, speech and language, and vision therapies, as well as parent and child groups, parent support groups, nursing services, and social work services. Early Intervention is provided in the home, in a community-based setting, or in some combination of each. Approximately 35,000 city children receive these services each year.

### **Private Programs**

Finally, privately funded programs such as nursery schools and preschools also blend funding sources. While private programs are primarily paid for with parent fees, many private preschools have contracts with the New York City Department of Education to offer Universal Prekindergarten. In addition, numerous programs accept “voucher” payments, or reimbursement for services offered, from HRA Child Care or ACS Child Care (both described above). In a few instances, employers may also offer their employees vouchers or other subsidies to support children’s enrollment in private programs.

## **COLLABORATION: A STRATEGY FOR SUCCESS**

### **What are Collaboration Strategies?**

While the major funding streams described above form the basis of most early-education programs in New York City, none by itself can meet the comprehensive needs of all children. In recent years, however, numerous providers in New York and around the country have developed innovative, collaborative approaches that build on the strengths of existing funding sources and compensate for their weaknesses.

One such strategy is “blended funding,” also called “braided” or “linked” funding. By creatively integrating the major funding streams with each other and/or with other funds, many providers have found it possible to enrich and expand their programs, and to overcome many of the limitations of individual funding sources.

Similarly, many agencies and programs have reached out to other organizations in their communities—including health providers, mental health providers, dental care providers, and other early learning programs—to forge innovative partnerships. These partnerships have been structured in a variety of ways, including the exchange or contribution of in-kind goods and services and the location of two or more programs in a single site.

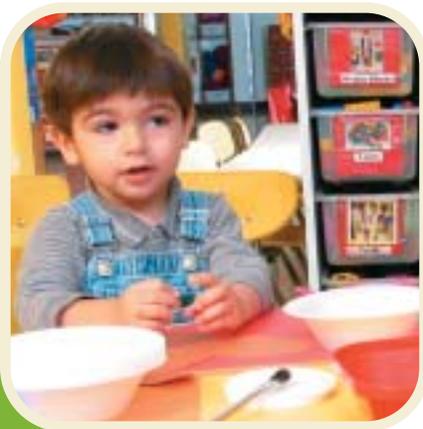
Particularly because so many of New York City’s early childhood services have features in common—including facility requirements, health and nutrition practices, class sizes and educational programs—blended funding and partnership building makes perfect sense. By maximizing resources or leveraging funds, they make it possible to provide children with new and more extensive learning opportunities, and make available a wide variety of other support services both to children and their families.

All these partnerships and programs have evolved individual strategies, so no two are exactly alike. Some approaches are relatively simple—combining Universal Prekindergarten funding with Head Start to provide full-day, comprehensive child care. Others are quite complex, such as combining some or all of the major programs with other kinds of governmental funding, foundation grants, and internship programs to create an impressive array of medical and social

supports supplementing early-education programs. All of these examples are worth studying, and their strategies are worth analyzing, emulating, and expanding as cost-effective ways of maximizing existing resources to help meet our children's needs.

## Development of Collaboration Strategies

As word of successful innovations in collaboration spreads, the government agencies administering major early learning programs—the US Department of Health and Human Services (DHHS) and the City's Administration for Children's Services, Human Resources Administration, and Department of Education—are increasingly encouraging such collaborations. Today, blended funding is not just an accepted part of the landscape: it is considered a necessity. When allocating funds for program expansion, DHHS now requires that proposals for Head Start funding include an applicant's ability to collaborate with other providers. The agency has also established supports for blended-funding partnerships, including Head Start Collaboration Offices, in every state. New York State's Universal Prekindergarten requires that at least 10% of children be served in community-based organizations (CBOs), catalyzing collaboration between New York City's community school districts and eligible CBOs. In collaboration with the Early Childhood Strategic Group, ACS has published an advisory on cost allocation, an accounting strategy critical to blended funding, assuring providers that they can blend ACS child care with Universal Prekindergarten funds without fiscal penalty. And ACS, which funds both Head Start and Child Care—ordinarily funded by separate contracts—has also begun experimenting with unified contracts to facilitate the combination of both funding streams within one program.



## Paradigms for Collaboration

Collaborations range from the simple addition of a single service, to sophisticated programs offering a wide variety of services, as detailed in the fifteen profiles included in this report. Programs may differ greatly from one another, but they tend to follow certain paradigms.

There are two major approaches to collaborative strategies:

- A single provider applies to multiple funding sources (blended funding)
- Two or more providers share resources or co-locate services (partnerships)

Potential partners also fall into two general categories:

- Other child-care/early-education providers
- Providers of other kinds of services, e.g. medical or social service supports

Finally, funding sources fall into two general categories:

- The major child-care or early-education funders, e.g. ACS Child Care, Head Start, Preschool Special Education, or Universal Prekindergarten
- Less obvious sources, e.g. foundation grants, private fees, or government funds not specifically allocated for child care or early education

## Funding sources

Listed below are some of the many funding streams—some conventional, others tapped by creative directors—that have been used to fund early childhood education programs and enhancements. This list is not exhaustive, but it does indicate the range of possibilities.

### Government: City

- Administration for Children’s Services (ACS)
- Department of Education (DOE)
- Human Resources Administration (HRA)
- Department of Health and Mental Hygiene (DOHMH)
- Health and Hospitals Corporation (HHC)
- Department of Youth and Community Development (DYCD)

### Government: State

- State Education Department (SED)
- New York State Legislature
- Dormitory Authority of the State of New York (DASNY)
- State University of New York (SUNY)
- Office of Children and Families (OCFS)
- Department of Labor (DOL)

### Government: Federal

- Department of Education (DOE)
- Department of Labor (DOL)
- Department of Health and Human Services (DHHS)

### Private/Nonprofit:

- Foundations
- In-kind goods and services
- Fundraising
- Corporate partners
- Parent fees
- Employer contributions



## ACCOMPLISHMENTS AND CHALLENGES OF COLLABORATION STRATEGIES

### Accomplishments

The collaborative strategies described in this report can have a tremendous impact on the programs and communities they serve. The major accomplishments attributable to building partnerships and blending funding streams fall into three categories: child care and early education improvements; staff supports and new employment; and medical and social-service supports for enrolled children and their families, sometimes extended to the wider community.

A successful synthesis of funding can pool resources and make them available to all participating children, regardless of the program in which they are technically enrolled.

- **Child-Care and Early-Education Improvements**

**Creating full- and extended-day and year-round programs.** The most common, and perhaps most important, benefit of blended funding is its ability to link two or more partial-day programs into a single full- or extended-day program, thereby meeting working parents' most significant need.

**Extending all program benefits to all enrolled children.** A successful synthesis of funding can pool resources and make them available to all participating children, regardless of the program in which they are technically enrolled. For example, if one funding stream offers full-day care while another stream is only part-day but with social service supports, the blended program can serve all participating children with both full-day care and social service supports.

**Making child care and early education available to more families.** Whether creating a new UPK program, or training new home-based child-care providers, many of the profiled programs extend child care and early education to families who otherwise would not have access to it.

**Creating a cohesive child-care/early-education track.** Some providers have successfully combined funding streams to create a seamless program for children ages zero to five that transitions naturally into kindergarten.

**Integrating special-needs children with typically developing children.** Many programs have used blended funding strategies to integrate special-needs children with typically developing children. This approach has the dual advantage of offering the special-needs children the least restrictive environment appropriate, while also offering typically developing children exposure to the resources (e.g., psychologists, social workers) funded by Early Intervention and Preschool Special Education.

**Eliminating redundancies to fund additional staff.** By eliminating redundancies built into multiple funding streams' line item budgets (e.g., funding for two program directors), some programs have used integration to hire additional needed staff (e.g., a social services director).

**Maximizing resources to fund program enhancements.** Cost-allocation of a new funding source may generate program savings, which can be used to hire additional staff or to provide program enhancements, such as art and music programs, additional science and math materials, literacy support and educational field trips, and new equipment, including computers.

- **Early Education Workforce Development**

**Funding salary increases.** Some providers have used the savings made possible by blended funding to increase staff salaries—a major accomplishment in a field that traditionally pays low wages.

**Offering professional development opportunities.** Many blended programs have found professional development opportunities in cross-training staff trained in different program cultures (e.g., ACS Child Care vs. Head Start, or typically developing children vs. special needs children). Cost allocation strategies have also enabled programs to fund substitute time, facilitating more training. Finally, professional development may be an explicit aspect

Managing multiple funding streams can be labor intensive, and funding streams generally do not provide additional resources to support the resulting additional administrative work.

of a collaborative approach (e.g., technical assistance to CBOs from the Community School Districts as part of their provision of the Universal Prekindergarten Program).

**Creating new employment in child care and early education.** Several providers have tapped into the synergy of both providing early education to children who need it, and offering job training and employment in the child care field. Some agencies also support new employment by offering social-service supports and educational opportunities to home-based child care providers.

- **Medical and Social-Service Supports for Enrolled Children and Their Families**

**Providing on-site medical supports.** Partnerships have created benefits ranging from providing individual services—such as dental or optometric care—to creating a medical home for enrolled children.

**Extending educational, social service, mental health and employment supports to families.** Such supports have included English for Speakers of Other Languages (ESOL), parenting classes, family literacy education, GED programs, and adult education classes in everything from nutrition to computers. Some programs have been able to provide job training and employment opportunities to parents transitioning off public support. Finally, many programs use partnerships to offer access to social service supports for parents as well as children, including referrals to health, mental health, and dental care; access to substance abuse programs; and assistance with housing, nutrition, insurance, and a range of other issues.

**Extending supports to the wider community.** Some providers have built partnerships that offer medical and social services not only to the families of children in their programs, but also to families in their broader communities.

## Challenges

The major challenges encountered by providers exploring collaborative strategies fall into two general categories: developing the institutional capacity to support the complexities of blending funding; and helping children, parents, and staff adjust to a new service paradigm. Programs that use only one funding stream have to deal with the strengths and limitations of only that stream. Multiple funding streams create multiple issues.

- **Institutional Capacity and the Complications of Blended Funding**

**Increased paperwork and management responsibilities without adequate support.**

Managing multiple funding streams can be labor intensive, and funding streams generally do not provide additional resources to support the resulting additional administrative work.

**Budgeting and cost allocation.** Complex cost-allocation strategies require sophisticated accounting. Separate budgets must be maintained for each program, and funding sources may impose rigid line-item budgets, preventing directors from using resources where they are most needed. In addition, acceptable cost allocation practices may differ across funding streams, making it extremely difficult for blended programs to comply with all programs' requirements.

**Conflicting eligibility criteria, certification systems, and assessment criteria and forms.** Differences in eligibility requirements (e.g., by income, by employment status, or by other criteria) may prevent children enrolled in one program from enrolling in another. Different certification and reporting requirements between the programs can also cause complications.

**Multiple audits.** Multiple audits and fiscal reporting requirements of the program's multiple funding streams can absorb a great deal of staff and administrative time. In addition to requiring certified financial statements, for example, ACS Child Care, ACS Head Start, and UPK also send their own evaluation teams on-site to review a program's expenditures. These audits are not coordinated, do not cover the same reporting periods, or take place at the same time of year, and frequently require redundant efforts from agency staff.

**Sustainability.** Multiple funding streams translate into multiple grant requests and related follow-up, and the attendant time and energy these require. Particularly challenging is structuring a blended-funding partnership in such a way that if one funding stream isn't renewed, the program as a whole will not falter.

- **Adjusting to the new service paradigm**

**Staff transition, integration, and morale: working with new student populations.** Many staff find themselves working with a new type of student population for the first time, whether special needs or typically developing, and need to learn to adjust teaching styles according to developmental level. Internal discussions and workshops and professional development opportunities can help meet this challenge.

**Staff transition, integration and morale: working with new colleagues.** When programs are integrated, staff from different program cultures may begin to teach in the same classroom, sometimes initially producing tensions. In addition, union considerations may require programs to continue to pay some staff under one funding stream, and others under a different funding stream. As a result, teachers in the same classroom may be covered by different collective bargaining agreements, translating into staff receiving different salaries and benefits for the same work.

**Parent education.** Particularly when blended funding leads to the integration of special-needs children with typically developing children, providers need to help both groups of parents understand that the integrated program works to the mutual benefit of all the children. Parents of typically developing children worry that their children may mimic inappropriate behavior. Parents of special-needs children worry that their children may be neglected in favor of the other children.

**Partnership maintenance: sharing facilities and integrating programs.** Mutual respect and consideration are essential when two programs share facilities. Lack of available space often causes friction, but can also lead to innovative planning, such as inverse scheduling patterns that maximize the use of available space and staff.

**Partnership maintenance: maintaining contacts.** Maintaining partnerships takes time and effort, and both parties have to be willing to shoulder some responsibility. Partnerships must be institutionalized; those based on personal contacts can fall apart if one of the contacts leaves.



## Key components of successful collaboration

Despite these challenges, the agencies profiled here have been successful in implementing blended funding and partnership strategies in their early childhood programs. Although differing in their objectives, resources and strategies, these agencies share many characteristics, highlighting the components needed to build collaborative programs.

Two themes repeatedly surfaced in agency interviews: possessing a strong vision for an integrated program, and involving all stakeholders in seeing that goal through to implementation. In addition, in the current environment, institutional capacity—including a strong infrastructure, leadership skills, and thorough planning—are crucial to the successful implementation of these approaches. Finally, the government agencies that fund and administer early childhood resources must also share responsibility for collaboration and partnership approaches by creating a policy environment that supports innovation.

- **Institutional capacity**

Many of the profiled agencies are large, sophisticated organizations with significant institutional capacity. Many have long institutional histories providing a wide range of services to New York City children and families. These agencies have relied upon the breadth of their resources—including highly trained fiscal and support staff—to manage the administrative challenges imposed by collaboration strategies. While smaller agencies can most certainly be successful at collaboration, the profiled programs illustrate that institutional capacity is often a key ingredient of success.

- **Multiple Funding Sources**

While the blended programs described here are funded primarily through early childhood education funding streams, the majority are supplemented by private funding sources (foundation or corporate grants or core agency funding). Such funding is vital for agencies to implement and sustain blended funding approaches. The profiled programs frequently depended on the flexibility afforded by supplemental funding, particularly to provide services not covered by the line item budget allowances of government funding streams.

- **Staff Training and Buy-in**

Without exception, implementation of the strategies documented here represent significant changes in the working lives of both administration and staff. Many program directors spoke at length about the importance of gaining staff interest and buy-in *before* implementation began. In many cases, this involved additional staff training, both at the outset and throughout the change process. In addition, many directors integrated staff into a comprehensive planning process, ensuring that their views and concerns were included at every stage. Several reported that staff retreats were a useful tool for team-building, opinion gathering, and planning, as well as for sharing a new vision with all of a program's stakeholders.



New York's early education system is in dire need of a centralized planning process to coordinate service delivery across agencies.

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- **City agency support and leadership**

Regardless of the strength of individual organizations, the capacity, leadership, and support of public agencies are critical. Indeed, public agency decision making has a powerful effect on the ability of early care and education providers to achieve and sustain innovative practices.

## Public Policy Issues and Recommendations

The experiences documented in this report illustrate the challenges of operating programs that cut across multiple government agencies and funding streams. As these profiles make clear, to speak of an “early education system” in New York City is to imply a level of integration that does not exist. Rather than operating a cohesive system, various early education services are offered by a patchwork of agencies utilizing a range of city, state, and federal funding streams.

Despite recent efforts toward integration, government policies and procedures remain divergent and often contradictory, and the city lacks a centralized entity to coordinate planning, data collection, service delivery and quality assurance. Because of the interrelatedness of early education funding, decisions made by one government agency, about one particular program, can have unanticipated consequences on other components of the system, particularly if the full picture is not taken into consideration. Depending on their policies and approaches, therefore, public agencies may either support collaborative practices, or hinder them where they already exist. In addition to program-level innovations, government-led planning and decision-making are needed to ensure program success.

There are numerous examples in New York City of positive leadership and cross-agency problem solving. These include joint staff trainings and outreach efforts, careful work to resolve blended funding obstacles, and an effort now underway at the Department of Education and the Administration for Children’s Services to formulate a unified set of guidelines for cost allocation. There have also been many instances, however, in which separate funding streams—and the separate bureaucracies that administer them—have had detrimental effects on collaborative efforts. Programs with fewer resources, for example, cite administrative burdens—ranging from paperwork to budgeting complexities—as one of the primary challenges they face in implementing blended funding and partnership strategies. Government efforts to reduce such burdens could go a long way in enabling smaller agencies, and the families they serve, to benefit from blended funding and partnership strategies.

The following policy recommendations are based on observations made while preparing these profiles, and propose steps towards an early childhood education system that is integrated, seamless, and conducive to innovation and partnership:

- **Centralized planning issues:**

New York’s early education system is in dire need of a centralized planning process to coordinate service delivery across agencies, facilitating the collection of cross-agency data about which families are served, for how many hours, and in what settings.

Even before developing a system-wide early education planning process, the City can take a number of incremental steps towards building a more integrated system.

Such a process would enable New York City to:

- ◆ Allocate all early care and education resources according to need and demand
- ◆ Forge a thoughtful strategy for facilities renovation and quality enhancement across settings
- ◆ Develop unified policy goals and benchmarks against which to measure them
- ◆ Adopt consistent performance program standards and outcomes for children, regardless of settings, and
- ◆ Build stronger links with the social services, health, and mental health delivery systems.

Even before developing a system-wide early education planning process, however, the City can take a number of incremental steps towards building a more integrated system, particularly in the areas of regulatory compliance, quality costs, and parent access.

- **Compliance issues**

**Multiple auditing requirements:** Blended programs are audited by each of the relevant funding agencies. Such multiple audits drain program resources.

**Proposed next step:** Develop a proposal for a unified audit plan.

**Inconsistent interpretation of regulations:** No single entity, agency, or individual understands all rules across systems, provides technical assistance in blending across funding streams, or has responsibility for interpreting regulations in light of one another.

**Proposed next steps:** Begin to document regulatory inconsistencies; develop proposal for ombudsman function to oversee early care and education system and to be responsive to the needs and concerns of parents and providers across funding streams

- **Quality cost issues**

**No universal agreement on the components of a high-quality program and the costs of providing them:** Funding streams differ widely in cost per-child and allowable expenses in such areas as staffing, professional development, and program enhancement.

**Proposed next steps:** Develop model budgets representing the cost of high-quality, comprehensive services (both school year and full-year, part-day and full-day); disseminate budgets and train city agencies in their use; gain support for their implementation.

**Differences in line item budget allowances and approval of expenses:** Each funding source has its own line item allowances, complicating blended funding strategies.

There are inconsistencies in approvable expenses depending on the funding source.

**Proposed next steps:** Continue to document inconsistencies; develop a proposal for more flexible spending categories and policies; develop and implement a strategy for creating more uniform allowable expenses.

**Differences in staff compensation and benefits:** Staff in the same setting, performing the same responsibilities and with similar experiences and qualifications, receive different compensation packages, depending on which funding stream pays their salaries.

**Proposed next step:** Document pay scales and benefits across settings and funding streams. Move towards a system of equal compensation based on training and experience.

- **Parent access issues**

**Duplicative enrollment procedures:** Parents must complete multiple certifications to gain access to blended programs. Application processes and required data differ across streams.

**Proposed next step:** Create a unified enrollment form and strategy across all funding sources that can easily be accessed and utilized by working families.



## The Profiles

### 1199 SEIU/Employer Child Care Fund

The 1199 SEIU/Employer Child Care Fund, an innovation achieved through collective bargaining, makes child care affordable for thousands of members of the 1199 SEIU Health and Human Service Employees Union in New York State.

#### FUNDING SOURCES:

- Employer contributions
- Universal Prekindergarten Program
- New York State OCFS

#### PROVIDER

With more than 222,000 members, 1199 SEIU is New York City's largest union of health care workers. Members serve as nurse practitioners, technical workers, maintenance people, and in a wide variety of other capacities in nursing homes, hospitals, and other care facilities. More than half the membership is female. Seventy percent of the members work nontraditional hours, during nights and weekends. Raising a child while employed in this field, which requires punctuality and regular attendance, is a particular challenge for the union's members. In a 1989 poll, union members consistently identified high quality child care as a significant concern, so union leadership added the issue to the collective bargaining process. As a result, more than 300 hospitals, nursing homes, and other health care providers now pool resources to provide a child care benefit to eligible members.



#### PATH TO COLLABORATION

##### **Collective bargaining agreement: Employer contributions to child care benefit**

The union launched its Child Care Fund in 1992. Child Care, Inc. provided assistance in developing a strategic plan. The Fund became the first "Taft Hartley Child Care Fund" in the United States—regulated by law governing U.S. labor relations, and overseen by a Board of Directors including labor leaders as well as management representatives.

The union reached an initial accord with 16 employers, who agreed to contribute a portion of their payroll to support the Fund. During contract negotiations in 1992, approximately 60 additional employers agreed to contribute to the Fund. By benefit year 2003, the number of contributing employers will exceed 300. Initially, employers contributed at different levels—depending on the negotiated agreement at the time of entry—ranging from 0.25% to 0.75% of payroll. In benefit year 2003, the fund will be restructured so that all contribute at the same level (0.5% of payroll), creating an annual fund totaling \$15 million.

The Fund leverages \$15 million to increase accessibility of care for thousands of health care workers each year. The two Fund-developed centers help provide additional high-quality options in high-need areas.

### **A rotating child care benefit**

Early in its ten-year history, the Fund decided to provide a relatively large benefit to only some of its members each year, rather than a relatively small benefit to all members. Of approximately 40,000 eligible applicants annually, 10,000 register for benefits and approximately 80% receive awards on the basis of seniority and previous benefit usage (members who receive an award drop to the bottom of the priority list). In a typical year, the Fund provides programs and services to over 9,500 children. In 2003, the fund will become “partially commingled,” meaning that benefits will be allocated according to overall seniority (as opposed to seniority within a given employer organization) as well as by benefit history.

The Fund will pay the partial or total cost of the benefit provided, based on a sliding scale determining the size of any required co-payment. A child care voucher, for example, may range in size from \$560 to \$3,900 annually, depending on the member’s salary, number of dependents, age of children, and type of child care service utilized (regulated care, for example, is reimbursed at a higher rate than informal care).

### **Voucher Program**

The Fund’s most-utilized benefit is the “Day Care Voucher Program,” made available to approximately 4,700 families with children ages birth to five years. The reimbursement, which is paid directly to families on a quarterly basis, helps defray the cost of either formal (licensed or registered) care or, more commonly, license-exempt or informal care.

### **Future of America Learning Centers**

Because of the scarcity of available child care facilities, the Fund has opened two of its own child care centers in high-need areas of the Bronx. These Future of America Learning Centers are operated by the 1199 Employer Child Care Corporation, a nonprofit entity affiliated with the Fund but overseen by a distinct Board of Directors. The first center, opened in 1993, serves 90 children ages two through five in the north Bronx, and is accredited by the National Association for the Education of Young Children (NAEYC). The second center, opened in September 2002, serves 120 children ages six months to five years in the central Bronx. The latter facility was constructed through a partnership with Lehman College and the 1199 Training Fund, which utilizes two-thirds of the space for the training of union members.

The Learning Centers serve working families by offering extended hours (from 6am until 6pm) and by maintaining a maximum weekly parent fee of \$134 per child (\$90 minimum). In addition, the Centers maintain their own eligibility rules. Slots in the Centers are allocated in the same manner as the other child care benefits. Members awarded child care subsidies may use those funds to cover parent fees at the Centers. Child care slots in the Centers are awarded for three years; most children transition directly from the Centers to kindergarten or first grade. The Fund is still trying to solve the problem of how to care for younger children who lose the benefit prior to entering kindergarten. According to the Fund’s Executive Director, many children enrolled in FALC are prepared by the program to enter first grade upon graduation.

The Future of America Learning Centers also provide Universal Prekindergarten (UPK), and currently serve approximately 126 four-year-olds, including children of 1199 members and also children from the surrounding community. Both sites have UPK contracts with Community School District 11 (although one site operates in District 10) and utilize the full range of benefits, such as curriculum support, offered by the Department of Education. The UPK funding stream allows the Centers to offer the two-and-a-half-hour program to children who would not otherwise have access to early education opportunities, and to extend the day for union members’ families who would not otherwise be able to afford the parent fees for those extra hours.

### **Emergency Back-up Care**

The newest Fund benefit is emergency back-up care at the Future of America Learning Centers. This program is designed for parents whose children are not enrolled in the Future of America Learning Centers. When a regularly scheduled child care arrangement breaks down, parents who have preregistered for the service can bring their children to one of the Centers, where the children can spend time with an individual caregiver and then join a small group for play or story time. To ensure availability of this benefit, the Centers always keep several slots open on a daily basis. Because of this “guaranteed” benefit, the union does not foresee forming a reimbursement method for other emergency child care situations.

### **Referral Service**

In addition to its child care benefits, the Fund offers a Child Care Resource and Referral Service to all fund-eligible members. During business hours, three trained counselors offer referrals to licensed or registered child care centers, after-school programs, family child care providers, summer day camps, and special needs programs. Union members also participate in several child care committees, which have been instrumental in identifying existing resources and suggesting new benefits and alternatives to the Fund.

### **Emergency medical care—partnership with Montefiore Medical Center**

The Fund is currently developing an innovative partnership with Montefiore Medical Center to provide emergency medical child care. When children of eligible members are too sick for child care, Montefiore will care for them during the day, freeing their parents to continue attending work during scheduled hours.

## **ACCOMPLISHMENTS**

- **Precedent-setting approach to early care as a union benefit:** The Fund was the first “Taft Hartley Child Care Fund” in the United States. Its structure and benefits distribution system has served as a model to several successors across the country, including a new benefit won by New York City Transit Workers in 2002.
- **Increase in capacity and affordability of care:** The Fund leverages \$15 million to increase accessibility of care for thousands of health care workers each year. The two Fund-developed centers help provide additional high-quality options in high-need areas.

## **CHALLENGES**

- **Resource limitations and complexity of award allocation:** The Fund’s greatest limitation is its inability to provide a child care benefit to all eligible members each year. In response, the Fund has designed an elaborate, computerized eligibility system, which awards benefits according to the two primary criteria, seniority and benefit usage. Maintaining and upgrading this system, which is based on some 150 rules for the prioritization of members, absorbs a great deal of the Fund’s energy and staff time.
- **Scarcity of quality care:** The overall scarcity of high-quality care in New York City, particularly for infants and toddlers and during nontraditional hours, remains a major challenge.

- **Union member commitment:** Fund leaders suggest that other unions interested in replicating this model make certain that members are committed to child care as a priority benefit. The case may then be made to employers about the value of a child care benefit in reducing tardiness and improving attendance and productivity. Such a benefit is relatively inexpensive, but can yield rewards for employees and employers alike.

## Summary

<b>Location</b>	All five boroughs of New York City; Buffalo; Syracuse; Albany; and Long Island		
<b>Collaboration Type</b>	Child care benefit as provision of collective bargaining agreement		
<b>Goal</b>	To increase members' access to high-quality, affordable child care.		
<b>Key Strategies</b>	Employer contributions pooled to defray child care expenses for union members		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>● Provides referral services to all fund-eligible union members</li> <li>● Operates NAEYC child care center (ages two to five)</li> <li>● Operates second child care center pursuing accreditation (ages six months through five years)</li> <li>● UPK Program</li> <li>● Emergency back-up care</li> <li>● Reimbursement for child care</li> </ul>		
<b>Funding Streams</b>	Employer contributions	Private	98.1 %
	Universal Prekindergarten Program	State	1.25 %
	Office of Children and Family Services	State	.06 %
<b>Budgetary Approach</b>	Pooled fund of employer contributions distributed to eligible members on the basis of seniority and previous benefit usage		
<b>Children Served</b>	Extended day child care (6am to 6pm)	210 Children (including infants and toddlers)	
	UPK program	128 children	
	Reimbursements for child care	2800 children	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Complexity of award allocation</li> <li>● Inability to award every member a benefit every year</li> <li>● Scarcity of quality care, especially for infants and toddlers and during nontraditional hours</li> </ul>		
<b>Contacts</b>	Carol Joyner Executive Director 1199/Employer Child Care Fund, <a href="http://www.1199CCF.org">www.1199CCF.org</a> Phone: (212) 564-2220 ext. 7320 Email: <a href="mailto:cjoyner@1199ccc.org">cjoyner@1199ccc.org</a>		

## ACE Integration Head Start

ACE fully integrates Head Start services and Preschool Special Education in unique co-led classrooms, and offers on-site family literacy and related special education services.

### FUNDING SOURCES:

- Head Start
- Head Start Family Child Care
- Even Start
- Preschool Special Education
- Fees for Related Services

### THE PROVIDER

The ACE Integration Head Start program in Bushwick, Brooklyn, integrates full-day care and comprehensive services with Preschool Special Education in a program serving 115 children, half of them with special needs. Additional education services, including counseling, speech, occupational and physical therapies, are located on-site. Extended-day wraparound care for an additional 24 children is offered in family child-care provider homes, and an on-site Even Start program offers family literacy and parent education to community parents. ACE provides many of these programs through a partnership with Hospital Clinic/Home Center Instructional Corp. (HC/HC), a for-profit, state-approved special education evaluation program and service provider.



The architecture of the building at ACE — which stands for “acceptance, creativity and ecology” — reflects its unified program vision, according to Dr. Frieda Spivack, the program’s founder and executive director of both ACE and HC/HC. Built over a five-year period with New York City ACS Head Start funding, and completed in 2000, it echoes the Reggio Emilia philosophy, an Italian approach to early childhood education with strong emphasis on both the learning environment and a cohesive learning community (including parents, teachers, and children). Glass-enclosed classrooms, as well as specialized rooms for enrichment programs, surround a spacious, light-filled common area. An art room is staffed by an art teacher, while a computer room housing six systems used by the children is managed by computer-competent teachers. A full-time music teacher also circulates through the five classrooms. A large kitchen serves participants in all of the agency’s programs — including breakfast, lunch, and snack for the preschool program — and pays close attention to details like home-baked bread and cookies. Parents are always welcome in the building, where they have their own family room.

## PATH TO COLLABORATION

### **ACE/HC/HC Partnership**

Veteran HC/HC service providers envisioned an integrated learning environment that could merge the inclusive setting of Preschool Special Education programs with the social service supports of Head Start programs. In 1992, the newly created ACE Integration Head Start won a grant from Administration for Children's Services Head Start to open a school-day program for children ages three to five. HC/HC won state permission to co-locate some of its Preschool Special Education resources in ACE Head Start classrooms, effectively integrating additional resources for special-needs children into the core program. In 2000, ACE moved to its permanent facilities in Bushwick.

The result is an enhanced teaching team in each of ACE's five integrated classrooms, which are composed of half typically developing children and half special-needs children, and jointly led by a Preschool Special Education teacher and a Head Start teacher. Additional support staff in each classroom include a Preschool Special Education aide, a Head Start aide, and an assigned family worker, who is usually bilingual.

While ACE is the designated ACS Head Start grantee, all State Education Department special education funding flows through HC/HC. In addition to making classroom integration possible, the collaboration has enabled ACE to bring social workers, psychologists, speech and language therapists, an occupational therapist, and a physical therapist on site. The District Committee on Preschool Special Education (CPSE) refers children to HC/HC for evaluations and related services, which are then provided by HC/HC service providers co-located at the ACE site. Therapists treat ACE children through both the "push-in" (in-classroom) and "pull-out" approaches, the latter in specialized therapy rooms on the upper level of the ACE building.

### **Head Start Family Child Care**

A Head Start Family Child Care component serves 24 children for extended hours (until 5:30pm). Family child-care providers receive additional training to participate in the program, as well as supervision from ACE teachers and staff. Some children spend the entire day in a family child-care setting, while others attend the center-based program and then transition to family child care for the remainder of the day.

### **Even Start**

Since 2001, HC/HC has rounded out its services to families as an Even Start Family Literacy grantee. Even Start is a federally funded program designed to help parents become both economically self-sufficient and full partners in their children's education. It serves families with children ages zero-to-eight years and parents who are eligible for participation in adult basic education programs under the Adult Education and Family Literacy Act.

HC/HC won an Even Start grant in 2001. This year the program conducts six two-hour Even Start classes in two locations: in a dedicated room on site at ACE, and in collaboration with the Department of Education at PS 274. The classes, taught by certified English-for-Speakers-of-Other-Languages (ESOL) instructors, emphasize English language literacy and other basic skills. ACE Integration provides child care for Even Start children not already enrolled in the Head Start or in the public schools (or, at PS 274, who do not attend an on-site Universal Prekindergarten Program) in an extra room in the ACE building, and serves all attendees lunch or a snack, as appropriate. Transportation is a major hurdle to participation for parents, especially if they have to carry strollers up and down the long stairwells at the nearby subway station, and ACE has applied for, but not yet been awarded, grant money for a bus.

Only about 25 out of 40 families served by the Bushwick Even Start Program technically qualify for the program, but the agency extends its core resources to serve all who seek entrance into the program. Students ready to pursue a General Equivalency Degree (GED) may do so through the program's partnership with Medgar Evers College, which has a Coping Program for families needing additional social service supports while they attend school. In collaboration with a community-based nonprofit organization, called Technical Education in the Community, the program may also refer parents to job opportunities. Perhaps most importantly, all families participating in the Bushwick Even Start Program receive weekly home visits until their children enter the fourth grade.

*Hospital Clinic Home Center/ACE Integration Head Start Collaborative Model*

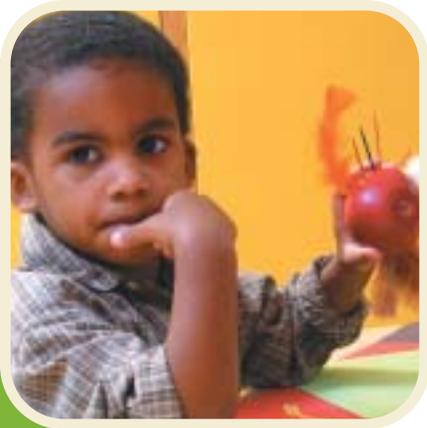
<b>Funding Stream</b>	<b>Services Provided</b>
ACE/HCHC Head Start Grant	Head Start teaching staff
Preschool Special Education Contract (HC/HC) and Fees for Related Services	Preschool special education staff includes Best Step, First Step, Second Step, ACE Preschool Program, as well as Integration Head Start
Head Start Family Child Care	Head Start teaching staff and family child care providers
Both Head Start and Preschool Special Education	Social services supports Computers, art and music, social worker, psychologist, speech therapist, occupational therapist, physical therapist
Bushwick Even Start Program	ESOL, GED, social services, family literacy, and parent education

**ACCOMPLISHMENTS**

- **An integrated learning environment:** Merging the inclusivity of preschool special education programs with the social service supports of Head Start programs.
- **A full day program:** Extending hours via Head Start Family Child Care.
- **Integrated provision of related services:** Bringing in on-site social workers, psychologists, speech and language therapists, an occupational therapist, and a physical therapist.
- **Additional programs for parents:** Supporting parents with Even Start Family Literacy basic education, including supportive child care, and employment referrals through Technical Education in the Community.

## CHALLENGES

- **Multiple audits and evaluations:** ACE is frequently visited by outside evaluation teams for each of the program's funding streams. These inspections absorb a great deal of staff and administrative time.
- **Administrative requirements:** ACE's collaboration is administratively demanding, and requires significant support from ACE's strong staff, which includes an administrative director, who holds both an MSW and JD; a full time educational director with a master's degree in early childhood; and a full-time bookkeeper and part-time accountant.
- **Maintaining funding:** Dr. Spivack spends a fifth of her time on fiscal matters, including writing an average of four grant proposals per year in hopes of developing new government-sponsored programs. Despite these efforts, the administrative staff is apprehensive of losing any of the resources that support the program. Dr. Spivack cites the ACE building as an example: because of delays in the city's procurement process; ACS Head Start has not yet released promised funding for the building's completion.
- **Staff recruitment, retention, and education**
- **Engaging and educating working parents**



## Summary

<b>Location</b>	Bushwick, Brooklyn		
<b>Collaboration Type</b>	Head Start and Preschool Special Education integrated in full-day program. Even Start Literacy program and Head Start Family Child Care Provider wraparound.		
<b>Goal</b>	To provide a fully integrated, enriched program for both typically developing and special needs children with related service providers based on site. To assist poor families with their social, health, mental health, and educational needs.		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● Integration of special needs and typically developing children.</li> <li>● Provision of special needs related services on site.</li> <li>● Integrated family literacy and parent education.</li> </ul>		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>● Five integrated Head Start and Preschool Special Education classes.</li> <li>● Each class co-taught by two teachers—one Head Start and one Preschool Special Education—and two assistant teachers.</li> <li>● On-site full- and part-time psychologists, social worker, speech therapist, occupational therapist, and physical therapist.</li> <li>● Full-time music and part-time art teachers.</li> <li>● Even Start Program for family literacy and parent education.</li> <li>● Head Start Family Child Care wraparound program provides extended hours for 24 children.</li> </ul>		
<b>Funding Streams</b>	Head Start	Federal	50%
	Even Start	Federal	5%
	Preschool Special Education (HCHC)	State	30%
	Fees for Related Services (HCHC)	State	10%
	Head Start Family Child Care Provider	Federal	5%
<b>Budgetary Approach</b>	Head Start grants are made to ACE Integration Head Start. State preschool special education contract-related services reimbursements, and Even Start grants, are to HCHC, a partner for-profit agency co-locating these services within the ACE building.		
<b>Children Served</b>	8:30 a.m. to 3:30 p.m.	115 children	
	Until 5:30 p.m.	24 children	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Redundant audits by each funding stream</li> <li>● Staff recruitment, retention, and education</li> <li>● Engaging and educating working parents</li> </ul>		
<b>Contact</b>	Dr. Frieda Spivack Executive Director ACE Integration Head Start Phone: (718) 443-3917 ext. 206		

## The Children's Aid Society Community Schools Early Childhood Program

The Early Childhood Program at the Children's Aid Society Community Schools is a public-school-based model forging seamless transitions for children moving from Early Head Start to Head Start, and on to neighboring kindergarten classrooms.

### FUNDING SOURCES:

- Early Head Start
- Head Start
- Community Schools (Department of Education/Children's Aid Society)
- Foundation Grants

### THE PROVIDER

The Children's Aid Society (CAS) is one of the nation's oldest and largest family welfare agencies. Founded in 1853, its mission is to "ensure the physical and emotional well being of children and families, and to provide each child with the support and opportunities needed to become a happy, healthy and successful adult." CAS's many services include adoption and foster care, emergency services, medical- and dental- care provision, counseling, preventive services, summer camps, care for the disabled, and much more. Each year CAS serves over 120,000 New York City children and families.

In an especially innovative partnership with the New York City Department of Education, CAS has integrated comprehensive social services, medical care, and parent programming into 10 public "Community Schools."



### PATH TO COLLABORATION

#### **Integrating Head Start and Early Head Start into the Community Schools Early Childhood Program**

CAS founded one of the nation's first Head Start Programs in 1965. The agency opened its first such program in a Community School in 1994, at the Ellen Lurie School (PS 5) in Washington Heights. The program soon expanded to the neighboring Luis Belliard School (PS 8).

The infant and toddler program had a later start at the Community Schools, when a private grant funded CAS to invite parents and their young children into the schools for family circles and other child development activities. When Early Head Start was founded, CAS applied for and won a grant on the basis of this experience.

Over time, Head Start and Early Head Start were consolidated under the direction of a single director, extensive prenatal services were developed, and a zero-to-five Program with strong social service and school linkages was born. The two programs were integrated in what became the Community Schools Early Childhood Program, housed in two CAS

“The parents tend to be the best volunteers. They show up more often than anyone else, and they ask the most questions. And it’s amazing: when you do the transition from Early Head Start to Head Start, and you bring the kids together in these Head Start rooms, the children know what to do. They know how to play, they know to bring out toys and put them back. And the parents are very comfortable with the separation as well, because they’re extremely familiar with the environment.”

—Dr. Andrew Seltzer,  
Coordinator, Social  
Services, Children’s Aid  
Society Head Start  
Program

Community Schools in Washington Heights. The resulting zero- to- five program serves the comprehensive needs of 217 pregnant women, young children, and their families.

The program’s core Early Head Start and Head Start grants fund the majority of its shared resources, including a full-time Health Coordinator and Special Needs Coordinator, who are shared by the EHS and HS programs, and a team of three caregivers for each group of 25 children.

The Community School services themselves are supported by a blend of private and public funding sources, which include Advantage After-School Program funding from the New York State Office of Children and Family Services; New York State Violence Prevention dollars; Human Resources Administration “Summer in the City” funding; and New York City Department of Education “Breakaways” funding.

### **Early Head Start**

The home-based Early Head Start (EHS) Program serves 75 children ages zero to three, including approximately 20 pregnant women. Prenatal services include biweekly home visits from family workers, with supervision by a dedicated health coordinator, to ensure that mothers attain the best possible birth outcomes, and a nine-week information and social support group.

Families continue to receive home visits every other week after their children are born (the point at which additional families also join the program). Emphasis is on the child’s development and the growth of the parent/child bond. Infants and toddlers and their parents also participate in twice-weekly EHS group interactions, which are held in classrooms adjoining the Head Start and Kindergarten programs at PS 5 and PS 8.

Each family is assigned a team of home-based teachers who both make the home visits and lead the center-based group exercises. The EHS Health Coordinator also works at this stage to ensure that all children have a medical home (in addition to the on-site health, dental, and optometry clinics) and health insurance, and may also secure medical care for parents. A full-time Special Needs Coordinator works with the EHS children to begin identifying special needs and to initiate the process of designing an Individual Family Service Plan (IFSP), if Early Intervention is needed.

### **Head Start**

The Head Start program serves 143 children ages three to five and their families. The program is center-based, and offers part-day care for three-year-olds (63 children), as well as full-day and extended-day care for four-year-olds (42 and 38 children, respectively).

The Head Start Programs are located on the same hallways as the Early Head Start and Kindergarten programs. Many of the enrichments included in the Head Start program are continuations of relationships forged in EHS: the Program’s Health Coordinator continues to ensure follow-up on health-related issues and to facilitate Medicaid enrollment, while the Special Needs Coordinator begins to conduct special needs group experiences.

### **Smooth transitions**

A key benefit of the integrated programs is continuity of care from birth to age five. The program’s integrated approach facilitates children’s smooth transitions from home to school, from Early Head Start to Head Start, and from Head Start to kindergarten and beyond.

EHS children are guaranteed placement in the adjoining Head Start program, and EHS families are asked to commit to the five-year-program. This arrangement increases families’ familiarity with the HS environment and culture, the teaching and administrative staff, and the many

services and opportunities available to them. Similarly, Head Start Children and parents are encouraged to visit the kindergarten before graduation from Head Start to ease the transition to formal schooling.

The program also makes an effort to ensure continuity between the classroom and the home environment. In addition to strong parent volunteerism and employment in the program, parents participate in a home-based literacy curriculum, in which parent and child share a weekly conversational activity at home, whether in English or Spanish. Parents interview their children and record their responses, and then write adult journals describing their own experiences of the interaction. Over the course of three years, the program has built up to a 95% participation rate in the curriculum.

**Foundation support: The Doula Project**

Six program staff members, who volunteered to train as doulas under a grant from the Kay Coltoff Foundation, frequently accompany EHS parents into the delivery room. With assistance from the Women, Infant and Children Program (WIC) and The New York Times Neediest Cases Fund (of which CAS is a primary beneficiary), the EHS family workers staff then provide new parents with the crib, diapers, extra food, and other supplies they will need to care for the child.

**Other services available for families at Community Schools and through CAS**

Because they are located at PS 5 and PS 8—Community Schools designed to serve as social service hubs—all families participating in the Early Childhood program have access to medical, dental, and optometric care at on-site no-cost clinics, as well as to a wide array of educational and social service supports. These include on-site GED, ESL, computer, and parenting classes, which are offered by the Community Schools, and access to the CAS Office of Public Policy and Client Advocacy, which advocates on their behalf for housing, food stamps, and other social service benefits.

***CAS Community Schools Early Head Start Program***

Doula services	On-site, no-cost dental and care
Biweekly home visits	On-site, no-cost optometric care
Biweekly socialization groups (parent and child)	Early Intervention evaluation and coordination
Assistance with crib, diapers and food	On-site GED, ESL, Computer, and Parenting Classes
Health coordination	Client advocacy for social service benefits

***CAS Community Schools Head Start Program***

Center-based care	On-site, no-cost dental and care
Home visits (2-4 annually)	On-site, no-cost optometric care
Home-based literacy curriculum	Special needs evaluation and coordination
Health coordination	On-site GED, ESL, Computer, and Parenting Classes
Emphasis on transition to kindergarten	Client advocacy for social service benefits

## ACCOMPLISHMENTS

- **Cohesive zero-to-five early childhood experience:** Providing a complete program that transitions naturally into kindergarten: Both children and parents are better prepared for and more comfortable with the opportunities offered in early childhood education programs.
- **Family access to comprehensive supports:** Making available no-cost, on-site medical and dental clinics, GED and adult education classes, and referrals to advocacy, donations, and a wealth of other services.
- **Better utilization of resources:** Stretching available funds by sharing staff and materials.
- **Extensive supports:** Providing **medical, dental, social service, and adult education services** through close collaboration with the community schools programs.

## CHALLENGES

- **Space Issues:** For a time, a lack of available space for both Head Start classes and Early Head Start socialization spaces was a source of friction between the Early Childhood Program and the host Community School.
- **Integrating early education into host school's K-12 framework:** In addition, the program has been challenged to better integrate early childhood education into the schools K-12 framework. Communication between the partners was important to the resolution of these issues.
- **Staff Morale:** Despite the program's natural advantages, its strong emphases on home visiting and meeting the comprehensive needs of low-income families can be draining for staff. The program has dedicated resources to reducing turnover through internal supports and staff supervision. In addition to monthly overall case conferences, which bring together the entire staff, supervisors meet weekly with the individuals who report to them. Also, to support internal cohesion, each group of 25 children is served by a team of two home-based workers and a family worker. All staff are encouraged to grow professionally by taking full advantage of the training and education benefits offered by the Children's Aid Society. Finally, the program is constantly experimenting with new programming to keep staff and families engaged.
- **Including More Pregnant Mothers:** The Program is working to bring pregnant mothers into the program as early as possible and to provide them with more comprehensive services. Recently the Program won a grant from the March of Dimes to implement Comenzando Bien, a culturally and linguistically appropriate prenatal education curriculum for Hispanic women.

## Summary

<b>Location</b>	Washington Heights, Manhattan		
<b>Collaboration Type</b>	Early Head Start/Head Start Zero to Five Program Integrated within two Community Schools		
<b>Goal</b>	To provide continuity of care and comprehensive services to pregnant women, children ages zero to five, and their families		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● Integration of Early Head Start with Head Start</li> <li>● Smooth transition to kindergarten</li> <li>● Comprehensive social services</li> </ul>		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>● Prenatal home visits</li> <li>● Doula Project</li> <li>● Early Head Start socialization groups and home visits</li> <li>● Head Start center-based care and home visits</li> <li>● On-site medical, dental, and optometry clinics</li> <li>● On-site GED, ESL, Computer, and Parenting classes</li> <li>● Home-based literacy component</li> <li>● Social service referrals and advocacy</li> </ul>		
<b>Funding Streams</b>	Early Head Start	Federal	60%
	Head Start	Federal	20%
	Community Schools (Department of Education/CAS)	Local/Private	10%
	Foundation Grants	Private	10%
<b>Budgetary Approach</b>	The program blends Early Head Start and Head Start funding to ensure continuity and to facilitate transitions. Community Schools and CAS resources augment the services provided.		
<b>Children Served</b>	Home-based Early Head Start	75 children under age three	
	Head Start (Half-day)	63 three-year-old children	
	Head Start (Until 3:30pm)	42 four-year-old children	
	Head Start (Until 5:30pm)	38 four-year-old children	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Negotiating space constraints within public schools</li> <li>● Integrating early education into host school's K-12 framework</li> </ul>		
<b>Contacts</b>	Andrew Seltzer Coordinator, Social Services Children's Aid Society Head Start Programs Phone: (212) 348-0175 x56	Risa Young Director, Early Childhood Programs Children's Aid Society Phone: (212) 949-4696	

## Columbia University Head Start

The Columbia University Head Start's partnership with New York-Presbyterian Hospital integrated close medical supervision and care into an early learning program, and helped resolve space constraints, at no additional program cost. Other partnerships provide intensive parent training opportunities.

### FUNDING SOURCES:

- Head Start
- Early Head Start
- Mulago Foundation Grants
- In-kind services from the Ambulatory Care Network Corporation of New York-Presbyterian Hospital

### PROVIDER

Columbia University Head Start currently serves 66 children ages three to five and their families in the Washington Heights section of Manhattan. When the Columbia University Schools of Public Health and the Department of Pediatrics, College of Physicians and Surgeons co-sponsored the Head Start application in 1993, the program was designed to provide center-based care to Washington Heights children. After securing the grant, the University had great difficulty finding appropriate and affordable child care space in Manhattan. Instead, the new program was structured as a home-based model, and is only this year in the process of moving to a permanent space and converting the preschool program to a five-day-a-week center-based program.



As a home-based HS model, the program offers weekly home visits by family workers. Visits involve parent and child in development activities that emphasize the primary caregiver as teacher, as well as assessment of the family's overall needs. Visitors refer caregivers to social services, training and employment programs, and health and dental care, as they are needed. This home visiting component is supplemented by weekly on-site socialization classes for both caregiver (mother, father or grandmother) and child, led by early childhood teachers, with continued emphasis on child development and literacy preparation. The program also includes a part-time Special Needs Coordinator/Consulting Psychologist who meets with individual children and with families

#### **Bilingual support**

The families served by the program are predominantly new immigrants from the Dominican Republic and Mexico. During on-site socialization classes, the Head Start teacher emphasizes language development in the home language, which is primarily Spanish, with English gradually introduced by the bilingual staff during the more routine parts of the half-day session. This approach extends to parents, who are encouraged to continue learning at all levels.

Mutual respect and consideration have been essential to the partnership's success.

## PATH TO COLLABORATION

### **Advantages of the initial home-based model**

The home-based model, though a fallback alternative, presented unanticipated advantages. Because many participating families were new immigrants, and possibly also undocumented workers, they were unfamiliar with or distrustful of institutional environments. Frequent home visiting facilitated a smooth transition to the Head Start program, and built trust between families and staff. Planners had initially been concerned that working parents would not be able to remain in the program, which requires weekly home visits and socialization groups at program headquarters. Despite the fact that 60% of participating families work, there has been very low participant turnover; some participating families work nontraditional hours, while others ask grandmothers to bring their children in for the socialization groups. As the programs renovate new headquarters, the Head Start program is in the process of transitioning to a center-based model.

### **Early Head Start**

In 1997, Columbia Head Start applied for and won a federal grant to offer Early Head Start (EHS) to pregnant mothers and children aged birth to three. The Early Head Start program encompasses a much larger catchment area than its sister Head Start Program, and serves 236 pregnant women, young children, and families throughout both the Washington Heights and Hamilton Heights sections of Manhattan. Pregnant women receive biweekly home visits, weekly groups, nutritional and health counseling, and referrals to social service supports. A core group of staff members have begun training as doulas. Children ages birth to three and their families receive bi-weekly home visits from Child Specialists. They also participate in weekly parent and child socialization groups. Like the HS program, EHS employs a Special Needs Coordinator and a part-time Consulting Psychologist.

### **Partnership with New York-Presbyterian Hospital**

The Early Head Start program's large catchment area created an unmet need for additional group meeting space. In addition, the program wanted to extend more comprehensive health services and supervision to the low-income children it served. Inspired in part by the Bellevue Hospital Child Life program, in which enhanced clinic spaces are used for child evaluation and therapy, the program met both of these needs through an innovative partnership with New York-Presbyterian Hospital, a Columbia University teaching hospital.

Approximately 300 participating children ages birth to five and their families benefit from this program's unique partnership, which was made possible by the strong support of the Medical Director of the Ambulatory Care Network Clinics (ACNCs) and pediatricians at the two participating sites, the 180th Street Center and the Charles Rangel Health Center at W. 135th Street. Presbyterian donates the use of conference spaces in its at locations in Hamilton Heights and Washington Heights. The EHS program uses these spaces to host socialization groups in addition to those in its primary site in the community. In addition, Presbyterian pediatricians provide treatment to all EHS and HS children whose parents choose to use their services, and center staff enjoy instant access when they have health-related questions about the children in their care. The services themselves may be charged to either Medicaid or Child Health Plus, depending on the family's eligibility. In turn, Presbyterian physicians frequently refer high-need families, whom they encounter as patients, to the HS and EHS programs for follow-up with their comprehensive child development, parenting, employment, and social service needs.

### **Partnerships for parent supports**

With support from the Mulago Foundation, the program was able to hire a full-time Parent Development Coordinator who set about convening resources to move parents toward self-sufficiency.

The program has cobbled together an extensive parent education program, reflecting parents' requests for job training in the wake of the welfare reform legislation of 1996. New School graduate students have taught English as a Second Language; private consultants have taught introductory computer skills in Spanish; and staff members from Cornell Cooperative Extension Community Nutrition Program teach nutrition education and cooking classes to parents. Annual Moorehouse Fellows from the Department of Pediatrics in the Medical School have worked in the program in many roles, from teaching dance and movement to preschoolers to conducting research on evaluation methods. Community Pediatric residents have developed a Health and Safety curriculum for preschoolers and are field testing it in the parent program. Finally, with support from the Mulago Foundation and the New York State Office of Children and Family Services, the Coordinator developed a demanding Child Development Associate Training Program—with eight parents enrolled this year—that includes a field placement in the Columbia University Head Start Program. According to center Director Dr. Carmen Rodriguez, the job placement rate is very high for parents who complete the CDA program. The CDA program is also used to train all Early Head Start staff to meet the Head Start Performance Standards requirements. The program is also working to link the CDA coursework with college credit at area universities.

### **Public Health Solutions**

This year, the Head Start program is partnering with Public Health Solutions, a new nonprofit organization dedicated to informing low-income families about the wealth of options in colleges and careers available to their children, and to helping them think about the pathways to realizing these aspirations while children are still young.

## **ACCOMPLISHMENTS**

- **A medical home for every child:** Through its work with New York-Presbyterian, Columbia University Head Start has been able to add close medical supervision and care to the comprehensive benefits ordinarily made available in Head Start and Early Head Start programs.
- **Adaptation of program to space constraints:** The program's partnership with Presbyterian was one important element in successfully developing a home-based Early Head Start program in the face of inadequate affordable and appropriate real estate.
- **Parent training:** Other partnership efforts have leveraged an extensive parent education program—ranging from ESL to computer classes, nutrition to CDA training—as well as a new family career aspiration program.

## CHALLENGES

- **Space:** The program has been challenged foremost by space restrictions. The new headquarters, due to open this year, will occupy renovated space formerly used by the National Center for Children in Poverty. It will provide child care space for infants, toddlers, and preschoolers. Most Head Start preschool services will now be center-based, and Early Head Start will offer some child care along with parent-child socialization groups and training groups. A second Early Head Start home-based site has opened in the southern part of the catchment area, replacing the earlier space provided by Presbyterian Hospital ACNC; it will accommodate 80 children and families. The ACNC medical service in the northern part of the catchment area is itself moving to a larger space and plans to continue offering conference room space to the Early Head Start program. This will provide easy access to EHS groups for families living in that area as well as continue the relationships with medical providers already established. Even as the programs grow increasingly away from a reliance on Presbyterian space, however, the program remains committed to maintaining close relationships with Presbyterian physicians.
- **Partnership Considerations:** Mutual respect and consideration have been essential to the partnership's success, particularly when the program has used Presbyterian spaces also utilized for other purposes. Columbia Head Start will use these lessons learned to help springboard a similar partnership with Pediatrics 2000, a large pediatric health practice serving Latino families in Washington Heights.



## Summary

<b>Location</b>	Hamilton Heights and Washington Heights, Manhattan		
<b>Collaboration Type</b>	Partnership between Head Start/Early Head Start and New York-Presbyterian Hospital		
<b>Goal</b>	To provide close medical supervision and care of low-income children To assist Head Start parents with job training and professional development.		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● Medical home for every child</li> <li>● Parent training, including CDA training</li> </ul>		
<b>Program Components</b>	<b>Home-Based Head Start</b> <ul style="list-style-type: none"> <li>● Weekly home visits</li> <li>● Weekly socialization groups</li> <li>● Special needs coordination</li> <li>● Consulting psychologist</li> <li>● Close medical supervision</li> <li>● Full-time Parent Development Coordinator, workshops, and CDA training</li> </ul>	<b>Home-Based Early Head Start</b> <ul style="list-style-type: none"> <li>● Prenatal component</li> <li>● Biweekly home visits</li> <li>● Weekly socialization visits</li> <li>● Special needs coordination</li> <li>● Consulting psychologist</li> <li>● Close medical supervision</li> </ul>	
<b>Funding Streams</b>	Head Start Early Head Start Malago Foundation Grants	Federal Federal Private	% % %
<b>Budgetary Approach</b>	Columbia Head Start's key partnership is with New York-Presbyterian Hospital. It is comprised by an in-kind donation of space and services, and requires a special budgetary approach.		
<b>Children Served</b>	Home Based Early Head Start  Home Based Head Start	236 children (ages zero to three) and pregnant mothers 66 children (ages three to five)	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Space constraints</li> <li>● Partnership considerations</li> </ul>		
<b>Contacts</b>	Carmen Rodriguez, Ph.D. Director Columbia University Head Start Phone: (212) 923-5237		

## Consortium for Worker Education/ Satellite Child Care Program

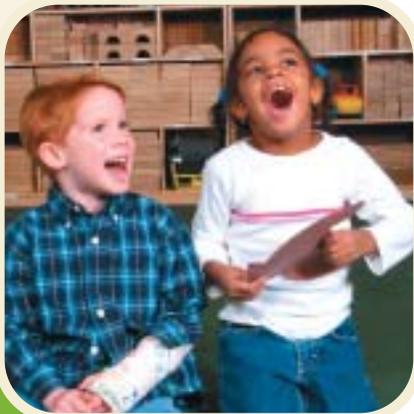
The Satellite Child Care Program trains and supports public-assistance recipients and other low-income individuals to provide enriched, home-based child care in high-need areas.

### FUNDING SOURCES (AT VARIOUS TIMES):

- United States Department of Labor Welfare to Work Grants
- New York State Legislature
- Wage subsidies
- TANF diversion payments
- Human Resources Administration
- ACS Child Care (Pending)
- CWE core funding

### THE PROVIDER

The guiding mission of the Consortium of Worker Education (CWE) is to “enrich and secure the lives of workers and their families through education, training and job opportunities.” When the welfare-reform legislation of 1996 lent added urgency to the need for welfare-to-work employment alternatives, the organization identified a new opportunity in family child-care, an arena traditionally open to low-income workers.



### PATH TO COLLABORATION

#### **Employment program to provide quality home-based care**

CWE's Satellite Child Care program trains and employs Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals to provide enriched child care in “off-site classrooms” established in their homes. Seeking to avoid the high turnover rates and low wages affecting the family child-care field, and with the goal of elevating the status of home-based child-care providers, CWE program planners have created employment opportunities with higher wages and union benefits, close supervision, and support services. Providers receive rigorous training and oversight. In return, they meet high standards in a new home-based modality of care.

#### **Rigorous training program**

The majority of participants in the Satellite program receive TANF benefits through New York City's Human Resources Administration (HRA), which has designated the program an alternative Work Experience Program (WEP). These trainees remain eligible to receive benefits while they attend the program. Other low-income individuals from targeted communities can also enroll if they meet eligibility criteria set by the U.S. Department of Labor, the program's primary funding source. In addition to government

mandates, Satellite requires that all applicants pass a drug screen and an extensive background check before they are enrolled in the training program and hired by CWE to be Satellite Child Care providers.

The rigorous, 16-week training program, developed in partnership with Child Care, Inc. and other organizations, consists of classroom-based instruction (two days per week) covering:

- Early-childhood education
- Health and safety
- Nutrition
- Activity planning
- Home readiness
- Program administration
- Working with parents
- Center-based settings
- Home-based settings

Each applicant has a field-placement internship with a sponsoring agency (three days per week). The training curriculum also includes preparation for all aspects of care giving, including specialized skills for care of infants and toddlers and children with special needs.

### **CWE employees**

While participants complete the training component, CWE assists them through the State and City family child-care registration process. Once registered, Satellite providers are hired as employees of CWE, which has pieced together a blend of local, state, and federal funding to hire them at union wages and benefits. Providers earn approximately \$25,000 per year (including overtime), have annual cost-of-living adjustments, and enjoy a full range of fringe benefits, including vacation- and sick-pay, medical coverage, pension, and tuition reimbursement. These resources and supports, together with Satellite's extensive training requirements, increase staff retention and help forge a new kind of care merging the advantages of center-based care and family child care. In recognition of its unique child-care settings, CWE has dubbed Satellite homes "off-site classrooms."

CWE gives its providers a comprehensive \$1500 start-up kit to set up their homes for the care of children. The kit includes:

- Developmentally appropriate toys
- Safe and sturdy furniture
- Books and art supplies
- Dramatic play materials
- Safety equipment and devices for childproofing the home
- Specialized equipment for infants, if applicable (cribs, changing tables, highchairs, strollers, and infant seats)

In order to meet the providers' unique challenges, the Satellite program employs its own support staff to assist them in their transition to full-time employment. Services include crisis intervention, support groups, advocacy and social service referrals, both during the training component and for as long as the provider remains employed by CWE. (In the face of severe budget shortfalls, however, Satellite has now scaled back these program elements.) The program also encourages professional development by offering providers in-service training, tuition reimbursements, and access to Child Development Associate (CDA) training.

As of February 2003, Satellite has enrolled more than 600 individuals in its specialized training and work experience program, employed 174 individuals as Satellite Child Care Providers with a 74% retention rate, and placed 70 individuals in other unsubsidized jobs. In addition, Satellite has provided quality child-care to over 1,400 children.

### **Pilot grant**

Satellite's "offsite classroom" model of care, employment policies, and support and retention services were all premised on a state reimbursement rate that would reflect the higher quality these policies produced. In fact, when Satellite was launched in 1997 with a \$500,000 grant from the New York State Legislature, the state indicated that Satellite providers would be paid a reimbursement rate higher than the \$107-per-week market rate for family child care (the actual cost of Satellite care was approximately \$192-per-week). That rate of pay did not materialize until 2002 as a one-time line item in the state budget; Satellite is currently fighting to re-secure it for the next budget cycle. Many of Satellite's greatest challenges are tied to this struggle for adequate funding.

### **HRA and ACS reimbursements**

CWE receives ongoing reimbursement from the Human Resources Administration (HRA) for the child-care services the program provides. It has also secured a pending contract with the Administration for Children's Services (ACS) for 56 slots. CWE, in turn, pays the providers, provides benefits, and funds the program's operation. Because reimbursement rates have not historically reflected the actual cost of providing care, CWE has cobbled together a diverse range of funding streams to support the Satellite program.

### **Dept. of Labor Welfare-to-Work**

After its pilot phase, the Satellite program was funded primarily by the United States Department of Labor (DOL) through its Welfare-to-Work Competitive Grants program. In late 1999, CWE received a second DOL Welfare-to-Work grant to replicate the program nationally and to expand services in New York City. With a third Department of Labor Welfare-to-Work grant, Satellite is now funded to replicate its model in Milwaukee, WI, and 12 counties in rural Alabama. Plans call for future replication of Satellite in Savannah, Georgia, and Polk County, Florida.

### **TANF diversion payments**

In addition to the DOL grants, CWE has also accessed TANF grant diversion funds through HRA. As the employer of transitional welfare recipients, CWE receives the workers' TANF grant during their first six months of employment, as well as wage subsidy funds from the State.

### **CWE core funding**

CWE has utilized its own core funding to keep the program afloat.

### **Partnership with community-based Sponsoring Agencies**

While CWE had extensive expertise in welfare-to-work training, job supports, and employee retention, the agency lacked experience in the child care field. To compensate for this shortcoming, and to build trust and name recognition among neighborhood families, CWE established contracts with community-based child care agencies, or "sponsoring agencies." These agencies agreed to provide ongoing recruitment and enrollment of children, as well as supervision of providers and monitoring of their homes, through their Family Child Care Network staff. The sponsoring agencies received payment for these services, and also benefited by expanding their service offerings, particularly for infants and toddlers.

“We had women who came in with very low self-esteem, who’d never had a job before, who’d been on public assistance for a long time, who went through a very rigorous training program, and who got a job at the end of it, and started managing their own classroom in their homes. You’d go into some of these classrooms in the homes and you’d see them directing activities with kids and telling you how much it meant to them, and how much it affected their own parenting. At a human level it really has had a huge impact on people’s lives. Not to mention that it created, when those homes were at capacity, 500-600 high quality child-care slots. It’s a model that has a lot of potential. It’s incredibly innovative. But, to be done right, it needs public investment.”

—Natasha Lifton, former Director, Satellite Child Care Program, Consortium for Worker Education

To ensure cost effectiveness and to streamline systems, CWE modified this structure. Over time, the supervision, monitoring, and support functions were consolidated centrally at CWE. A single sponsoring agency, Tremont Crotona Day Care Center, continues to provide internship slots and technical assistance, while CWE recruits and enrolls children into the Satellite homes. In partnership with Tremont Crotona, CWE ensures that providers receive the administrative support they need to maintain self-sufficiency.

## ACCOMPLISHMENTS

- **New employment opportunities:** Offering extensive job training and creating viable new employment opportunities for hundreds of low-income individuals.
- **An expanded supply of affordable, high-quality child care:** Offering “off-site classroom” care in high-need neighborhoods for all age groups, including infants and toddlers and children with special needs.
- **Supports for providers:** Giving providers access—as long as they are employed in the program—to social service supports and educational opportunities, ensuring higher retention rates and continued quality of care.

## CHALLENGES

- **Funding:** Because public child care reimbursement rates do not fully cover the cost of care, even with supplementary funding sources, the agency operates at a deficit and has struggled to keep providing services. This problem has led to several program reorganizations to trim costs. Reducing contracts was one such reorganization—CWE now contracts with only one Sponsoring Agency, a change that both simplifies the program and saves resources. The agency has also been forced to reduce the on-site social supports it offers to employees.
- **Partnership Structure:** Satellite’s many-layered partnership structure has also posed problems. The initial arrangement, in which providers were employed by CWE but supervised by sponsoring agencies, was a natural solution when the higher reimbursement rate did not materialize and the sponsoring agencies balked at hiring the providers. The result, however, was a confusion of roles. Standardization, consistency, and communication between Satellite and the contractors have also been perpetual issues.
- **Recruitment of Children and Providers:** Because of rigid federal and local welfare-to-work requirements, CWE has had difficulty identifying appropriate and eligible TANF recipients for the program. The program estimates that 65% of potential Satellite providers are either uninterested in or inappropriate for participation. In addition, Satellite has had difficulty enrolling children of TANF recipients in the Satellite homes. Ultimately, the program secured an agreement with HRA that allows it to enroll children from working families (using the ACS income-eligibility rules) while continuing to receive HRA reimbursement.
- **Regulatory barriers:** The program faces significant difficulties caused by the long delays at both city and state levels in obtaining mandatory Child Abuse and Neglect Clearance and criminal-background checks for provider registration. Because HRA rules dictate that a trainee not remain at any WEP assignment for longer than six months, Satellite has had to advocate with the agency to keep trainees on the roster until they are cleared for employment, a process which often takes as long as a year.

## Summary

<b>Location</b>	Washington Heights and Harlem (Manhattan), the Bronx, and Central Brooklyn		
<b>Collaboration Type</b>	Job training to create and sustain quality home-based child care		
<b>Goal</b>	<p>To expand access to quality child care in high-need areas, particularly for infants, toddlers, and special needs children</p> <p>To create viable job opportunities for low-income individuals transitioning off public assistance, and other low-income workers</p>		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● Increase supply of quality child care by training, supervising, and hiring providers</li> <li>● Child-care provision as viable welfare-to-work employment strategy</li> <li>● New child-care modality bridging center care and family child care</li> <li>● Family child-care employment model</li> </ul>		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>● 16-week training program</li> <li>● Extensive background checks</li> <li>● Assistance with licensing and registration</li> <li>● \$1500 start-up kit</li> <li>● Recruiting and enrolling children for providers</li> <li>● Close supervision and monitoring</li> <li>● Ongoing social-service supports to providers</li> <li>● Union wages and benefits</li> <li>● Professional development opportunities</li> </ul>		
<b>Current Funding Streams</b>	New York State Legislature Human Resources Administration Parent Fees CWE core funding	State Local Private Local/Private	Approx. \$100,000 per annum 95% of operating 5% of operating As needed
<b>Budgetary Approach</b>	CWE blends diverse funding streams to fund training and employment of Satellite providers. Tremont Crotona, a community-based provider, is contracted to provide internship placements and manage vacancies in the Satellite homes.		
<b>Children Served</b>	Full-day Part-day	373 children (207 are infants and toddlers) 39 children	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Funding</li> <li>● Partnership structure</li> <li>● Recruitment of children and providers</li> <li>● Regulatory barriers</li> </ul>		
<b>Contacts</b>	Tarmo Kirsimae Director, Satellite Child Care Program Consortium for Worker Education Phone: (212) 558-2290		

## Graham-Windham Services Early Head Start

Graham Windham combines a welfare-to-work employment model with comprehensive early-childhood education by training home-based caregivers to provide Early Head Start in a supported family child-care setting.

### FUNDING SOURCES:

- Early Head Start
- Graham-Windham Family Child Care Network
- Graham-Windham Core Funding

### THE PROVIDER

Graham-Windham Services to Children and Families (G-W), founded in 1806 to care for orphaned children, is the nation's oldest child-care agency. The agency has evolved into a large multi-service agency, with the mission of "protecting children from abuse and neglect through a continuum of services to underserved children and their families." Its many programs include foster care; prevention services; extensive early-childhood, after-school, and recreational programs; and mental-health services to communities throughout the South Bronx, Harlem, Lower Manhattan, Brooklyn, and Westchester County.

### PATH TO COLLABORATION

#### **Combining Early Head Start with job training and family child care**

Graham-Windham has been recruiting, training and supporting family child-care providers since 1968. By 1998, the Graham-Windham Family Child Care Network had grown to 154 provider homes throughout New York City, serving approximately 500 children up to 12 years of age.

In the wake of the welfare-reform legislation of 1996, agency directors recognized that women transitioning from Temporary Assistance for Needy Families (TANF) needed viable new employment opportunities. At the same time, they recognized a great need for high-quality, family-centered child care. G-W proposed to address both needs by pioneering a new modality of care, little tried elsewhere in the nation: a federally funded Early Head Start program based in the homes of family child-care providers. In 1998, Graham-Windham applied for and won funding for an Early Head Start Family Child Care Program to serve 10 pregnant women and 120 children and their families in the South Bronx.

This model allows Graham-Windham simultaneously to provide viable career opportunities to low-income women, to expand the supply of full-day infant and toddler care appropriate for working families, and to provide Early Head Start's comprehensive supports to eligible families.



**Graham-Windham core funding: Recruiting and training child-care providers**

Using its core funding, G-W quickly began the tasks of recruiting, training, and supervising 30 family child care providers, each of whom would care for the four infants and toddlers allowable under Early Head Start Performance Standards.

The agency leafleted its service area in the South Bronx—including bodegas, housing projects, laundromats, and welfare offices—looking for appropriate candidates. Most of those recruited were TANF recipients looking to transition off welfare into meaningful work.

The recruited family child care providers enrolled in a rigorous eight-week training program, conducted by the Graham-Windham staff and offered in English, Spanish, and Creole. Because the program was approved by the Human Resources Agency (HRA) as an alternative Work Employment Program (WEP) assignment, trainees who were receiving TANF benefits could continue to draw their benefits while attending classes. The training included:

- Health and safety
- Child development
- Nutrition (including handling and storage for breast milk/formula for infants)
- Literacy support
- Operations and management
- Cultural sensitivity

**G-W: Supervision and support for providers**

The providers are independent contractors who receive ongoing support from both central EHS-funded staff—including an education coordinator, a health and nutrition coordinator, and a social services coordinator—and from the staff of the Graham Windham Family Child Care Network. Once providers have successfully completed the training course, the network staff guides them through the city and state licensing procedures, and helps recruit and enroll EHS-eligible children into the homes. Providers receive an EHS-funded \$2500 start-up kit, including education and health and safety materials, with which they equip their homes (the kit is valued at \$7,000 if the provider will care for special-needs children).

During a six-month orientation period, providers receive weekly home visits. A performance evaluation caps the orientation period, after which providers are visited twice annually to ensure continued quality of care. Monthly trainings through the network, based at G-W’s Family Learning Center in the Bronx, emphasize core competencies, such as literacy preparation, setting program policies, guiding children’s behavior, and running a small business.

***Early Head Start Resources***

Start-up kits  
Provider fees  
Family workers  
Education coordinator  
Health and nutrition coordinator  
Social services coordinator

***G-W Family Child Care Network Resources***

Providers’ fiscal agent for EHS payments  
Continuing training opportunities  
CACFP Administration  
Community partnerships

**Early Head Start: Pre-natal program**

The pre-natal component of the EHS program provides ten pregnant women with the medical, nutritional, and social services information they need to give birth to healthy, full-term babies. Participating women are referred by area family-planning and pre-natal clinics. The program's full-time health and nutrition coordinator then conducts home visits to evaluate the mothers' needs, supply them with parenting and nutritional information, and help them secure all necessary medical, dental, and mental health care. A full-time social services coordinator helps the participating mothers to develop an individualized "Family Partnership Agreement" laying out their strategies and goals, and refers them to the social services resources—such as smoking cessation programs—they may need to achieve them.

**Early Head Start Program: Family Child Care Setting**

Mothers are invited to enroll their new infants in the early-childhood component of the EHS Program. (Only two children in each home may be under the age of two.) As in other EHS programs, this Family Child Care-based model emphasizes development of the child/parent relationship. Family-support specialists make bi-monthly home visits to the families, and a social services coordinator works with the families to access government-entitlement programs and other community supports. The nutrition coordinator ensures that program menus meet all USDA requirements for nutritional content, and also reflect the cultures of the children in care. Care typically extends from 7:45 am to 6 pm daily, although providers are also encouraged to offer nontraditional hours if they are requested. Parents bring their children directly to the provider's home.

**Outside partnerships offer supports**

The agency draws upon its broad network of community partnerships to help providers meet the comprehensive needs of EHS children and families. Collaborations with several area medical facilities, including the Bronx-Lebanon Hospital Center, the Institute for Urban Family Health, and the Montefiore Medical Center, provide families with up-to-date immunizations, preventative and primary health care, diagnostic testing, examinations, and treatment. Similar arrangements with area dental clinics, including those located in North Central Bronx Hospital, St. Barnabas Hospital, and Bronx Hospital Center, ensure that the families' dental needs are met. Finally, mental health needs are met through collaborations with the Phipps Community Development Corporation counseling program and with the Fordham-Tremont Mental Health Clinic, which offer family, group, and individual therapy. Parents with substance abuse problems are referred to PROMESA, which provides counseling, detoxification, and residential treatment.

**Grow With Us Preschool: Special Needs and Early Intervention**

The Graham-Windham EHS program also serves children with identified special needs. Seven of the providers are currently equipped to care for special-needs children. In addition, Graham-Windham's Grow With Us preschool, a New York State Department of Education-approved Preschool Special Education program, serves as the program's special education "hub site," where EHS children are evaluated and receive Early Intervention services. Whenever possible, Grow With Us provides these services, such as speech and occupational therapy, in the homes of providers, so that providers can learn from and reinforce the technique. Children still requiring special education services at the age of three are eligible for enrollment at Grow With Us.

This model allows Graham-Windham simultaneously to provide viable career opportunities to low-income women, to expand the supply of full-day infant and toddler care appropriate for working families, and to provide Early Head Start's comprehensive supports to eligible families.

### Parent volunteers

Early Head Start Parents are encouraged to volunteer in many aspects of the program. In compliance with the Head Start Performance Standards, they are also integrally involved in the program's governance via the Parent Committees and the Policy Council.

## ACCOMPLISHMENTS

- **Training and employment:** Providing extensive training, viable employment opportunities, and ongoing supports to women transitioning from TANF.
- **Family Child Care model:** Providing high-quality child care in a family child care setting.
- **Expanding infant and toddler care:** Expanding the supply of full-day infant and toddler care appropriate for working families.
- **Support for families:** Providing Early Head Start's comprehensive supports to eligible families, including preventative, dental and mental health, and referrals for substance abuse problems.

## CHALLENGES

- **Transportation:** Few of the EHS provider homes are close to subway stops. Many parents must ride two or more buses to bring their children to the provider. G-W has been able to fund subway and bus passes to ensure that no children or pregnant women are denied service because of lack of access to transportation.
- **Transitions:** Because of the lack of high-quality, affordable childcare in the area, many families have difficulty finding an appropriate area program when EHS children turn three. G-W has aggressively pursued relationships with area Head Starts, and with child care and preschool special-education programs, in an attempt to secure enrollment for children transitioning out of the EHS. The agency recently sponsored a fair, with food and prizes, to draw area providers, several of whom agreed to enter into partnerships with G-W. Families can visit these programs before children graduate from EHS to ease transition to the new program.
- **Turnover:** Like most child care programs, the Early Head Start Family Child Care Program must cope with staff turnover. Since 1998, approximately ten providers, or 33% of the total staff, have left the EHS program. Of those, however, four left for the higher wages and benefits offered by center-based programs, accomplishing the agency's goal of promoting the providers' professional development. A typical provider salary is approximately \$21,500. The program attempts to reduce turnover by augmenting this salary whenever possible, by, for example, connecting providers with transitional child care for their own children from the Human Resources Agency (HRA), and medical insurance from Child Health Plus or Bronx Health Plus. Substitute time may allow for vacation and sick days, though these are unpaid.

**Maintaining strong relationships with other community social-service providers:** Some partnerships require asking staff at other organizations to take on added responsibilities in order to maintain the relationship. In addition, partnerships based on personal contacts can founder if one of the contacts leaves.

## Summary

<b>Location</b>	South Bronx		
<b>Collaboration Type</b>	Early Head Start delivered through a network of family child care homes		
<b>Goal</b>	To provide high-quality, full-day infant and toddler care that meets families' comprehensive needs		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● Full-day EHS offered in a family child care setting</li> <li>● Family child-care as a viable employment opportunity</li> </ul>		
<b>Program Components</b>	<p>For EHS Families</p> <ul style="list-style-type: none"> <li>● Extended-day child care</li> <li>● Prenatal care</li> <li>● Home visiting</li> <li>● Medical and dental care</li> <li>● Nutritional counseling</li> <li>● Mental-health supports</li> <li>● Social-services coordination</li> <li>● Special-needs coordination</li> <li>● Assistance with transition</li> </ul>	<p>For Providers</p> <ul style="list-style-type: none"> <li>● Extensive training</li> <li>● Weekly visits during six-month orientation</li> <li>● Ongoing supervision</li> <li>● Nutritional guidance</li> <li>● Administrative support</li> <li>● Professional development opportunities</li> </ul>	
<b>Funding Streams</b>	<p>Early Head Start</p> <p>Graham-Windham Core Funding</p> <p>Graham-Windham Family Child Care Network</p>	<p>Federal</p> <p>Private</p> <p>Public/Private</p>	<p>90%</p> <p>5%</p> <p>5%</p>
<b>Budgetary Approach</b>	Federal Early Head Start funding is supplemented by core agency resources.		
<b>Children Served</b>	<p>Extended-day Early Head Start (7:45 am-6 pm)</p> <p>Prenatal services</p>	<p>120 Children</p> <p>10 Pregnant Women</p>	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● No formal linkages with ACS Child Care, a service for which many participating children may qualify and/or for which they may be on waiting lists.</li> <li>● Some community partnerships are based on personal contacts, and not yet formalized; if a contact leaves, the partnership may founder.</li> <li>● Difficulty securing scarce child care spaces in the community for children transitioning out of the Early Head Start program</li> </ul>		
<b>Contacts</b>	<p>Charmane Wong</p> <p>Vice President</p> <p>Graham-Windham Services</p> <p>Phone: 212-529-6445 ext. 410</p>		

## Herbert G. Birch Services, Watson Avenue Day Care

The Watson Avenue Day Care Center integrates the ACS Child Care, UPK, and Preschool Special Education programs to enhance both program hours and quality for participating special needs and typically developing children.

### FUNDING SOURCES:

- Universal Prekindergarten
- Preschool Special Education
- ACS Child Care

### PROVIDER

Herbert G. Birch Services is a large, multi-service agency offering a wide range of family-support programs throughout New York City, including autism services, residential programs, and family camps for families affected by HIV and AIDS. Birch has provided preschool special education services for over 27 years, and is one of the state's largest providers of services for young children with disabilities. The agency's early-education programs currently serve more than 1700 children each year.

### PATH TO COLLABORATION

#### **Blending UPK with ACS Child Care**

In 1995 Birch opened its first Head Start Program, and a year later inaugurated ACS-contracted child-care facilities for typically developing children. In 1998, when the Universal Prekindergarten (UPK) program was first implemented, Birch applied for and won funding from Community School District 8 to serve 20 children in its Watson Avenue Day Care Center in the Bronx. Right from the start, Birch blended UPK dollars with its ACS-funded child-care programs, freeing additional resources for program enhancements. In 1999 Watson accepted an additional 20 UPK children for an ACS Child Care/UPK blend, and by 2002 the site had enrolled 71 UPK children, the maximum number the facility could accommodate. The Watson site now hosts five UPK classes, which it blends with the Center's other four-year-old ACS Child Care classes (typically developing children only).

#### **Integrating SED Preschool Special Education**

Implementation of the UPK program coincided with a State Education Department (SED) mandate that Preschool Special Education programs offer the least restrictive learning environment appropriate for special-needs children. Birch recognized UPK as an opportunity to integrate stand-alone special-education classrooms with the other two programs, and adopted a blended-funding strategy employing all three funding sources.



Forty children now participate in an integrated program combining the UPK program with Preschool Special Education; that program is linked with ACS-funded child care to create a full-day experience. The UPK program includes 24 typically developing children (12 in each classroom) between 9:00 am and 11:30 am. This group is integrated with 16 special needs children (eight in each classroom) participating in a part-day State Education Department (SED)-funded Preschool Special Education program. ACS Child Care then extends the hours of care available to the typically developing children in the afternoons, when the special-needs children go home (see schematic, below). Children may begin the day as early as 7:30 am, and may remain as late as 5:30 pm (ten hours). When all three funding sources are blended, Watson offers the benefits of both comprehensive services and extended day care.

	<i>Preschool Special Education Children</i>	<i>ACS Child Care/UPK Children</i>
<i>7:30-8:15 am</i>	N/A	(N/A or ACS Child Care-funded)
<i>8:15-9:00 am</i>		ACS Child Care-funded
<i>9:00-11:30 am</i>	Integrated Preschool Education	UPK-funded
<i>11:30-1:45 pm</i>		ACS Child Care-funded
<i>1:45-5:30 pm</i>	(Home)	

The integrated approach provides the least restrictive environment to special-needs children. At the same time, it also benefits the typically developing children, who have gained access to a speech therapist and occupational therapist, as well as to family supports provided by the SED-funded social worker or psychologist. The center also noted that “typically developing” children whose special needs are identified after they are enrolled in the UPK program—a not infrequent occurrence—are well served by the integrated program. Because Watson is a designated evaluation site for the CSD’s Committee on Preschool Special Education (CPSE), families of UPK children face no referral delay or transportation barriers if this issue does arise.

**Resources freed to pay for program enhancements**

The integration of UPK and ACS Child Care with Preschool Special Education has had the added benefit of freeing up resources that can be used primarily for program enhancements. Watson has implemented a literacy-support program, including a technology component that enables children to work on letter recognition at their own pace on a computer, and has invited the Studio in the Schools program to the center for the past two years for work with children, teachers, and parents. Access to UPK dollars has allowed Birch to improve its staff/child ratios by converting some part-time staff to a full-time schedule, and by bringing in more substitute teachers.

**Collaborative programs at other Birch sites**

Birch has pioneered cost-allocation models with different funding combinations at other sites. At its Springfield Gardens center in Queens and at the Washington Heights site in Manhattan, for example, part-day Head Start classes are combined with (1) five-hour preschool special education to extend the day for special-needs children; (2) ACS Child Care funding to extend

the day for children meeting income eligibility requirements; and (3) the UPK program to extend the day for the remaining four-year-old children.

## ACCOMPLISHMENTS

- **Integration of special-needs children:** Offering the least restrictive environment to special-needs children in two Preschool Special Education classrooms, by integrating them with a typically developing UPK population
- **Enhanced program offerings for both populations:** Offering new arts, technology, and literacy-support components. At the same time, integration with Preschool Special Education offers typically developing children access to a host of additional supports.
- **A full-day program:** Extending program hours where appropriate.

## CHALLENGES

**Cost Allocation:** Sophisticated accounting is required for a large multi-service agency to allocate its many resources along program lines. Though State Education Department accounting requirements for Preschool Special Education classes are by far the most complicated of the three streams blended at Watson, according to Chief Financial Officer Geraldine Vogel, the real challenge stems from the differences in allowable expenses between the funding streams.

**Audits:** Although Birch is audited by an outside certified auditor each year, each of the early-childhood education programs imposes its own, redundant requirements. The State Education Department and ACS Child Care require certified financial statements. ACS Child Care and Head Start each conduct its own audit, and UPK conducts a separate audit in each of the Community School Districts where Birch operates a program. Each audit requires significant staff time and support from Birch's fiscal team. According to Vogel, without an agency's overall financial picture for context, the programmatic audits reveal little about whether a program is being properly run. She notes that cost allocation may actually be simpler for a small agency with fewer resources to track.

**Winning parental support for integrated classrooms:** Parents of typically developing children feared that their children would mimic inappropriate behaviors. Birch staff helped educate these parents about special education, and assured them that the program staff was dedicated to developing proper socialization skills in all children. In turn, parents of special-needs children feared their children would be neglected by the change. Birch staff helped them to see the advantages of integration. According to Felicia Robinson-Fiorillo, Deputy Director of Educational Programs, the most effective strategy is to represent the change to parents and staff as a program improvement, and to emphasize that integration helps ensure that all children receive the best possible services. Integration is practically achieved, also, through activities outside of the classroom; the Watson site hosts a family-fun night, for example, as well as an open-school night, to which parents of all children are invited.

**Staff Integration:** Staff needed to learn to adjust teaching styles according to developmental levels. Many staff found themselves working with a new type of student population for the first time. Birch continues to bring Special Education teachers together with ACS-funded teachers through professional development activities and shared staff meetings. The many professional development resources available within a large agency have helped the Watson staff work together with children at a full range of developmental capacities. Staff tensions also arise

occasionally from the different compensation and benefits packages received by Preschool Special Education and ACS-funded teachers. Some teachers and teaching assistants in the same classroom may be unionized while others are not.

## Summary

<b>Location</b>	The Bronx		
<b>Collaboration Type</b>	ACS Child Care, UPK, and Preschool Special Education Blended into single program		
<b>Goals</b>	<ul style="list-style-type: none"> <li>To integrate stand-alone preschool education classrooms</li> <li>To enhance program offerings for all participating children</li> <li>To extend program hours for typically developing children</li> </ul>		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>Maximization of all available funding streams</li> <li>Integration of typically developing and special-needs children</li> <li>Sophisticated cost-allocation and blended-funding strategies</li> </ul>		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>Full-day child care</li> <li>Speech therapist</li> <li>Occupational therapist</li> <li>Staff social worker</li> </ul>	<ul style="list-style-type: none"> <li>Consulting psychologist</li> <li>Part-time nurse</li> <li>Literacy support program</li> <li>Arts program</li> </ul>	
<b>Funding Streams</b>	Universal Prekindergarten Preschool Special Education ACS Child Care	State State Local	12% 34% 54%
<b>Budgetary Approach</b>	All three funding streams are blended using cost-allocation methods. Birch maintains separate budgets and meets distinct expenditure and reporting requirements for each of the three programs.		
<b>Children Served At Watson Avenue</b>	ACS Child Care Only	165 typically developing children	
	ACS Child Care and UPK Extended day (10 hours)	71 typically developing four-year-olds (24 in integrated collaboration with Preschool Special Education)	
	Preschool Special Education Full day (5.5 hours)	24 special needs children (16 in integrated collaboration with ACS/UPK; 8 integrated with ACS only)	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>Onerous auditing requirements</li> <li>Complex cost allocation</li> <li>Staff integration</li> </ul>		
<b>Contacts</b>	Geraldine Vogel Chief Financial Officer Herbert G. Birch Services (212) 741-6522 ext. 151	Felicia Robinson-Fiorillo Deputy Director of Educational Programs Preschool Special Education Program Herbert G. Birch Services (212) 741-6522 ext. 265	

## Leake & Watts Services Early Childhood Program

A collaboration between two Leake & Watts early learning programs links a Head Start program to several integrated UPK/Preschool Special Education classes, providing a full day of care for eligible children. At three other sites, UPK is blended with ACS Child Care to enhance program offerings to four-year-old children.

### FUNDING SOURCES:

- Head Start
- Universal Prekindergarten
- Preschool Special Education
- ACS Child Care
- Leake & Watts Core Funding

### THE PROVIDER

Leake & Watts Services, Inc., founded in 1831, provides a continuum of community-based programs and specialized residential and therapeutic services, including foster care and adoption, to more than 3,000 vulnerable children and their families in the greater New York area. The agency sponsors six early-childhood programs—serving approximately 500 children—including Head Start, Early Intervention (in Westchester County), ACS Child Care, Preschool Special Education, Related Services to Special Needs Children (Special Education Itinerant Teachers), and Universal Prekindergarten, as well as collaborative models integrating several of these programs.



### PATH TO COLLABORATION

#### **Integration of Preschool Special Education, ACS Child Care and Head Start**

Leake & Watts traditionally housed three discrete programs in a single building in the Castle Hill section of the Bronx: Preschool Special Education (the Katherine Dodge Brownell School), ACS Child Care (the Dr. Richard Green Educational Learning Center), and a Head Start program (the Dr. Richard Green Head Start Program). Over time, the programs found ways to increase collaboration. Integration began gradually, with staff from the Head Start and ACS-funded child-care programs consulting the specialists in the Preschool Special Education program for developmental evaluations. This collaboration soon expanded to the provision of Special Education Itinerant Teacher (SEIT) services and Related Services (RS) to eligible children in the day care centers and Head Start program.

The Head Start and Preschool Special Education programs ultimately developed an innovative partnership, using UPK funding to provide full-day, integrated care in multiple settings.

The addition of the UPK funding stream to Soundview freed resources to provide a number of program enhancements that indirectly benefited all of the students and staff.

**Integrating UPK with Preschool Special Education and Head Start**

The Brownell School was already approved by the New York State Education Department to provide Special Class in an Integrated Setting (SCIS). When Universal Prekindergarten funding became available in 1998, Leake & Watts identified an opportunity to convert several of its stand-alone Preschool Special Education classes into SCIS classrooms, an important step towards compliance with a federal mandate requiring that special-needs children be placed in the least restrictive learning environment. In the second year that UPK was offered, Leake & Watts applied for and won UPK funding from Community School District 8, and proceed to recruit many of its UPK children from existing half-day Head Start classrooms.

The new, innovative program uses all three funding streams (SCIS, UPK, and Head Start). The basic collaboration structure consists of an integrated classroom (mixed UPK and Preschool Special Education children) linked to a half-day, “wraparound” Head Start program for eligible children (see schematic, below). In the morning hours, the typically developing UPK children join special-needs children for an integrated early learning program at the Katherine Dodge Brownell School. Because the special-needs children receive special-education services during their time in this integrated setting, with resources including a social worker and speech and occupational therapists, the integration has indirect benefits for the typically developing children as well.

When the UPK program ends at 11:30 am, the typically developing children are served lunch in a “transition room” supported by Leake & Watts core funding. In the afternoon, the special needs children go home, and Universal Prekindergarten children meeting income eligibility requirements join the part-day Head Start program at the Dr. Richard Green Head Start Program for the remainder of their day (until 3 pm).

9 am-11:30 am	11:30 am-12:30 pm	12:30 pm-3 pm
<p><b>UPK/Preschool Special Education</b> <i>[Brownell School]</i></p> <p>[3 classes; each 8 typically developing UPK children (24 total) and 7 special education children (21 total)]</p>	<p>Transition Time (typically developing children)</p>	<p><b>Head Start (pm session)</b> <i>[Dr. Richard Green Head Start]</i></p> <p>(14 eligible UPK children)</p>

**Inverse scheduling doubles the impact**

In an innovative use of existing space, the center has implemented an inverse of this schedule (see schematic, below), with Head Start for the typically developing children in the morning at the Dr. Green Head Start Program, an interim transition over lunch, and an integrated Preschool Special Education/UPK early learning program at the Brownell School in the afternoon. In all, the center serves 50 UPK children in this collaboration model, with indirect impact on 35 children with special needs.

9 am-11:30 am	11:30 am-12:30 pm	12:30 pm-3 pm
<p><b>UPK/Preschool Special Education</b> <i>[Brownell School]</i></p> <p>[3 classes; each 8 typically developing UPK children (24 total) and 7 special education children (21 total)]</p>	<p>Transition Time (typically developing children)</p>	<p><b>Head Start (pm session)</b> <i>[Dr. Richard Green Head Start]</i></p> <p>(14 eligible UPK children)</p>
<p><b>Head Start (am session)</b> <i>[Dr. Richard Green Head Start]</i></p> <p>(14 eligible UPK children)</p>		<p><b>UPK/Preschool Special Education</b> <i>[Brownell School]</i></p> <p>[3 classes; each 8 typically developing UPK children (24 total) and 7 special education children (21 total)]</p>

**Replicating the program at other centers**

Fueled by the success of this blended funding model, the Green Center expanded its UPK program to 18 additional children by adopting another collaboration model: using cost allocation techniques to blend UPK with an ACS child care class at the Soundview Child Care Center.

	8:30 am-11 am	11 am-6 pm
Children in extended ACS day	UPK funded	ACS funded

The addition of the UPK funding stream to Soundview freed resources to provide a number of program enhancements that indirectly benefited all of the students and staff, not only those directly served. Enhancements have included computers, new supplies, and other equipment used throughout the day. UPK also brings with it the technical assistance and support provided by the program staff in the central office of Community School District 8.

The Soundview approach worked so smoothly that the agency added the UPK program to two additional ACS-contracted child care centers: The Dr. Richard Green Educational Learning Center (UPK for 18 children enrolled in ACS Child Care), and the Highbridge Nursery School (UPK for 10 children enrolled in ACS Child Care). As at Soundview, these UPK programs are used to enhance program offerings. Though the Highbridge center is located in the West Bronx—technically outside the boundaries of Community School District 8—the District agreed to consider it within its borders by virtue of its sponsoring agency, freeing the agency to comply with only one set of budgetary and reporting requirements for UPK.

## ACCOMPLISHMENTS

- **Integration:** The program provides typically developing students for the integrated preschool special education classrooms.
- **Extended hours:** The program extends program hours for children in the half-day Head Start program.
- **Program enhancements:** Various enhancements indirectly benefit all of the students and staff, not only those directly served. Enhancements include computers, new supplies, and other equipment.
- **Technical assistance:** The program receives additional technical assistance and support, from the UPK program staff in the central office of Community School District 8.

## CHALLENGES

- **Cost Allocation:** Blending the ACS Child Care and UPK programs through cost allocation techniques is a complex process. Fortunately, staff had access to Leake & Watts' large, experienced finance department.
- **Staff and parent training:** Most of the staff appreciated the challenge of integrating special-needs children and typically developing children in the blended model. The agency used internal discussions, workshops, and curriculum and equipment changes to help move the program from a traditional special-education model to one that serves all children, regardless of their skill levels, with developmentally appropriate activities. Conversely, the agency had to craft a new image among parents in the community.
- **Recruiting UPK Children:** Because Community School District 8 delegates recruitment and enrollment to the community-based providers of the UPK program, the Brownell School had to identify children to join its new integrated program. After enrolling eligible children from the part-day Head Start program, affording them a full-day experience, the agency conducted outreach in the community. Though the process took time, word of mouth eventually generated enough interest to launch the program.

## Summary

<b>Location</b>	Bronx		
<b>Collaboration Types</b>	<ul style="list-style-type: none"> <li>● Universal Prekindergarten and Preschool Special Education integrated and linked with a half-day Head Start program</li> <li>● Blending of UPK with ACS Child Care through cost allocation techniques</li> </ul>		
<b>Goal</b>	<ul style="list-style-type: none"> <li>● To provide typically developing students for the integrated preschool special education classrooms</li> <li>● To enhance program offerings for children enrolled in ACS Child Care</li> <li>● To extend program hours for children enrolled in Head Start</li> </ul>		
<b>Key Strategies</b>	Integration of typically developing and special needs children Innovative space utilization and inverse scheduling		
<b>Program Components</b>	All children in collaboration: <ul style="list-style-type: none"> <li>● Part-day child care</li> <li>● Consulting social services/ psychological services</li> </ul>	Typically developing children enrolled in Head Start: <ul style="list-style-type: none"> <li>● Full-day care</li> <li>● Home visiting</li> <li>● Medical and dental health coordination</li> <li>● Social service supports</li> </ul>	
<b>Funding Streams</b> (At Brownell School Collaboration)	Head Start (Wraparound)	Federal	100%
	Universal Prekindergarten (Integrated classroom)	State	16%
	Preschool Special Education (Integrated classroom)	State	84%
<b>Budgetary Approach</b>	Universal Prekindergarten program and Preschool Special Education program are blended using cost-allocation techniques, with linkages to a freestanding Head Start program.		
<b>Children Served</b>	Universal Prekindergarten	50 Children (40 for the full day as a result of Head Start Wraparound)	
	Preschool Special Education in an Integrated Setting	35 Children	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Requires sophisticated cost allocation</li> <li>● Staff and parent training</li> <li>● Recruiting UPK children</li> </ul>		
<b>Contacts</b>	Linda Rosenthal Director of Early Childhood Education Leake and Watts Services, Inc. Phone: (914) 375-8743		

## Lenox Hill Neighborhood House Early Childhood Center

Lenox Hill's Early Childhood Center fully integrates its Head Start, ACS Child Care, and UPK programs into a single seamless Early Childhood Center offering full-day, full-year care.

### FUNDING SOURCES:

- Head Start
- Universal Prekindergarten
- Administration for Children's Services Child Care
- Lenox Hill Core Funding
- Foundation Funding
- Other sources

### THE PROVIDER

The Lenox Hill Neighborhood House was founded in 1894 to serve families on New York City's Upper East Side. The settlement house serves more than 20,000 residents each year in its classrooms, senior center, homeless shelter, fitness center, and pool. Lenox Hill provides activities for children of all ages, including an after-school program, a teen center, and a summer camp.

Lenox Hill's Early Childhood Center offers full-day, NAEYC-accredited services to 150 three-to-five-year-old children and their families in the Yorkville section of Manhattan's Upper East Side.

The program was forged from three discrete funding streams: Head Start, ACS Child Care, and Universal Prekindergarten. Each of these streams technically funds only the enrolled children who meet that program's eligibility requirements for the appropriate portion of the day. But while the Center distinguishes these funding streams for accounting and reporting purposes, in practice, students, teachers, and resources are blended into a single, seamless early-childhood program. This collaboration strategy allows Lenox Hill to offer the best elements of all three programs to every participating child, regardless of the program in which he or she is technically enrolled.



### PATH TO COLLABORATION

#### **From Separate Head Start and Child Care programs to Early Childhood Center**

As late as 1988, Lenox Hill hosted two discrete child-care programs serving the same age groups. Lenox Hill sponsored its own Head Start program, which offered full-day care (until 3:30 pm) and significant family supports, while an Agency for Child Development (now ACS Child Care) contracted child-care center leased space in the neighborhood house. Though the ACD program offered extended day (until 6 pm), full-year care, it was unable to offer comprehensive supports to the children's families. Families

participating in the two programs inevitably met on the stairs walking to and from their respective child care centers, but the programs themselves never intersected.

When the ACD program came up for bidding, Lenox Hill placed a bid, won sponsorship of the program, and put integration with the Head Start program at the top of its agenda. Within the year, all of the children shared full-day mixed classrooms, Head Start and ACD teachers were intermingled, and Lenox Hill renamed the entire program the Lenox Hill Early Childhood Center to reflect its new, integrated reality.

### **Blending Head Start and ACS Child Care**

Today, Lenox Hill blends a Head Start grant for 80 children with an ACS Child Care contract for 68 children. Families must meet eligibility criteria for one of the two programs, according to the center's contractual obligations. Once enrolled, however, children are intermingled. By the same token, while all resources, supplies, and teaching staff are allocated to one of the two funding streams, in practice they are integrated into a single, unified program. The center uses these strategies to offer each and every participating child both the comprehensive supports of a Head Start program and the longer hours of an ACS Child Care Program (until 6 pm; the Head Start program, by contrast, technically extends only to 3:30 pm).

All families are assessed upon enrollment and assigned a family worker, who may make referrals to social service supports and medical and dental care through partnerships with New York Presbyterian Hospital and New York University Dental School, as well as adult training opportunities. Throughout the year, family workers visit the children at home as needed, and engage caregivers and children in child-development and literacy-preparation activities.

The program also employs a special needs coordinator, who ensures that children with special needs receive evaluations and special-education services, and a consulting psychologist, who meets with the staff and is available for individual and family counseling.

### **Adding Universal Prekindergarten to the mix**

When Universal Prekindergarten funding became available in 1998, the Center won a contract from Community School District 2, and now offers UPK to 56 children. The Center recruits and enrolls its four-year-old children into the 2 1/2-hour program. Because these children must also qualify for the Head Start and ACS programs that provide the Center's core funding, Lenox Hill provides care to the low-income UPK children in Community School District 2.

The addition of the UPK funding has freed existing resources to hire additional aides and substitutes for Center classrooms. These resources have also allowed the Center to designate and staff a "special-needs resource room," where children in need of a time-out can go for one-on-one time with a dedicated special-needs-resource teacher.

### **Lenox Hill core funding**

Participating families have access to many of the Settlement House's own resources, including parenting, ESOL, GED, and computer classes.

### **Foundation funding for the arts**

Lenox Hill receives foundation funding for an art program for school-age children. Because of its commitment to full integration, the Center has made these resources available to the early-childhood program, and the music, art and dance teachers all spend two days per week in the early-childhood classrooms.

“You cannot run a quality program with one funding source any more, and child care funding streams are all over the place. And because of competition for staff with the Board of Ed, you have to build in enrichment and perks in your school. You have to be aggressive and be out there, and pull it all together. It’s not an easy job. But the kids really deserve this money.”

—Marian Detelj, Director,  
Early Childhood Center,  
Lenox Hill  
Neighborhood House

## ACCOMPLISHMENTS

- **Services extended to all Center children:** Offering each child both the comprehensive supports of a Head Start program and the extended-day hours of an ACS Child Care Program.
- **Elimination of program redundancies, and creation of an integrated management team:** Funding additional positions. The Center is funded for two directors, one for the Head Start Program and one for the ACS Child Care Program. Lenox Hill, however, has structured the programs so that one individual oversees both. The director line in the ACS Child Care budget was then freed and redirected to fund a director of social services. By the same token, the educational director and the administrative director are able to oversee these functions for the entire Center. Together, the four comprise an integrated management team that trains and supervises the Center staff.
- **Hiring of additional staff, including special needs resource teacher:** Hiring additional aides and substitutes for Center classrooms with the resources freed up by the addition of UPK funding. These resources have also allowed the Center to designate and staff a “special-needs resource room,” where children in need of time out can go for one-on-one time with a dedicated special-needs resource teacher.
- **Art program resources:** Making these privately funded resources available to all children in the Center.
- **NAEYC accreditation in 2002**

## CHALLENGES

- **Budgets:** The complex cost-allocation strategies and accounting procedures necessary to maintain this blended program present the Center’s greatest challenge. Contractual requirements require the Center to maintain a separate budget for each program, and to report separately on each (including separate audits). Despite the presence of a full-time accountant and the support of a comptroller, these fiscal requirements absorb a great deal of the director’s time. In addition, after integrating the disparate funding streams, the program has had to renegotiate the size of its grants with City agencies. This issue is now close to being settled.
- **Staff integration:** Though the program made efforts to acclimate staff to integration, the process was challenging. Head Start and ACD (now ACS Child Care) teachers—who are represented by different union locals, receive different compensation packages, and are steeped in different teaching cultures—were asked to work side-by-side. Additional staff training was an important step; after a year of preparation, the staff was merged. According to the director, the staff love the change, as well as the professional development opportunities, resources, and supplies that come with it. This year, the Center also plans to mingle early childhood and school-age staff for training purposes, so that all program staff learn the same, developmentally appropriate approaches to the children in their care.

## Summary

<b>Location</b>	Upper East Side/Yorkville, Manhattan		
<b>Collaboration Type</b>	Head Start, ACS Child Care, and UPK integrated into single seamless program		
<b>Goal</b>	To provide full-day care and comprehensive services to area children and families		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● Cost-allocation strategies</li> <li>● Programmatic and staff integration</li> </ul>		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>● NAEYC Accreditation</li> <li>● Full-day child care</li> <li>● Home visiting</li> <li>● Special-needs coordination</li> <li>● Health- and dental-care coordination</li> <li>● Special-needs resource room</li> <li>● Consulting psychologist</li> <li>● Social worker</li> <li>● Art, music, and dance program</li> <li>● Access to swimming pool, gym, and play roof</li> <li>● Parenting and adult-education classes</li> <li>● Computers</li> </ul>		
<b>Funding Streams</b>	Head Start	Federal	28.8%
	Universal Prekindergarten	State	5.7%
	ACS Child Care	Local	30.1%
	Lenox Hill Core funding	State/Local	19.3%
	Foundation funding	Private	6.5%
	Other sources	Private	9.6%
<b>Budgetary Approach</b>	Multiple funding streams are blended using cost-allocation strategies, providing seamless services to participating families		
<b>Children Served</b>	Extended-day care (8:30 am to 6 pm)	150 children (three- to five-year-olds)	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Blending funding streams and program philosophies to create a holistic approach to early childhood</li> <li>● Staff buy-in to new program culture</li> <li>● Staff and parent development</li> </ul>		
<b>Contacts</b>	Marian Detelj Director, Early Childhood Center Lenox Hill Neighborhood House Phone: 212-744-5022		

## Nuestros Niños Child Development School

Nuestros Niños Child Development School uses collaboration between its Universal Prekindergarten program and its family child care network to offer a full day of care to participating children.

### FUNDING SOURCES:

- Universal Prekindergarten
- Administration for Children's Services Family Child Care

### THE PROVIDER

Nuestros Niños Child Development School was created in 1973 by the merger of a family child care network with a center-based preschool. Now operating in three sites in the Williamsburg and Bushwick sections of Brooklyn, the program serves more than 600 families in predominantly Spanish-speaking neighborhoods. The Nuestros Niños Family Child Care Network offers additional support, including management of the Child and Adult Care Food Program (CACFP), payment from ACS, and back-up care in case of illness.

### PATH TO COLLABORATION

#### ACS Child Care

Nuestros Niños has long offered three core components, all funded by the Administration for Children's Services (ACS): center-based preschool for children ages two to six; a network of family child care providers; and after-school care for older children. Though these programs serve hundreds of children, including 320 children in the family child care network alone, tremendous unmet need remained.

#### UPK combined with ACS child care funds to provide full-day care

Unable to access additional ACS funds, the school looked for additional funding streams with which to expand. In 1997, the first year in which Universal Prekindergarten was implemented, Nuestros Niños applied for and won funding to provide UPK to 40 children at its main Williamsburg site.

Thanks to the school's collaboration with some of the 90 family child care homes already in its network, those UPK children eligible for ACS child-care—about half of the 40 children participating in UPK at the site—are also provided with “wraparound,” extended-day care in neighborhood family child-care homes. They remain at the center until only 11:00 am, when the UPK day ends and the ACS-funded family child care (FCC) day begins.

Because these neighborhood providers care only for UPK children, they are able to pick up the children from the center, feed them lunch, and care for them for the remainder of an extended day (until 6 pm, qualifying for full-day reimbursement from ACS). The remaining children eat lunch at



Nuestros Niños, then go home or to other care arrangements. Several children enrolled only in UPK are waiting to be accommodated in ASC family child care wraparound services, but currently there are few additional ACS-funded spaces. The school's total waiting list is comprised of 800 children.

While two funding streams are combined to provide four-year-old children with a full day of care, they are treated as free-standing programs for budgeting and reporting purposes. The UPK program is offered from 8:00 am until 11:30 am; two-and-a-half hours are funded through a contract with Community School District 14, and an extra hour is covered by the school's core funding.

### **UPK, ACS home-based child care, and ACS center-based after-school program maximize available resources**

Although Nuestros Niños had been operating at full capacity before adding UPK, with no available space for expansion, an ACS after-school program was operating in only the afternoon hours, leaving critical space and staff underutilized. The school was able to accommodate the UPK program by dovetailing it with the after-school program: UPK occupies the space in the mornings, and the after-school program takes its place in the afternoons.

Because ACS and UPK can maintain inverse hours, and even calendars, the two programs are perfectly suited to share the space without overlap. During summers and school holidays, for example, neither school nor Universal Prekindergarten are in session; the after-school children spend the full day at the center, and the qualifying UPK children are cared for full-day by a home-based ACS provider. The partnership with home-based child care is a critical linchpin offering the UPK program in the face of space constraints.

## **ACCOMPLISHMENTS**

- **Extended-day care:** Providing extended-day care to half the children in the UPK program thanks to the "wraparound" ACS family child care program.
- **Full utilization of available staff and space:** Bringing the school's space and staff up to full capacity by carefully complementing programs operating on different schedules.
- **Leveraging of additional services from the school system:** Bringing added supports from the Community School District 14 staff, including a visiting social worker and an educational coordinator, by means of the school's UPK contract. This district emphasizes developmentally appropriate math- and literacy-readiness activities in the UPK program.
- **Bi-lingual support:** Providing bi-lingual staff for the many participating children who come from Spanish speaking homes. By the time children have entered Universal Prekindergarten, the emphasis is on building English-language development. In the center's experience, children from homes where a language other than English or Spanish is spoken may emerge speaking all three languages.
- **Staff development:** Maintaining a commitment to the staff's professional development. The current director of the program began as a substitute aide at Nuestros Niños 29 years ago. Each year the program accepts participants in the Work Experience Program (WEP), who work in exchange for TANF benefits. Over the years, the program has been able to hire ten of these participants as full-time center employees.

## CHALLENGES

- **Space:** Space is a perennial issue for Nuestros Niños, which has a long waiting list but limited capacity to expand. The wraparound program relies on the availability of classrooms used in the afternoon hours by the after-school program. Nuestros Niños has a third available classroom, but prefers to keep it empty to reduce noise during the day, and refused the District's offer of twenty more UPK children. There is one possibility for expansion: a nearby community garden, previously tied up in legislation, will now be made available for a publicly funded child-care center. When ACS issues the RFP for the center, Nuestros Niños hopes to win the right to operate it.
- **Paperwork:** The director of Nuestros Niños feels that UPK generates a great deal of paperwork. The UPK budget funds two hours of the director's administrative time per week, but she finds that the program often requires more than twice as much. Between ACS Family Child Care and UPK, the program must file reports on a monthly basis.
- **Lack of expansion funds:** Though administratively effective, the programs are limited in scope by a dearth of ACS expansion funds.



## Summary

<b>Location</b>	Williamsburg and Bushwick, Brooklyn		
<b>Collaboration Type</b>	UPK with ACS Family Child Care Wraparound		
<b>Goal</b>	To provide full-day care to four-year-old children participating in the UPK program		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● UPK space dovetails with after-school program space</li> <li>● Partnership with ACS family child-care creates extended-day capacity</li> </ul>		
<b>Program Components</b>	Universal Prekindergarten (to 2.5 hours) ACS Family Child Care Wraparound for eligible children (to 10 hours)		
<b>Funding Streams</b>	Universal Prekindergarten Administration for Children's Services	State Local	2% 98%
<b>Budgetary Approach</b>	Universal Prekindergarten and full-day ACS Family Child Care are funded separately, but are merged programmatically for eligible children.		
<b>Children Served</b>	UPK/ACS Family Child Care collaboration (10 hours)	20 Children (four-year-olds)	
	UPK only (2.5. hours)	20 Children (four-year-olds)	
	ACS Child Care	180 children (three- to five-year-olds)	
	ACS Family Child Care Network	288 children	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Space constraints</li> <li>● Onerous reporting requirements</li> <li>● Lack of ACS expansion funding</li> </ul>		
<b>Contacts</b>	Miriam Cruz Director Nuestros Niños Child Development School Phone: (718) 963-1555 nuestrosninoscds@aol.com		

## Riverdale Neighborhood House Early Childhood Program

Riverdale Neighborhood House has integrated Universal Prekindergarten into its blend of ACS Child Care dollars and private fees to expand and improve the quality of its early-childhood education programs.

### FUNDING SOURCES:

- Parent fees
- Limited Purchase of Services (LPOS) contract with the Administration for Children's Services (ACS)
- Universal Prekindergarten

### THE PROVIDER

Riverdale Neighborhood House, founded in 1872, is a multi-service settlement house serving the diverse needs of families in Riverdale, the Bronx. In addition to a large early-childhood program serving three- and four-year-old children, its programs include a family-support center offering classes and support groups for expecting parents, after-school programs, teen programs, senior-support services, and a neighborhood pool. Riverdale is accredited by the National Association for the Education of Young Children (NAEYC). Its six early childhood classrooms, serving 110 children ages three to five, are funded by a layered mixture of ACS Child Care dollars, parent fees, and a Universal Prekindergarten contract.



### PATH TO COLLABORATION

#### **Blending ACS funding with private fees**

Though few child care centers in the relatively affluent Riverdale section of the Bronx receive ACS funding, Riverdale Neighborhood House has been an ACS-contracted provider since the 1970s. Given the agency's proximity to both an upper-middle-class population and, at the periphery of Riverdale, a working-class neighborhood, it was a natural fit for a Limited Purchase of Services (LPOS) contract allowing it to contract some child care slots to ACS (49% of overall funding) and to finance the remaining slots with full-fee payment by parents.

#### **Adding Universal Prekindergarten to the mix**

When Universal Prekindergarten funding became available in 1998, Riverdale waited a year before applying, taking this time to determine how it could blend the funding with its ACS funds and parent fees. A particular concern was how Community District 10 would handle enrollment of children living in other school districts. Once the district agreed to grant waivers to attend UPK to such children already enrolled in Riverdale's three-year-old program, Riverdale applied for and won funding for four UPK classes. UPK has now been blended into the four-year-old program, and is used to enrich program offerings.

One four-year-old classroom hosts two stand-alone, part-day Universal Prekindergarten classes, one a morning session and the other an afternoon session. A second four-year-old classroom, which the agency terms “extended-day,” hosts a morning UPK program extended an additional few hours in exchange for parent fees. The final four-year-old classroom blends funding from all three funding streams. From 9 am to 11:30 am, these children are considered UPK for budgeting purposes. From 11:30 am until 6 pm, services to the ACS-funded children are charged against ACS funding, while services to the income-ineligible children are covered by parent fees. ACS funds and parent fees displaced during UPK hours have facilitated a number of program enhancements.

In addition to the four-year-old classes, one three-year-old classroom is a full-day LPOS classroom, from 8 am until 6 pm. A second three-year-old classroom operates for the same hours, but is entirely privately funded. (See diagram below for schematic of all Riverdale classes.)

## ACCOMPLISHMENTS

- **Increased salaries:** Increasing teacher salaries by approximately \$4,000 for head teachers and by \$2,500 for aides.
- **Reduced fees:** Lowering parent fees for four-year-olds from \$200 to \$175 per week.
- **Reaching additional children:** Enrolling forty additional children through UPK—children who would not otherwise have attended a preschool program.
- **Extra staffing:** Arranging funding for additional substitute time, and partial funding for a new full-time “floater” teacher who supports all five head teachers and their aides.
- **Enrichments:** Adding new science and math materials, and educational field trips.
- **Professional development opportunities:** Providing staff with opportunities through participation in UPK, including monthly Directors’ meetings sponsored by District 10 and hosted in rotation by District CBOs. The District has also enlisted private accountants to offer cost-allocation training sessions to participating CBOs.

## CHALLENGES

- **Paperwork:** The chief drawback to the addition of UPK funding has been the requirement that Riverdale complete all of the city Department of Education enrollment paperwork (while in some Districts the District office assumes this responsibility). Since the enrollment process for UPK is the same as for public kindergarten, this can be a challenging task, involving administrative time for which the agency receives no additional funding.
- **Transportation:** For families most needing subsidized child care, transportation to the settlement house can pose an obstacle. The program sometimes has difficulty filling the ACS-funded slots, in part because those most in need are at the greatest distance from the program. Since ACS has adjusted its income levels to correspond to current poverty standards, however, the income ceiling levels have been raised, and more families in the community have become eligible.

The LPOS structure is “one of the most innovative programs that New York City has ever taken on. If you go into one of these classrooms, you shouldn’t be able to tell—and you won’t—which children are which.”

—Catherine Smith,  
Deputy Director,  
Children’s Programs,  
Riverdale Neighborhood  
House

- **Staff retention:** Though Riverdale has used multiple funding to increase teacher salaries, the program has been unable to keep up with salaries offered by public schools. The program has come to view turnover of staff leaving for the public schools as an unavoidable issue. With the recent wage increase for public school teachers, the gap between Riverdale wages and public school wages has only widened. The program encourages teachers to be open with their plans, so that replacements can be hired in time to begin the new school year. Riverdale has also developed relationships with area colleges—including Manhattan College, the College of Mt. St. Vincent, and Lehman College—as a recruitment tool.
- **Staff transition:** Though the Riverdale Early Childhood Program was already NAEYC accredited when it added the UPK program to its funding mix, the addition raised the bar for the program staff. Community School District 10, where Riverside is located, requires a strong emphasis on literacy-based curricula. For Riverdale, this has meant a reconsideration and enhancement of existing classroom activities, such as block play and drama, through the lens of literacy development. Deputy Director Catherine Smith recommends that programs ease the transition to UPK by including the staff in the decision-making process.
- **Cost allocation:** Riverdale’s fiscal department handles the program’s sometimes-complicated cost allocations to the public funding streams. For example, the salary of a teacher dedicating 100% of her time to UPK is charged exclusively against the UPK budget. By contrast, the salary of an assistant devoting only 30% of her time to a morning UPK program and half of the rest of the day (35%) to ACS, will be charged accordingly against those budgets. Overhead, supplies, and all other costs are similarly allocated. Those costs not allocable to a public funding stream are paid out of Riverdale’s core funding, which includes the sum collected from parent fees. In this way, fees from another agency program may occasionally subsidize the early childhood program, and vice versa, depending on the budget cycle. (See figure 1.)

**Figure 1: Riverdale Classrooms by Funding Stream**

	3-year-olds (A)	3-year-olds (B)	4-year-olds (A)	4-year-olds (B)	4-year-olds (C)
<i>Morning</i>	ACS/Private	Private	UPK AM	UPK	UPK
<i>Afternoon</i>			UPK PM	Private	ACS/Private
<i>Evening</i>		N/A	N/A	N/A	

## Summary

<b>Location</b>	Riverdale, the Bronx		
<b>Collaboration Type</b>	Funding blended from ACS Child Care, parent fees, and Universal Prekindergarten		
<b>Goal</b>	To enhance program offerings and extend early-childhood education to children who might not otherwise have qualified for subsidized care		
<b>Key Strategies</b>	Multiple funding streams, including both public and private resources, used to increase staff salaries, lower parent fees, and improve service delivery.		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>● Half- and full-day programs funded by a mix of public and private streams</li> <li>● Substantial program enrichments</li> <li>● NAEYC accreditation</li> </ul>		
<b>Funding Streams</b>	Universal Prekindergarten ACS Child Care Parent fees Riverdale core funding	State Local Private Mixed	36% 17% 42% 5%
<b>Budgetary Approach</b>	Allowable costs are allocated to the ACS and UPK funding streams. ACS funds freed by the UPK program are used to provide program enhancements. Remaining expenses are charged to the agency's core funding, which includes, but may not be limited to, parent fees.		
<b>Children Served</b>	10 hours (8 am to 6 pm) 9 am to 2 pm 8:30 am to 11:30 am or noon to 2:30 pm	33 children (18 4-year-olds, 15 3-year-olds) 20 children 40 children	
<b>Key Challenges</b>	Increased paperwork; transportation needs; staff retention; staff transition.		
<b>Source of Information</b>	Ms. Catherine Smith Deputy Director, Children's Programs Riverdale Neighborhood House Phone: (718) 549-8100 ext. 112		

## Sharon Baptist Head Start/Oral Health Programs and Policy

A partnership forged between Sharon Baptist Head Start and the Oral Health, Programs and Policy unit of the Department of Health co-locates a full-service, no-cost dental clinic in an early-learning program for low-income children.

### FUNDING SOURCES:

- Head Start
- ACS Child Care
- In-kind donation of equipment and staff, Oral Health Program and Policy (OHPP)

### THE PROVIDERS

Sharon Baptist Head Start, founded in 1969, is a well-established Head Start program serving 715 children in low-income and immigrant populations in the East Tremont, Fordham, Morissania, and University Heights sections of the Bronx. In addition to its core Head Start funding, Sharon Baptist also receives ACS Child Care funding at one of its four sites.

New York City's Oral Health Programs and Policy (OHPP) unit, which reports jointly to the City's Department of Health and Mental Health and the Health and Hospitals Corporation, is charged with "improving the oral health of New York City residents by the prevention and control of oral diseases and by the promotion of oral health." In addition to its traditional no- or low-cost community-based dental clinics, the unit oversees 80 clinics in public schools in all five

boroughs. The school-based model, though successful, can leave resources underutilized in the summer months, and does not necessarily serve younger children needing care. For these reasons, OHPP has grown increasingly interested in locating clinics in appropriate early childhood settings, according to Dr. Mercedes Franklin, Director of the unit.



### PATH TO COLLABORATION

#### **City-sponsored dental clinic housed at a Head Start program**

In an innovative, in-kind exchange of services, Sharon Baptist Head Start in the Bronx houses a city-sponsored dental clinic and provides a range of dental services at no cost to all community children under the age of 21. Sharon Baptist provides the City's Oral Health Programs and Policy (OHPP) unit with space and utilities rent-free at a site it owns on Bathgate Avenue (in East Tremont). In turn, OHPP supplies the equipment, supplies, and staff (dentist and dental hygienist) needed to operate the on-site clinic.

The program grew out of a chance meeting in 1998, when, in the course of conducting community educational outreach, an OHPP dental hygienist met the director of the Sharon Baptist Head Start. Sharon Baptist quickly identified an opportunity to make dental care accessible to the low-income children it serves, and proposed an on-site clinic. Intrigued by the idea, OHPP conducted a site inspection to ensure that the space—a converted

police precinct house purchased at auction—was appropriate. After the space passed muster, OHPP asked Sharon Baptist to send home parent permission forms; the large response provided an informal assessment of parent need and interest in the program. Finally, OHPP made it clear that community children, as well as program children, would have to be welcome at the clinic. The partners quickly reached accord and began to plan.

To make the project possible, Sharon Baptist had to meet OHPP’s space requirements—a designated, adequately sized space enclosed with its own lock, a sink with running water, adequate electrical outlets, and a phone and phone jack. Sharon Baptist also furnished the desks, tables, shelves, and filing cabinets needed to run the clinic. OHPP supplied the necessary professional equipment, including a dental chair, an X-ray machine, tools, and supplies.

The original plan called for dental services just during the summer months. The partnership was so successful, however, that soon the Sharon Baptist clinic was open year-round.

<i>Components of Oral Health Partnership in Child Care Center</i>	
<b>Provided by Child Care Center</b>	<b>Provided by OHHP</b>
Appropriate space rent-free	Dentist
Area enclosed with own lock	Dental hygienist
Sink with running water	Dental equipment (chair, x-ray, tools, and supplies)
Electrical outlets	Services include:
Phone and phone jack	● Screening and diagnosis
Tables, shelves, filing cabinets	● Prevention
Population of children	● Treatment
Transportation for children at other sites	● Child and parent educational outreach

**Services offered**

OHPP employs a number of full- and part-time dental staff, including dentists and hygienists, who are assigned on a rotating basis to its clinic sites according to need. Sharon Baptist was initially assigned a dentist and a dental hygienist for two days per week; later, the clinic was expanded to five days per week in the summer, while the school clinics were closed.

The clinic dentist and dental hygienist provide all the services ordinarily offered in a private office. Patients come from the community; to qualify, they must be under age 18 and have a signed parental consent (secured by the Head Start program for its own children at the start of every year). When families have access to medical insurance, like Medicaid, the insurance provider is billed by Oral Health Programs and Policy (OHPP); in many cases, however, the cost of care is absorbed by OHPP. Services include diagnosis (including x-rays); prevention (including fluoride treatments and sealants); and fillings, extractions, and root canals. The clinic is currently open between 8:30 am and 4:30 pm, but hours may vary according to need. Because the clinic has its own keys, it occasionally opens when the center is otherwise closed.

The program’s children—including children at three other sites, who are bussed in by the Head Start program—benefit from this close relationship with the clinic, visiting the dentist twice per year on average.

Oral Health education of both parents and children is another core clinic objective. Common educational programs presented by the dental hygienist to the Head Start classes include brushing demonstrations, and such videos as “The Haunted Tooth.” Referring to an 18-month-old from the community whose baby teeth grew in rotten after she was put to bed with a bottle, the center’s director observes that parents often mistakenly dismiss dental hygiene until permanent teeth grow in. To prevent early damage, OHPP dental hygienists conduct informational workshops with Head Start and community parents. They may also refer them to the Health and Hospitals’ Corporation’s other no-cost dental clinics, which treat adults.

Citing mutual respect, both partners report that the arrangement has worked seamlessly, with few complications. Sharon Baptist hopes to host a second clinic in the near future. OHPP has also opened centers in a handful of other child care centers, and is looking for more partners in the early-childhood field.

## ACCOMPLISHMENTS

- **Improved access to no-cost dental care:** Providing twice yearly visits to the dentist for children in the early-learning program.
- **Strong program integration:** Creating strong program integration, with clear benefits to the program’s children. The clinic hygienist takes children on a tour of the dental office, and children come to regard the clinic as a part of the program. Clinic staff serve on the program’s Health Advisory Committee, and often even participate in Sharon Baptist professional development events.
- **Community dental care:** Extending clinic services not just to the children in the Head Start program, but also to all community children. Parents also benefit from educational outreach and referral to the City’s other no-cost dental clinics.

## CHALLENGES

- **Privacy of children’s medical records:** OHPP determined that the children’s dental records could not be directly shared with the Head Start staff. Instead, the Head Start staff provides the dentist with checkup forms, on which he can indicate that a checkup has been performed. The form is then used for Head Start reporting purposes.

## Summary

<b>Location</b>	East Tremont, The Bronx	
<b>Collaboration Type</b>	A city-funded, no-cost dental clinic is located onsite at a Head Start program	
<b>Goal</b>	To provide dental care to Head Start and community children	
<b>Key Strategies</b>	Comprehensive dental services introduced into existing child care program	
<b>Program Components</b>	<ul style="list-style-type: none"> <li>● Dental clinic provides preventative and curative care</li> <li>● Head Start and community children up to age 21 receive no-cost treatment</li> <li>● Sharon Baptist brings in children from three other sites</li> <li>● Dental hygienist offers oral-health education in classroom</li> <li>● Parent education workshops</li> </ul>	
<b>Funding Streams</b>	Head Start Oral Health Program and Policy (OHPP)	Federal In-kind donation
<b>Budgetary Approach</b>	In-kind exchange of services (Head Start provides space and utility in building it owns; Oral Health unit provides clinic equipment, materials, and staff)	
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Need to protect privacy of children's medical records</li> </ul>	
<b>Contacts</b>	Barbara Manners Director Sharon Baptist Head Start Phone: (212) 978-5555	Mark Lewis Regional Administrative Director Oral Health, Programs and Policy Phone: (718) 466-1604

## University Settlement House

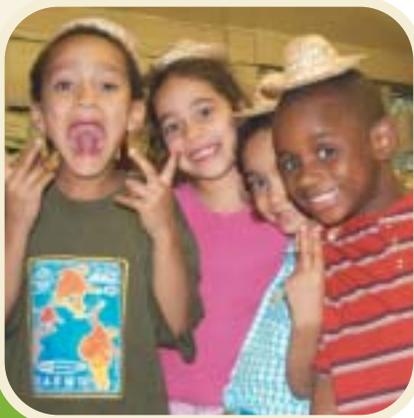
The City's first Unified City Contract for both ACS Child Care and Head Start allows University Settlement House to blend its early childhood programs seamlessly into comprehensive, full-day care for all participating children. A collaboration between Early Head Start and Family Child Care extends EHS to a full-day program for participating working families, and integrates comprehensive services into participating family child care homes.

### FUNDING SOURCES:

- Head Start
- Early Head Start
- Universal Prekindergarten
- ACS Child Care/Family Child Care
- Private

### THE PROVIDER

University Settlement, founded in 1886, was the nation's first settlement house. Located on New York's Lower East Side, the agency today continues to assist immigrants and other low-income people with a full network of programs, including adult literacy classes, mental health counseling, group and family child care, case management for the formerly homeless, recreational and educational activities for school children, a summer day camp, a senior center, an arts program, and a credit union. More than 10,000 people utilize these programs each year.



### PATH TO COLLABORATION

#### **Integrating Head Start and ACS Child Care**

The University Settlement historically maintained two distinct early childhood education programs: Head Start on one floor, and ACS Child Care on another, with little communication between the two. The ACS program was full-day and full-year, but lacked social service staff. The Head Start program, conversely, provided social service supports but was offered only half-day, with three weeks off in August. These classes could not meet the needs of a growing population of low-income working families, and enrollment dropped, prompting University to explore possible strategies for extending the Head Start day.

The program's turning point came in 1994. The Administration for Children's Services (ACS) was in possession of unspent Head Start funds, and promised several agencies additional enhancement funds for children jointly enrolled in both Head Start and ACS Child Care if the agencies could integrate the two programs.

University was one of three settlement houses (including East Side Settlement and Hudson Guild) to take up the challenge. With the help

of a consultant funded by United Neighborhood Houses, the umbrella organization for the city's settlement houses, University spent a year forging a plan for an integrated program. The plan took the most rigorous requirements from the two programs and combined them. It was built on a unified contract with ACS for both funding streams, the first of its kind in New York City. Since developing and implementing its own approach, University has assisted other programs—including Lenox Hill Neighborhood House and Union Settlement—in more comprehensively integrating their early-childhood education programs.

### **University Settlement Early Childhood Center: The Unified Contract**

The University Settlement Early Childhood Center offers early childhood education and family supports to 152 children, ages two years nine months to five years, in a unified full-day program. Though the program is a blend of ACS Head Start funding and full-day ACS Child Care funding—and each child is technically enrolled in one of the two programs—in practice most children share a seamless combination of full-day center-based care, family supports, and social services. Because both ACS Child Care and ACS Head Start payments are delivered to University Settlement under the unified contract, both the discrete funding streams and the programmatic differences ordinarily attached to these funding streams are virtually invisible to teachers and families.

University's unified contract—one of only three currently active in New York City—is an administrative tool that eliminates many of the redundancies and confusions often associated with blended funding. The contract allows University to submit a single budget to ACS for its blended Child Care/Head Start program, albeit one with three separate expenditure columns. One column represents “Head Start” costs (for which 86 University children meet the federally defined eligibility requirements), while a second column represents “ACS Child Care” costs (for which 66 children meet the locally defined eligibility requirements). A third column represents additional “enhancement funds” awarded by the city to University for every child qualifying for both Child Care and Head Start (and in essence dually enrolled). Children and teachers are intermingled throughout the program, regardless of the funding stream against which they are reported.

Because it must abide by the highest level of regulations required by both Head Start and ACS Child Care, University resembles a Head Start Program with additional ACS Child Care resources. The Head Start division at ACS handles University's grant applications and reports, and then shares necessary information with the Child Care division. This arrangement frees University from redundant reporting to ACS Child Care—(with a few exceptions—see Challenges, below). The program is audited each year by the federal Head Start program.

With the combined resources of the Head Start and Child Care programs, as well as the extra resources freed by the blended-funding strategy, University is able to provide extensive resources for all enrolled children, including:

- Directors of both education and social services
- A nurse
- A special-needs coordinator

In addition, family workers coordinate access to health and dental care, ensure that children receive evaluations and interventions for special needs, and provide general social services and child-development support through frequent home visits.

**Additional supports**

With private funding from the Jewish Board of Family and Children's Services, the agency is also able to employ a mental health teacher and consultant.

**Adding Universal Prekindergarten to the mix**

A fourth funding stream, Universal Prekindergarten, further enriches the program available to University's four-year-olds. The agency is contracted by Community School District 1 to provide UPK to 36 children in two classrooms. The first UPK class is a stand-alone 2.5-hour program with wraparound care in one of two remaining half-day Head Start classes. The second class is layered into an existing four-year-old class. The multiple funding streams in this class have enabled University to add program enhancements, including music, dance, and art instruction, from which all of the center's children benefit.

**Integrating Early Head Start and Family Child Care**

University's eight-year-long success with this innovative blended funding strategy inspired an additional collaboration: a partnership between the settlement house's Early Head Start (EHS) program and its family child care network, to serve infants and toddlers. Before the collaboration, the home-based EHS Program, which serves 75 children ages zero to three, was unable to serve working parents in need of full-day care. The ACS-funded family child care network, conversely, provided full-day care, but stood to benefit from EHS program enhancements, including staff expertise, home visiting, and social service supports.

Those children needing full-day care, and whose families qualify for both ACS Family Child Care and Early Head Start, participate in a program containing elements of each. These 25 infants and toddlers have full-day care in the home of a family child-care provider, where they additionally receive visits from the infant and toddler specialists employed by the EHS program. The family child care children who do not qualify for the Early Head Start collaboration—some 175 children of all ages—also benefit from exposure to these visits, which often include child-development workshops engaging all of the children in the home. Qualifying families also receive home visits from EHS staff, with an emphasis on training parents as children's primary teachers. This goal is also pursued in the twice-weekly center-based EHS socialization groups for families. Finally, the program includes detailed health and social-service assessments, referrals, and case management to meet each family's needs.

Beginning in 2000, University facilitated collaboration between the two programs by placing the family child-care network under the supervision of the Early Head Start director. As a first step in sharing resources, the infant and toddler specialists in the Early Head Start team were asked to train all of the network's providers in additional skills specific to care for infants and toddlers.

“As an administrator, my job is to take the strong and help the weak, and I do that by looking at my resources and blending them. And that’s the whole idea of collaboration.”

—Ronni Fisher,  
Assistant Executive  
Director, University  
Settlement House

## ACCOMPLISHMENTS

- **Unified full-day program:** Providing full-day care to all participating children, regardless of whether they are technically enrolled in ACS Child Care or Head Start.
- **Comprehensive social services:** Providing health and dental care, special-needs coordination, and home visiting, as well as art, music, and other program enhancements, to all participating children.
- **Eliminating redundancies, freeing up resources:** Eliminating some administrative redundancies, particular in staffing patterns, freeing resources to improve quality of care.
- **Full-day program for EHS:** Extending EHS to a full-day program for participating working families, and integrating comprehensive services into participating family child care homes.

## CHALLENGES

- **Incomplete integration:** While University Settlement has gone further than any other program in formally integrating ACS Child Care and Head Start, in some respects the integration remains incomplete. Enrollment, for example, is still tracked and reported by funding stream, and payments follow traditional guidelines—Head Start by annual per-capita cost, and Child Care by reimbursements for daily census. In addition, though the City had initially developed a joint attendance report to be filed with the Child Care staff, the information was seldom communicated to the Head Start staff, and the agency has had to revert to two separate reports.
- **Staffing Integration:** Though employees share teaching duties, administrative meetings, and staff-development opportunities, the agency has been unable to blend the Personal Services lines from the Head Start and Child Care budgets, and each staff member is technically charged against only one of the two streams. This translates into different salaries, benefits packages, and even union locals for teachers doing the same work. Because there was pressure to quickly implement the program, program directors were not able to build a consensus from the bottom up. University has learned from this mistake, and is now taking pains with the new Early Head Start/Family Child Care collaboration to establish a more methodical and inclusive integration process. All staff affected by the new plan, for example, were involved in a daylong brainstorming retreat, where obstacles were anticipated and discussed.

## Summary

<b>Location</b>	Lower East Side, Manhattan		
<b>Collaboration Types</b>	Unified City contract for blended ACS Child Care and Head Start programs; collaboration between Early Head Start and family child care network		
<b>Goal</b>	To extend comprehensive Head Start and Early Head Start services to children in ACS-funded center care and Family Child Care		
<b>Key Strategies</b>	<ul style="list-style-type: none"> <li>● Unified city contract simplifies blended funding strategies</li> <li>● Unified program eliminates some administrative redundancies, freeing up resources</li> <li>● Innovative Early Head Start/ family child-care collaboration</li> </ul>		
<b>Program Components</b>	<b>Head Start/Center-Based Child Care:</b> <ul style="list-style-type: none"> <li>● Full-day center-based care</li> <li>● Bi-weekly family socialization groups</li> <li>● Home visiting</li> <li>● Comprehensive social services, special-needs, and health coordination</li> <li>● Music, art, and dance</li> </ul>	<b>Early Head Start/Family Child Care:</b> <ul style="list-style-type: none"> <li>● Full-day family child care</li> <li>● Bi-weekly family socialization groups</li> <li>● Visiting FCC homes</li> <li>● Visiting families' homes</li> <li>● Comprehensive social services, early intervention, and health coordination</li> </ul>	
<b>Funding Streams</b>	Head Start Early Head Start Universal Prekindergarten ACS Child Care/Family Child Care Private	Federal Federal State City Private	31% 4% 23% 41% 1%
<b>Budgetary Approach</b>	Child Care and Head Start funds are blended by way of a unified contract with ACS. Universal Prekindergarten is added to the funding mix.		
<b>Children Served</b>	Full-day HS/CC/UPK Full-day EHS/FCC Full-day FCC Early Head Start	152 Children (34 part-day; 39 receive UPK) 20 Children 200 Children 75 Children	} } } } 25 Children in Collaboration
<b>Key Challenges</b>	<ul style="list-style-type: none"> <li>● Disparities in staff benefits and salaries</li> <li>● Staffing integration</li> <li>● Administrative redundancies</li> </ul>		
<b>Contacts</b>	Ronni Fisher Assistant Executive Director for Programs University Settlement House Phone: (212) 674-9120, Ext. 4536		

## Visiting Nurse Service/LYFE School-Based Early Head Start

The collaboration between the Visiting Nurse Service Early Head Start program and a child care program situated in a public school has increased the quality and comprehensiveness of services for teenage parents and their children.

### FUNDING SOURCES:

- Early Head Start
- ACS Child Care
- Department of Education
- VNS Core Funding

### THE PROVIDERS

The Living for the Young Family through Education (LYFE) Program provides center-based child care to 620 infants and toddlers of public-high-school students throughout New York City. Jointly supported by the New York City Department of Education, which is its formal sponsor, and the Administration for Children's Services (ACS), which grants a per-child reimbursement through its Child Care program, LYFE operates 42 programs in city public schools, including four alternative high schools for pregnant girls. These programs provide school-hour care to children ages two months to three years while their teenage parents either attend public high school or pursue a GED degree. Core LYFE program staff include a certified teacher; education paraprofessionals, who provide care on a primary caregiver system; and family paraprofessionals, who monitor attendance of parents and children, handle eligibility forms, and serve as liaisons with parents and school.

The Visiting Nurse Service (VNS), founded in 1893, is a community-based home health care agency. The VNS Division of Children and Families provides pediatric home health care, respite care, early intervention, and other family-support programs throughout New York City.

### PATH TO COLLABORATION

#### **VNS Early Head Start program**

Because of its rich experience supporting parents and children, VNS won Early Head Start (EHS) funding in 1996 to provide an enriched center-based program with enhancements unique to VNS, including birthing classes, health consultants, and doula services. The agency premised its EHS plans for the Rockaways area of Queens on a center facility that could be renovated to house the program. When renovation took far longer than anticipated, delaying implementation, VNS adopted a home-based model. The program now serves 75 pregnant and parenting teens and their infants and toddlers. VNS, however, also began to search for a partner with whom it could offer a smaller, complementary center-based program.



Program planners have learned the importance of involving all stakeholders in the decision to collaborate, as well as the value of close working relationships in solving partnership problems.

### **VNS partnership with LYFE**

At the suggestion of another Early Head Start director, who had pursued a similar model, VNS explored a collaboration with a LYFE center at the neighboring Beach Channel High School. VNS saw the advantages being able to serve 16 infants and toddlers in an existing facility. LYFE coordinators were drawn to the enriched services available to the VNS Early Head Start Program, including the added support and oversight of the VNS staff. VNS and LYFE established their mutual expectations by signing a formal Memorandum of Understanding, and implemented the collaboration in 1998.

Through their partnership, the VNS and LYFE programs have each been able to enhance the quality of services they offer to young children and families. VNS provides the additional social-services staff and supports—including parenting classes, educational workshops, and access to health services—needed to address sixteen young families' interrelated needs while parents finish their high-school degrees.

The VNS Early Head Start program extends to the LYFE families many of the elements developed for its core home-based program, which is also geared to teen parents, including:

- after-school and weekend parenting classes
- a fathers program
- parent/child-interaction groups
- child-socialization groups
- family literacy activities

VNS also brought a part-time M.S.W. into the Beach Channel site to provide social-services support to participating families, both on-site and through frequent home visits.

When Beach Channel's LYFE parents graduate from high school, their children generally have priority access to either the VNS home- or center-based programs (if they still meet the Early Head Start age requirements) or to area Head Start programs with which VNS has built relationships.

As at other LYFE host schools, a Beach Channel assistant principal formally oversees the infant/toddler program. The VNS educational director provides training, curriculum support, and oversight. A LYFE program coordinator, who is employed by the Department of Education, works closely with both the principal and the VNS staff to provide additional coordination, training, and technical assistance. Inspired in part by Beach Channel, as well as by two other Early Head Start/LYFE collaborations, the LYFE central office is working to enhance program quality by sharing the Early Head Start Performance Standard—and its holistic approach to early child development—with the staffs of all 42 LYFE sites.

In the future, VNS and LYFE hope to identify pregnant Beach Channel students earlier, so that they can have access to other VNS Early Head Start services, such as doula support and birthing classes.

*VNS/LYFE Partnership at Beach Channel High School*

**LYFE Core Resources**

Certified head teacher  
Educational paraprofessionals  
Family paraprofessionals  
LYFE coordinator

**VNS Early Head Start Resources**

Educational director (.2 FTE)  
Part-time M.S.W. (.5 FTE)  
Parenting classes  
Health care access  
Educational resources

**ACCOMPLISHMENTS**

- **High-quality care:** Providing parents with access to school-based social service supports, parenting classes, health services, and other supports while they finish their high-school degrees.
- **Systemic impact:** Extending LYFE's interest in sharing the Early Head Start model to all of its sites.

**CHALLENGES**

- **Staff integration:** The greatest challenge faced by the VNS/LYFE collaboration was integrating two staffs with different reporting structures (LYFE staff report to the high school administration, while the MSW reports to VNS). With time and training, the initially fractured staff has coalesced to form a welcoming, high-quality program. In a federal Early Head Start Assessment in 2002, evaluators commended the program's accessibility to parents and its high-quality caregiving. From this experience, program planners have learned the importance of involving all stakeholders in the decision to collaborate, as well as the value of close working relationships in solving partnership problems.
- **Scheduling conflicts:** An additional challenge faced by the Beach Channel program is fitting all requisite Early Head Start services into a school day. It can be difficult to bring children and parents together during class time, and student parents may find little time for parent-development activities. The program staff often work beyond their official hours to integrate these activities, and also refer their families to the many resources offered by the VNS Early Head Start Program.

## Summary

<b>Location</b>	Rockaway, Queens		
<b>Collaboration Type</b>	Early Head Start on site in a public high school		
<b>Goal</b>	To provide high-quality care to infants and toddlers while their parents attend high school		
<b>Key Strategies</b>	Early Head Start component introduced into existing infant- and toddler-care program		
<b>Program Components</b>	<ul style="list-style-type: none"> <li>• Serves children ages two months to three years while parents attend high-school classes</li> <li>• Care is on-site at public school</li> <li>• Social worker provides social-service supports and makes home visits</li> <li>• Access to additional Early Head Start supports, including parenting groups, health supports, and educational workshops</li> </ul>		
<b>Funding Streams</b>	Early Head Start ACS Child Care Department of Education	Federal Local Local	20% 40% 40%
<b>Budgetary Approach</b>	VNS Early Head Start and LYFE resources (a combination of ACS Child Care reimbursements and Department of Education funding) each fund core elements of the enhanced school-day program.		
<b>Major Challenges</b>	<ul style="list-style-type: none"> <li>• Staff integration</li> <li>• Scheduling conflicts</li> </ul>		
<b>Contacts</b>	Priscilla Lincoln Director of Children and Family Services Visiting Nurse Service Phone: (212) 290-3556	Mary Murphy Coordinator LYFE Program, Department of Education Phone: (212) 348-0608	

## Yeled V'Yalda

Yeled V'Yalda has leveraged a wide range of collaborative strategies and public and private funding streams to integrate comprehensive services, particularly those serving special-needs children, into its early childhood programs.

### FUNDING SOURCES:

- Head Start
- Early Head Start
- Fees for special education services
- Universal Prekindergarten
- Maternity Foundation
- Legislative grants
- OCFS Day Care Start Up
- Dormitory Authority
- Fees for Early Intervention
- ACS Child Care
- Department of Youth and Community Development
- In-kind services

### THE PROVIDER

Yeled V'Yalda (Hebrew for “Boy and Girl”) is a large multi-service agency serving over two thousand children and their families in Brooklyn and Staten Island. Its mission is “serving the whole child and the family.” Today, Yeled V'Yalda is Brooklyn’s largest provider of Head Start (HS) and Early Head Start (EHS) services. ACS Head Start expansion money has enabled the agency to serve several communities throughout Brooklyn and Staten Island, including the Yiddish-speaking Orthodox Jewish community and a multi-cultural community in Canarsie, where children representing 13 different nationalities may all share a single Head Start environment.



With nineteen HS sites and seventy-two classrooms across Brooklyn and Staten Island, Yeled V'Yalda offers 1409 children and their families a mix of center-based early childhood education and comprehensive services. The federally funded, center-based HS program is full-day (6+ hours) and part-day (3.5 hours). The EHS program is both home-based and center-based. The home-based component serves 192 children with frequent home visiting and parent-socialization groups, while the center-based program provides care to 86 children. A prenatal component provides fifty pregnant women with home visits, nutritional and social supports, parenting information, and medical services in the Ezra Center. Both the HS and EHS programs offer the core services associated with the program, including special needs screening and follow-ups, medical needs screening and tracking, and other social service supports.

## PATH TO COLLABORATION

### **Head Start and Early Head Start**

Yeled V'Yalda was founded in 1980 as a delegate of the New York City Agency for Child Development (now Administration for Children's Services, or ACS) to provide Head Start programs in two locations in Williamsburg, Brooklyn. In 1995, Yeled V'Yalda was granted additional Head Start funds directly from the federal government, and Early Head Start funds soon followed that program's implementation at the federal level. These programs are located in both Brooklyn and Staten Island, and many provide bilingual services in Spanish to meet the needs of new immigrant families.

### **Blending Head Start with State-approved Special Education Itinerant (SEIT) and Related Services to children with special needs**

Because of the Head Start Program's requirement that 10% of children served must have identified special needs, Yeled V'Yalda quickly encountered the challenges of funding the necessary occupational, speech and language, and physical therapies. In addition, the agency had difficulty coordinating the Head Start schedule with the visits of outside therapists who came to provide these services. In 1995, the agency sought to address both issues by becoming a New York State Education Department (SED) approved special-education evaluation site and provider of Special Education Itinerant (SEIT) services and related services, including counseling, speech, occupational and physical therapy, to children with identified special needs.

In thirteen ACS Head Start classrooms throughout Brooklyn and Staten Island, the agency's Head Start program is blended with SED Preschool Special Education funding to provide 230 children with the additional support they need to share in an integrated setting. Children with Individual Education Plans (IEPs) are referred by the school districts' Committees on Preschool Special Education (CPSE) for treatment by one of the 300 therapists and SEIT teachers on staff at Yeled V'Yalda. Blending the Head Start and Special Education funding allowed Yeled V'Yalda to serve children with disabilities enrolled in its Head Start programs, as well as other special needs children in the community. Over 760 children ages 3 to 21 are currently served.

The agency has prioritized program integration by developing its own Palm-Pilot-run computer software, "Yeled Anywhere," which is used in the field by Yeled therapists to track their services against IEPs and services provided by other therapists. With SED approval, even a parent's signature is recorded electronically and synchronized with a central database, which is in turn linked with payroll and reporting databases. The agency estimates that in addition to increasing coordination and efficiency, this cutting edge system annually quadruples a \$25,000 capital investment through saved data entry time.

### **Early Intervention services**

The agency also won licensing from the State Health Department to provide Early Intervention services to children under the age of three at risk of developmental delay in the Early Head Start program (as well as other special needs children at risk of developmental delay but not enrolled in Yeled V'Yalda programs). It receives fees for these services from the New York City Department of Health and Mental Hygiene. Over 450 children currently receive Early Intervention Services—including speech, physical and occupational therapies, special instruction, counseling and service coordination in the home and in centers—from Yeled V'Yalda therapists.

The agency has prioritized program integration by developing its own Palm-Pilot-run computer software.

### **Medicaid and Child Health Plus fees**

The agency capitalizes on the revenue stream generated by its fee-based services (SEIT, Related services, and Early Intervention) to finance other, more ambitious service enhancements. One such enterprise is the Ezra Medical and Rehabilitation Center, a New York State-licensed health center opened by Yeled V'Yalda in 2000 in its Borough Park headquarters. The center, which has an independent Board of Directors, provides free services, including frequent health and audiology screenings, to children enrolled in the early childhood education programs. These children, their families, and the community at large also have access to internal medicine, children's and adult dentistry, radiology, orthopedics, nutritional counseling, and psychological services. These services are largely funded through Medicaid or Child Health Plus reimbursement. In its first year, the center also made 500 *pro bono* medical visits to children without access to health insurance.

### **Blending Head Start with ACS Child Care**

Yeled V'Yalda's first child care partnership was initiated in 1996 with the New Morning Day Care Center, an ACS Child Care Center. The agency was in the process of conducting site visits to identify appropriate partners for Head Start expansion. One of the facilities visited was New Morning, where child care administrators were struggling to provide quality services with relatively limited funding. Yeled V'Yalda forged a collaboration to deliver Head Start enrichments to the children in the child care program, infusing new resources into the New Morning program and providing an expansion opportunity for Yeled V'Yalda. Enrichments included additional equipment, home visiting, and social service supports.

The agency also developed a day care/Head Start partnership at Torah Day Care Center, and has since used this site as a vehicle to convert double-session Head Start classrooms into full-day sites, a service greatly needed by Head Start families. The agency also oversees an ACS-contracted child-care center in Williamsburg, Brooklyn.

### **SUNY Optometry School**

Yeled V'Yalda has developed entrepreneurial partnerships with several private entities in order to increase the range of services available to the children and families it serves. In a formal partnership with the State University of New York—a collaboration developed through the agency's medical professionals at the Ezra Center—the agency provides the College of Optometry with rent- and overhead-free space in exchange for provision of low-cost optometry services to the community. The school provides all necessary equipment to develop a working clinic, while licensed optometry residents use the space to complete their required fieldwork. Patients pay a small fee or no fee for care, and glasses and contact lenses are provided to them at substantially discounted prices.

### **Adding UPK to Head Start and Early Head Start**

The agency has pursued a number of collaboration models to improve the quality of these Head Start and Early Head Start programs. In its programs in Community School Districts 20 and 22 in Brooklyn and 31 in Staten Island, 161 four-year-old Head Start children receive two-and-a-half hours of Universal Prekindergarten (UPK). The additional funding stream afforded by UPK—beginning in 1999—has allowed these programs to extend the day beyond the six hours funded by Head Start (in Staten Island, where the center space is not available in the evening, the additional hours are early in the morning). The multiple funding streams have also paid for new equipment and supplies, a music program, field trips, and an English-for-Speakers-of-Other-Languages program for parents.

### **Dormitory Authority of the State of New York (DASNY)**

Most ambitious is the public-private venture by means of which the agency is constructing new child care facilities. With a \$500,000 Strategic Investment Grant from the State Dormitory Authority, it will construct a rehabilitative facility, to include a state-of-the-art exercise and recreational gym and therapeutic aquatic exercise equipment, for special-needs children in Borough Park. The facility will also enable Yeled V'Yalda to consolidate its Borough Park classrooms, to convert double-session Head Start classrooms into full-day classrooms, and to offer needed meeting space to the community.

### **Citigroup Center, ACS Head Start, Administration for Children and Families**

Finally, Yeled V'Yalda is in the process of constructing a new Child Care Community Center Annex in Canarsie. With sponsorship from the Citigroup Center for Community Development Enterprise (CCDE), the Administration for Children's Services Head Start, and the federal Administration for Children and Families—whose contributions total \$3.5 million in construction loans and \$2.4 million in grants—the agency is building the new facility to house eight additional Head Start and Early Head Start classrooms (serving 134 additional children, with a start-up grant for equipment and supplies from the New York State Office of Children and Family Services); additional space for the agency's provision of related services for special-needs children; and a community center with gym facilities, meeting rooms, and a health center.

## **ACCOMPLISHMENTS**

- **Financing and constructing additional community facilities:** Amalgamating small accruals from fee-based services generated over time and leveraging them to finance other projects serving the community. Creating the Ezra Medical and Rehabilitation Center, providing free health services to the children, their families, and the community at large. Creating a new rehabilitation center in Borough Park for special-needs children, and a new child care center in Canarsie.
- **Services to special needs children:** Integrating on-site delivery of early intervention services, SEIT services, and related services for special-needs children, creating a more seamless program for participating children.
- **Full-day care:** Converting double-session Head Start classrooms into full-day sites and extending other Head Start programs beyond the funded six hours.
- **Program enhancements:** Using UPK and other funding streams to free up Head Start funds for program enhancements, including additional equipment, home visiting and social service supports, a music program, field trips, and an English-for-Speakers-of-Other-Languages program.
- **Extending comprehensive services to community children:** Providing low-cost optometry and health services to the community, and providing a single resource site for community families seeking early childhood education services.

## CHALLENGES

- **Public Money for Entrepreneurial Projects:** Yeled V'Yalda's management team identifies innovation as the agency's greatest strength. Its greatest challenge, conversely, has been winning government aid for entrepreneurial projects, such as the health center and the new community center, not typically undertaken by child care agencies. The key strategy for development of these projects, planners say, has been for the agency to use accruals and private loans for start-up. The agency first secures land and develops plans, then leverages additional resources to complete the project from all available public and private sources. Once the product is visible to government funders, the agency is able to leverage public resources to see it to fruition.
- **ACS Child Care/Head Start Inconsistencies:** Of all the collaboration models employed at Yeled V'Yalda, the most complicated administratively is that between Head Start and ACS Child Care. Though ACS Child Care would seem to make the ideal partner to convert remaining part-day Head Start programs into full-day collaboration, the agency would have had to contend with a host of stumbling blocks, including different eligibility requirements for children and families in the two programs (barring some ACS Head Start children from receiving ACS Child Care services); different certification systems (ACS Child Care is centralized, while Head Start is determined at each individual site); different reporting requirements (ACS requires far more frequent reporting and in greater detail than HS); different union locals and benefits packages for staff; different assessment criteria and forms; and separate year-end audits.
- **CPSE Rotation Policy:** When Yeled V'Yalda first began providing related special-education services, the approach was a viable strategy for integrating Head Start with additional therapies for children with disabilities. Since then, New York City's Committees on Preschool Special Education have adopted a centralized rotation policy for related services providers, preventing the agency from consistently treating all of the children enrolled in its programs, even at parent request. According to the agency, this policy has been a major source of disruption to the care of participating special needs children.

## Summary

Location

Brooklyn and Staten Island

Collaboration Type

Early childhood education integrated with comprehensive services for children and families

Goal

To meet the comprehensive needs of both special-needs and typically developing children and their families

Key Strategies

- Head Start collaborations with ACS Child Care, Preschool Special Education, and UPK to increase quality of care
- Early Head Start collaboration with Early Intervention services
- Strategic partnership with private entities to augment services offered
- Fee-based funding stream to finance additional projects
- On-site health and dental clinics to ensure access to health services

CONTINUED ON PAGE 92

## Summary (continued)

### Program Components

- Head Start
- Early Head Start
- Preschool Special Education
- Early Intervention
- Related Services for Special Needs Children (Speech, Occupational and Physical Therapies, SEIT Teachers, and Counseling Services)
- ACS Child Care
- Universal Prekindergarten
- Clinical services/therapy
- Health and dental clinics
- Vision therapy and optometry
- Applied behavior analysis for autistic children
- Adult literacy training/ESOL
- Parenting classes and workshops
- Expecting Moms Club

### Funding Streams

Head Start	Federal and Local	36.0%
Early Head Start	Federal	10.0%
Fees for Special Education Services	State	18.4%
Universal Prekindergarten	State	1.7%
Maternity Foundation	State	.1%
Parent literacy/legislative grants	State	.3%
OCFS Day Care Start Up	State	.6%
Dormitory Authority	State	1.6%
Fees for Early Intervention	Local	16.3%
ACS Child Care	Local	1.0%
Department of Youth and Community Development.	Local	.3%
In-kind services	Private	11.8%

### Children Served

Full-day Head Start (6+ Hours)	913 Children (ages 3 to 5)
Part Day Head Start (3 Hours)	268 Children (ages 3 to 5)
Center-based Early Head Start	86 Children (ages 0 to 3)
Home-based Early Head Start	142 Children (ages 0 to 3)
	50 Expectant Mothers
Special Education Related Services	500 Children (ages 3 to 5)
Early Intervention Services	450 Children (ages 0 to 3)
Universal Prekindergarten	161 Children (age 4)
ACS Child Care	35 Children (ages 3 to 5)

### Budgetary Approach

City- and federally-funded Head Start and Early Head Start. Collaboration with Universal Prekindergarten, ACS Child Care, Preschool Special Education and Early Intervention, with blended funding to enhance programs. Fund balances used to finance additional innovations, including a community medical center. Special legislative grants and involvement of financial institutions to finance capital projects and to facilitate program expansion.

### Key Challenges

ACS Child Care/Head Start inconsistencies  
 CPSE Rotation Policy  
 Providing a medical home for every child and family served

### Contact

Solomon Igel Chief Executive Officer Yeled V'Yalda Phone: (718) 686-3700 Email: sigel@yeled.org	Wayne Goldberg Federal HS/EHS Grantee wgoldberg@yeled.org	Naomi Auerbach Executive Director, HS nauerback@yeled.org
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## Appendix I: Early Care and Education Programs in New York City

Public Program	Eligibility	Fees	Hours	Key Facts	Children Served, 2002
<i>Administration for Children's Services (ACS) Child Care</i>	Low-income parents Up to 225% FPL for family of four Long waiting list	Maximum 12.5% of gross income, based on income and family size	Based on hours of work. Typically 8 am to 6 pm (10 hours). Operates year round.	Manages most subsidies to low-income families Primarily contracted centers and family child care settings, supplemented with vouchers	59,362; (46,000 eligible families currently on waitlist)
<i>Human Resources Administration (HRA) Child Care</i>	Guaranteed to families receiving public assistance and working or transitioning off of public assistance	Fees follow ACS fee schedule	Based on compliance with welfare-to-work requirements. Operates year round.	A voucher payment system Heavy utilization of informal care by program participants	35,563 (varies according to demand)
<i>Head Start ACS and U.S. Department of Health and Human Services (DHHS)</i>	Family income below poverty line (10% may have income above the poverty line) 3-and 4-year-olds Comprehensive services Early Head Start serves infants and toddlers	No fees	Majority three hours per day, increasing number full- or extended-day Typically operates ten months per year	ACS is largest grantee; subcontracts to community based organizations. DHHS also contracts directly with other community based organizations. Funding not sufficient to cover all eligible children.	ACS: 17,356 DHHS: 2563 Total: 19,919
<i>Early Head Start</i>	Same income eligibility guidelines as Head Start; serves infants and toddlers	No fees	Part-day and full-day home & center models	Federal to local; only 15 programs in NYC.	1129
<i>Universal Prekindergarten Department of Education (DOE)</i>	All four-year-old children are eligible	No fees	2 1/2 hours per day, 180 days per year	70% of City's UPK provided in 630 early childhood programs outside the public schools Funding not sufficient to cover all eligible children	42,876
<i>SuperStart and SuperStart Plus DOE</i>	Primarily four-year-olds, some three-year-olds. Low income neighborhoods	No fees	School-day, school-year	School-based only Funding limited	9,095
<i>Preschool Special Education (State DOE)</i>	Ages 3 to 5 and suspected of having or previously diagnosed with a developmental delay or disability (evaluation by Committee on Preschool Special Education)	No fees	Based on individual needs of child (5 hours maximum per day)	Center-based program for children with disabilities or (where appropriate) for both special needs and typically developing children	20,581

<b>Public Program</b>	<b>Eligibility</b>	<b>Fees</b>	<b>Hours</b>	<b>Key Facts</b>	<b>Children Served, 2002</b>
<i>Early Intervention (DOH)</i>	Ages 0 to 3 and suspected of having or previously diagnosed with a developmental delay or disability (evaluation by Committee on Preschool Special Education)	No fees	Based on individual needs of child	Statewide program. Services may be delivered at home or in child care setting	35,000 approx.
<i>Related Services Only (RSO) and Special Education Itinerant Teacher Services (SEIT)</i>	Ages 3 to 5 and suspected of having or previously diagnosed with a developmental delay or disability (evaluation by Committee on Preschool Special Education)	No fees	Based on individual needs of child; SEIT is a minimum of 2 hours per week	Both RSO and SEIT are provided in a "Regular education" setting	8300 approx.

## Appendix II: The Profiled Programs

<b><i>Program</i></b>	<b><i>Website</i></b>	<b><i>Contact</i></b>
<i>1199 SEIU/Employer Child Care Fund</i>	www.1199ccf.org	
<i>ACE Integration Head Start</i>	No Website Available	Dr. Frieda Spivack Executive Director ACE Integration Head Start Phone: (718) 443-3917 ext. 206
<i>Children's Aid Society: Community Schools Early Childhood Program</i>	www.childrensaidsociety.org	Risa Young Director, Early Childhood Programs Children's Aid Society Phone: (212) 949-4696
<i>Columbia University Head Start</i>	No Website Available	Carmen Rodriguez, Ph.D. Director Columbia University Head Start Phone: (212) 923-5237
<i>Consortium for Worker Education/ Satellite Child Care Program</i>	<a href="http://www.cwe.org/html/programs/p_satellite.htm">http://www.cwe.org/html/ programs/p_satellite.htm</a>	Tarmo Kirsimae Director, Satellite Child Care Program Consortium for Worker Education Phone: (212) 558-2290
<i>Graham Windham Services</i>	<a href="http://www.graham-windham.org/index.html">http://www.graham-windham.org/ index.html</a>	Charmane Wong Vice President Graham-Windham Services Phone: 212-529-6445 ext. 410
<i>Herbert G. Birch Services, Watson Avenue Day Care Center</i>	<a href="http://www.hgbirch.org/">http://www.hgbirch.org/</a>	Geraldine Vogel Chief Financial Officer Herbert G. Birch Services Phone: (212) 741-6522 ext. 151
<i>Leake &amp; Watts Services Early Childhood Program</i>	<a href="http://www.leakeandwatts.org/">http://www.leakeandwatts.org/</a>	Linda Rosenthal Director of Early Childhood Education Leake and Watts Services, Inc. Phone: (914) 375-8743
<i>Lenox Hill Neighborhood House Early Childhood Center</i>	www.lenoxhill.org	Marian Detelj Director, Early Childhood Center Lenox Hill Neighborhood House Phone: 212-744-5022
<i>Nuestros Niños Child Development School</i>	No Website Available	Miriam Cruz Director Nuestros Niños Child Development School Phone: (718) 963-1555

<b><i>Program</i></b>	<b><i>Website</i></b>	<b><i>Contact</i></b>
<i>Oral Health Programs and Policy, Department of Health and Mental Health</i>	<a href="http://www.nyc.gov/html/doh/">http://www.nyc.gov/html/doh/</a>	Mark Lewis Regional Administrative Director Oral Health, Programs and Policy Phone: (718) 466-1604
<i>Riverdale Neighborhood House Early Childhood Program</i>	No Website Available	Ms. Catherine Smith Deputy Director, Children's Programs Riverdale Neighborhood House Phone: (718) 549-8100 ext. 112
<i>Sharon Baptist Head Start</i>	No website available	Barbara Manners Director Sharon Baptist Head Start Phone: (212) 978-5555
<i>University Settlement House</i>	<a href="http://www.universitysettlement.org/">http://www.universitysettlement.org/</a>	Ronni Fisher Assistant Executive Director for Programs University Settlement House Phone: (212) 674-9120, Ext. 4536
<i>Visiting Nurse Service/LYFE School-Based Early Head Start</i>	<a href="http://www.ed.gov/pubs/Compendium/ch1e.html">http://www.ed.gov/pubs/Compendium/ch1e.html</a> <a href="http://www.vnsny.org/">http://www.vnsny.org/</a>	Mary Murphy Coordinator LYFE Program, Department of Education Phone: (212) 348-0608
<i>Yeled V'Yalda</i>	<a href="http://www.chesednet.org/YVY/">http://www.chesednet.org/YVY/</a>	Solomon Igel Chief Executive Officer Yeled V'Yalda Phone: (718) 686-3700 Email: sigel@yeled.org

## Appendix III: Developing Your Own Collaboration: Tools from the Field

*Note: For some of these resources, you may first need to install Adobe Acrobat on your computer. Download it free at: <http://www.adobe.com/products/acrobat/readstep2.html>*

### GENERAL COLLABORATION TOOLS

In order to successfully develop collaborative practices, organizations must simultaneously be thoughtful and daring. When we asked the programs profiled here how they had made their partnerships work, two themes were repeatedly sounded: having a strong vision for an integrated program, and then involving all stakeholders in seeing that goal through to implementation. How are these goals accomplished?

**Following are some general resources on how early learning programs can effectively collaborate:**

- **Quality in Linking Together (QUILT)**, a national training and technical assistance project on partnerships funded by the federal Head Start and Child Care Bureaus, offers a wealth of planning materials. Visit QUILT at <http://www.quilt.org> or call the toll-free hotline at (877) 867-8458 (877-TO-QUILT).

Particularly useful are:

**“The Quilt Partnership Checklist: Shaping a Partnership,”** at <http://www.quilt.org/Home/pdfdocs/Checklist.PDF>, which breaks the collaboration process into seven manageable phases (e.g., planning and developing the partnership, communication and decision making, managing the partnership, etc.) and articulates the tasks involved in each.

**“A Fiscal Management Checklist for Partnerships,”** at <http://www.quilt.org/Home/pdfdocs/Fiscal1.PDF>, which contains detailed checklists on topics such as fiscal agreements and reporting.

- **The Community Partnerships Toolkit**, found at <http://www.wkkf.org/Pubs/CustomPubs/CPToolkit/cptoolkit/Sec3-Collaborative.htm>, was designed by the W.K. Kellogg Foundation and suggests that organizations considering partnerships first identify potential partners, and then develop a shared vision together. The W.K. Kellogg Foundation may be reached at (269) 968-1611.

- **Investigating Partnerships in Early Childhood (I-Piece)**, a New York-based research project, studies the implementation of local early childhood collaborations. Contact I-piece at (434) 544-8266, School of Business and Economics, 1501 Lakeside Dr., Lynchburg, VA 24501-3199 or visit it online at <http://www.lyynchburg.edu/business/i-piece/index.htm>.

Among the project’s issue briefs is *Reconciling Policy Contradictions: Strategies for Blending Different Early Childhood Funding in One Classroom*. It can be found at <http://www.lyynchburg.edu/business/i-piece/Reconciling%20Policy%20.pdf>.

- **The Child Care Partnership Project** is sponsored by the U.S. Department of Health and Human Services to promote and nurture innovative practices and partnerships. Emphasis is on public-private partnerships to increase the accessibility and quality of child care. More information can be found at <http://nccic.org/ccpartnerships>, or contact the National Child Care Information Center at (800) 616-2242.

- Finance Strategies are available from **The Finance Project**, a nonprofit policy research, technical assistance, and information organization created to help improve outcomes for children, families, and communities nationwide. For more information go to <http://www.financeproject.org/earlychild.html> or contact the Finance Project at (202) 587-1000, 1401 New York Avenue, NW, Suite 800, Washington, DC 20005.

**Following are some collaboration tools for New York City:**

In addition to downloading the following publications, you may order them from Child Care, Inc. at (212) 929-7604, ext. 3024. Links to these and other publications can be found at the website maintained by the Early Childhood Strategic Group, [www.ecsgnyc.org](http://www.ecsgnyc.org).

- **Several resources provide a general overview of New York City early education and child care.**

For “**ABCs: A Basic Guide to Early Care and Education in New York City**” visit <http://www.childcareinc.org/pdf/ABCs%20of%20Child%20Care.pdf> or call Child Care, Inc.

**New York City’s Infant and Toddler Clearinghouse** can be found at <http://www.childcareinc.org/clearinghouse.php>

- **There are several publications specifically discussing collaboration in New York City.** In addition to downloading the following publications, you may order them from Child Care, Inc. at (212) 929-7604, ext. 3024. They are as follows:

“**Implementing Universal Prekindergarten in New York: Blended Funding and Other Financial Considerations.**” <http://www.cecenyc.org/images/blendedfunding.pdf>.

“**A Guide to Cost Allocation Procedures: Implementing Strategies for Universal Prekindergarten.**” <http://www.childcareinc.org/pdf/Cost%20Allocation.pdf>.

“**Next Steps in Blended Funding: A Policy Recommendation.**” <http://www.nycenet.edu/opm/vendor/rfppdf/blendedfunding.pdf>.

“**Collaborative Leadership: A Forum on Universal Prekindergarten.**” <http://www.childcareinc.org/pdf/PrimerUpdate2002.pdf>.

A final resource, “**UPK and 4410: Integrated Funding for Integrated Programs**” was created by the Interagency Council in March 2000. It can be downloaded at <http://www.nycenet.edu/opm/vendor/rfppdf/upk4410.pdf>.

- There are many resources available about the multiple funding streams available to early childhood education programs. **The following are sorted by Program and are identified by governmental branch responsible for oversight.**

For general information and technical assistance, call your local Child Care Resource and Referral Agency:

Child Care, Inc.: (212) 929-7604

The Child Development Support Corporation (CDSC): (718) 398-6370.

The Chinese-American Planning Council (CPC): (212) 941-0030.

The Committee for Hispanic Children and Families: (212) 206-8043.

The Day Care Council of NY: (212) 213-2423.

- **Early Head Start (Federal)**  
**Early Head Start National Resource Center at Zero to Three**  
<http://www.ehsnrc.org/> or contact the Center (202) 638-1144, 2000 M. Street, NW, Suite 200, Washington, DC 20036.  
**How to Apply for Early Head Start Funding**  
<http://www.ehsnrc.org/ApplyForEHSFunding.htm>  
**About Early Head Start** <http://www.acf.hhs.gov/programs/hsb/programs/ehs/ehs2.htm>  
or contact the Early Head Start National Resource Center (contact information above).  
**Early Head Start Research and Evaluation**  
<http://www.mathematica-mpr.com/3rdLevel/ehstoc.htm> or call (609) 799-3535.  
**Early Head Start Information and Publication Center**  
[http://www.headstartinfo.org/infocenter/ehs\\_tkit3.htm](http://www.headstartinfo.org/infocenter/ehs_tkit3.htm)  
**National Information Center**  
<http://www.ehsnrc.org/>
  
- **Head Start (Federal)**  
**Head Start**  
<http://www2.acf.dhhs.gov/programs/hsb> or contact them at (202) 205-8572, 330 C Street, S.W., Room 2018, Washington, DC 20201  
**National Head Start Training and Technical Assistance Center**  
<http://www.hsnrc.org/>  
**Head Start 101**  
<http://www.headstartinfo.org/pdf/101.PDF>  
**Head Start Information and Publication Center**  
<http://www.headstartinfo.org/>
  
- **Universal Prekindergarten (New York State funding administered by New York City Department of Education)**  

***Please Note:*** Many of the following resources are available from the Early Childhood Strategic Group ([www.ecsgnyc.org](http://www.ecsgnyc.org)), or from Child Care, Inc. at (212) 929-7604, ext. 2024. The Department of Education frequently posts updated materials and policies at <http://www.nycenet.edu/opm/vendor/uprekinfor.html>.

**Contract Procedural Guidebook**  
<http://www.nycenet.edu/opm/vendor/rfppdf/newcontractguide.pdf>  
**Reports on UPK in New York State**, from The Cornell Early Childhood Program, are available at <http://www.human.cornell.edu/hd/cecp>, or call (607) 255-2457.  
**“Frequently Asked Questions about Universal Prekindergarten in New York City: 2002-2003,”** from the Early Childhood Strategic Group and the New York City Department of Education is available at <http://www.nycenet.edu/opm/vendor/rfppdf/uprekqa.pdf>  
**“The Universal PreKindergarten Program In Community School District Eleven, New York City: A Study in Collaborative Leadership and Systems Building”** can be found at Child Care, Inc. or <http://www.childcareinc.org/pdf/District%2011%20Report.pdf>  
**The Directory of Universal Prekindergarten Programs in Community Based Organizations in New York City** is available at Child Care, Inc. or online at [http://www.ceceny.org/upkproviders\\_directory.pdf](http://www.ceceny.org/upkproviders_directory.pdf).

- **Even Start** (New York State)  
<http://www.familyliteracyinnys.org/esfampart.html>, or contact: Even Start Family Literacy Program Support Team, 317 Education Building, Albany, NY 12234; (518) 486-5114.
- **Preschool Special Education** (New York State)  
 The Preschool Division at the Special Education Policy Unit of the State Education Department can be contacted at (518) 473-2878 or visited at <http://www.vesid.nysed.gov/specialed/preschool/home.html>
- **ACS Child Care/ Family Child Care** (New York City)  
 Visit the ACS Website at <http://www.nyc.gov/html/acs/home.html> or call ACS at 212-341-0900.  
**“Partnership Issues: Employees or Independent Contractors?”**  
*Bridges Newsletter*; Summer 2001 , p.31-33, can be found at <http://www.cde.ca.gov/cyfsbranch/chssco/bridgessummer01.pdf>  
 To receive **ACS Child Care’s Requests for Proposals**, write to Barbara Whitehall, ACS/Agency Chief Contracting Officer, at 150 William Street, 18th Floor, New York, NY 10038.
- **Early Intervention** (New York City) The Early Intervention Program can be accessed at <http://www.nyc.gov/html/doh/html/bureau/earlyint.html> or call (800) 577-BABY (2229).
- **Human Resources Administration** (New York City)  
 For Child Care visit HRA at [http://www.nyc.gov/html/hra/html/serv\\_childcare.html](http://www.nyc.gov/html/hra/html/serv_childcare.html).  
 For Welfare to Work call HRA at (718) 291-1900 or visit it online at [http://www.nyc.gov/html/hra/html/serv\\_welfarework.html](http://www.nyc.gov/html/hra/html/serv_welfarework.html)

## ADDITIONAL RESOURCES ON HOW TO REPLICATE THE PROFILED PROGRAMS

### Short-term steps:

- Add **Parent Literacy** to your service mix. Information is available from:  
**The National Child Care Information Center** at (800) 424-2246 or <http://128.174.128.220/cgi-bin/nccic/searchnccic.cgi>  
**The National Center for Family Literacy** at (502) 584-1133 or <http://www.familit.org>  
**Family Support America** at (312) 338-0900 or <http://www.familysupportamerica.org/lcenter/showtopic.php?action=viewcat&categoryid=17>  
**Even Start** is one possible resource base for family literacy; for funding information contact New York State Even Start at (518) 486-5114 or <http://www.familyliteracyinnys.org/esfampart.html>
- If you are **caring for infants and toddlers**, learn about resources in New York City’s Infant and Toddler Clearinghouse by calling Child Care Inc. at (212) 929-7604 or by accessing information online at <http://www.childcareinc.org/clearinghouse.php>

- Help coordinate **nutritional supports** to the families you serve. The Women, Infant and Children (WIC) program is one source for formula and food. For more information, contact WIC toll free in New York State (800) 522-5006 or visit WIC online at [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)
- **Advocate for the families you serve.** The Children's Aid Society Office of Public Policy and Client Advocacy (OPPCA) is available to train groups on legal advocacy topics. If you are interested in setting up a training session, contact Cathleen Clements, Esq., Director of OPPCA, at (212) 358-8934 or visit the Children's Aid Society at <http://www.childrensaidsociety.org/legaladvocacy/oppca>

**Longer-term steps:**

- If you have funding from the Administration for Children's Services Child Care (formerly Agency for Child Development (ACD)), or from other public funding streams, in addition to private fees, you may improve the quality of services offered by **blending these resources**. For more information, read materials on blended funding and cost allocation strategies produced by the Early Childhood Strategic Group, which can be reached at (212) 929-7604 or accessed online at [www.ecsgnyc.org](http://www.ecsgnyc.org).
- Apply for **Universal Prekindergarten Funding**. Information is available from the New York City Department of Education, at <http://www.nycenet.edu/opm/vendor/uprekinfor.html>, from your Community School District, or from the Early Childhood Strategic Group by visiting [www.ecsgnyc.org](http://www.ecsgnyc.org) or calling (212) 929-7604 ext. 3036.
- Partner with a **Preschool Special Education** program. Find an area program by contacting the Preschool division of the VESID (Vocation and Educational Services for Individuals with Special Disabilities) Special Education Policy Unit of the State Education Department at (518) 473-2878 or by visiting <http://www.vesid.nysed.gov/specialed/preschool/home.html>
- If you are a Preschool Special Education program, integrate your classes by **co-locating services in an area Head Start program**. Find an area program by contacting the New York State Head Start Association, (518) 436-9742, or visit it online at <http://www.nysheadstart.org/nyc.html#>
- **Partner with a Family Child Care Provider or Family Child Care Network** to extend service hours for children with working parents. To find providers in your area, contact Child Care, Inc. at [www.childcareinc.org](http://www.childcareinc.org) or (212) 929-4999 or the New York City Child Care Resource & Referral Consortium, at 800-469-5999. Outside of New York City, find your local Child Care Resource and Referral Organization by visiting <http://www.ocfs.state.ny.us/main/beccs/referralagencys.htm>
- If you are a Family Child Care Network, **partner with an Early Head Start program** as a way of enhancing services offered. Find an area program by contacting the New York State Head Start Association, (518) 436-9742, or use the EHS program locator, <http://www.ehsnrc.org/ProgramLocator/ehssites.cfm>
- If your child care facility may have space to **house a publicly funded dental clinic**, contact the Department of Health, Oral Health, Programs and Policy, at 212-360-5908, or contact Amy Cooper, Collaboration Specialist, Child Care, Inc., (212) 929-7604 ext. 3004 or email her at [acooper@childcareinc.org](mailto:acooper@childcareinc.org).

- If your child care facility may have space to **house a private optometry clinic**, contact Richard C. Weber, Vice President for Clinical Affairs and Executive Director, University Optometric Center, (212) 780-4930.
- **Pursue private funding** to develop new facilities and services. For early-stage technical or financial assistance with facilities development, visit the New York Child Care Seed Fund at <http://www.liifund.org/site/programs/childcareny.htm>, or call Suzanne Reisman, Project Coordinator, at 212-509-5509 x 14. An excellent source of information on fundraising is The Foundation Center: <http://www.foundationcenter.org>, (212) 620-4230, or (800) 424-9836. NOTE: The Foundation Center also conducts workshops on proposal writing.
- **Explore accreditation** In New York City, Quality New York is a comprehensive initiative to engage early childhood programs in ongoing quality improvement towards the achievement and maintenance of accreditation from the National Association for the Education of Young Children. Child Care, Inc., the Federation of Protestant Welfare Agencies, and Bank Street College, with funding from the United Way and the Picower Foundation, are partnering to provide support to over 40 early childhood programs throughout the city. For more information, contact Judith Ennes, Coordinator of Special Projects at Child Care, Inc., or read NAEYC materials at <http://www.naeyc.org/accreditation/default.asp> or by calling (800) 424-2460.

## United Way of New York City

2 Park Avenue  
New York, NY 10016  
(212) 251-2500  
[www.unitedwaynyc.org](http://www.unitedwaynyc.org)



**United Way**  
of New York City