



Office of Children and Family Services

Biennial Report to the Governor and Legislature Child Care Resource and Referral Program 2016 - 2018

New York State Office of Children and Family Services
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<http://ocfs.ny.gov>

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Child Care Resource and Referral Program 2016-2018 Report to the Governor and Legislature

Biennial Report Purpose

Section 410-t, subdivision 3 of New York State (NYS) Social Services Law (SSL) directs the Commissioner of the New York State Office of Children and Family Services (OCFS) to submit a biennial report to the Governor and Legislature concerning the operations of the Child Care Resource and Referral (CCR&R) program. This report covers the two-year period from April 1, 2016 through March 31, 2018.

This report includes the following information:

- Funding amount to each agency for CCR&R services
- A listing of the agencies providing CCR&R services and the respective counties each serves
- Description of milestone services, legally-exempt enrollment services, family-based services, CCR&R core services, infant and toddler (I/T) regional services
- Number and characteristics of children and families served by CCR&R agencies
- The amount of state and federal funding available for CCR&R child care services
- Administration and monitoring of the CCR&R program
- Improvements in the accessibility of early childhood services
- The improvement in quality of early childhood services
- The expanded supply of early childhood services

CCR&R Program Description

CCR&R agencies provide information and referral services directed at educating parents who contact them regarding early childhood services. They also provide technical assistance to child care providers and programs, and work to expand the number of family day care providers, develop and maintain provider databases to determine service utilization and unmet needs for additional early childhood services, and provide written materials and conduct outreach to the community and employers to encourage support of all child care services. CCR&R services are delivered to children and families throughout New York State as specified in Title 5-B, Section 410-p through Section 410-t of New York State Social Services Law. (See Appendix 1.) Parents, child care providers and employers throughout New York State consider CCR&R agencies an integral component of the child care service system.

As a result of the 2012 (2012-2017) CCR&R Services and the I/T Regional Services Request for Proposals (RFP) and the nine-month 2017-2018 Contract Extensions, OCFS now provides funding and supervision to support and enhance the child care services delivered through **32** contracts to **34** CCR&R agencies (this includes three subcontractors in New York City).

The 2012 RFP also included a separate competition for NYS Infant/Toddler (I/T) regional services. As a result of the RFP, the seven CCR&Rs that had previously been funded to provide I/T regional services were awarded contracts to continue as the lead CCR&Rs for I/T regional services (Capital District Child Care Coordinating Council, Child Care Council of Westchester, Child Care Solutions, Child Care Coalition of the Niagara Frontier, Child Care Council, Center for Children's Initiatives 2016-17/Day Care Council of New York 2017-18, and Child Care Council of Suffolk). This entails collaboration and partnership with other CCR&R agencies within each of their respective regions. CCR&R agencies provide the following services to the child care community:

- Assist families in making informed decisions about child care by offering them centralized information on available services, and facilitating the process in finding care that meets their needs
- Educate families regarding the process and provide the necessary information needed to identify quality child care that fits the needs of their family. This involves assisting families not only in selecting a new child care arrangement, but also in monitoring care for their children
- Assist families in locating financial aid to pay for care
- Expand the supply of child care by working with OCFS regional offices and Local Department of Social Services (LDSS) to recruit and train new providers
- Work with OCFS regional offices to supply health care consultancy services to assist providers in meeting the regulatory requirements of administering medication to children in care
- Enroll and monitoring legally-exempt child care providers in compliance with the OCFS regulations at 18 NYCRR Sections 415.4 and 415.9
- Serve as sources of information to employers who want to assist their workers in finding quality child care
- Provide Infant/Toddler (I/T) regional services

CCR&R agencies also:

- facilitate access to the Child and Adult Care Food Program (CACFP) in their respective service areas, and
- offer training, technical assistance, publicity and other child care services designed to support and enhance providers' expertise to operate successful child care businesses.

Twenty-three CCR&Rs have subcontracts with 33 local departments of social services (LDSSs) and two CCR&Rs have direct contracts with OCFS to provide day care registration and inspection services to family child care providers and school-age child care programs. CCR&Rs in the NYC Child Care Resource and Referral Consortium have a contract with the New York City Department of Health and Mental Hygiene (DOHMH).

Funding of CCR&R Agencies and Counties Served

OCFS, with Child Care and Development Fund (CCDF) dollars, contract with 31 agencies to provide CCR&R services to all of New York State's 62 counties for an annual funding amount of \$19,964,365. In addition, a total of \$1,100,000 is allocated to seven I/T regional CCR&R agencies. The following table lists the amount of funding to CCR&R agencies from 2016 through 2018 and indicates the counties served. This funding includes the provision of services for legally-exempt enrollment statewide with the exception of New York City. The seven I/T regional lead agencies are identified as "I/T lead" on the chart; the allocation for these programs is indicated by an asterisk (*).

CCR&R Agencies	Counties Served	2016/2017	2017/2018
Adirondack Community Action Programs, Inc.	Essex	\$70,884	\$70,884
Allegany County Community Opportunities and Rural Development, Inc.	Allegany	\$119,380	\$119,380
	Cattaraugus	\$144,646	\$144,646
	Wyoming	\$50,150	\$50,150
	Total:	\$314,176	\$314,176
*Capital District Child Care Coordinating Council, Inc. (I/T Lead)	Albany	\$377,055	\$377,055
	Rensselaer	\$212,444	\$212,444
	Saratoga	\$236,769	\$236,769
	Schenectady	\$252,890	\$252,890
	Fulton	\$96,665	\$96,665
	Montgomery	\$81,982	\$81,982
	CCR&R Total:	\$1,257,805	\$1,257,805
	I/T Total:	\$125,000	\$125,000
Child Care Resources of Rockland, Inc.	Rockland	\$299,874	\$299,874
Child Care Council of Dutchess & Putnam, Inc.	Dutchess	\$311,549	\$311,549
	Putnam	\$107,195	\$107,195
	Total:	\$418,744	\$418,744
Child Care Council of Nassau, Inc.	Nassau	\$796,103	\$796,103
Child Care Council of Orange County, Inc.	Orange	\$369,915	\$369,915
*Child Care Council of Suffolk, Inc. (I/T Lead)	CCR&R Total:	\$897,470	\$897,470
	I/T Total:	\$125,000	\$125,000

CCR&R Agencies	Counties Served	2016/2017	2017/2018
*Child Care Council of Westchester, Inc. (I/T Lead)	CCR&R Total:	\$824,534	\$824,534
	I/T Total:	\$125,000	\$125,000
Child and Family Resources, Inc.	Ontario	\$146,642	\$146,642
	Yates	\$47,177	\$47,177
	Seneca	\$73,828	\$73,828
	Total:	\$267,647	\$267,647
*Child Care Solutions, Inc. (I/T Lead)	Onondaga	\$640,877	\$640,877
	Cayuga	\$144,258	\$144,258
	CCR&R Total:	\$785,135	\$785,135
	I/T Total:	\$125,000	\$125,000
Chautauqua Opportunities, Inc.	Chautauqua	\$317,046	\$317,046
Chemung County Child Care Council, Inc.	Chemung	\$190,156	\$190,156
*Child Care Council, Inc. (I/T Lead)	Livingston	\$94,716	\$94,716
	Monroe	\$1,265,027	\$1,265,027
	Wayne	\$105,176	\$105,176
	CCR&R Total:	\$1,464,919	\$1,464,919
	I/T Total:	\$125,000	\$125,000
*Child Care Coalition of the Niagara Frontier, Inc. (d.b.a. Child Care Resource Network) (I/T Lead)	Erie	\$1,035,423	\$1,035,423
	I/T Total:	\$125,000	\$125,000
Child Care Coordinating Council of the North Country, Inc.	Clinton	\$171,010	\$171,010
	Franklin	\$109,202	\$109,202
	Total:	\$280,212	\$280,212
Community Action Planning Council of Jefferson Co., Inc.	Jefferson	\$201,660	\$201,660
	Lewis	\$47,410	\$47,410
	Total:	\$249,070	\$249,070
Child Development Council of Central NY, Inc. (d.b.a. Child Development) Council	Tompkins	\$200,443	\$200,443
	Cortland	\$110,847	\$110,847
	Total:	\$311,290	\$311,290
Delaware Opportunities Inc.	Delaware	\$111,689	\$111,689

CCR&R Agencies	Counties Served	2016/2017	2017/2018
Family Enrichment Network, Inc.	Broome	\$299,088	\$299,088
	Chenango	\$102,606	\$102,606
	Tioga	\$98,556	\$98,556
	Total:	\$500,250	\$500,250
Family of Woodstock, Inc.	Ulster	\$233,105	\$233,105
	Columbia	\$79,981	\$79,981
	Green	\$68,715	\$68,715
	Total:	\$381,801	\$381,801
Integrated Community Planning of Oswego County, Inc.	Oswego	\$191,426	\$191,426
Child Care Council of Cooperative Extension	Herkimer	\$99,245	\$99,245
	Madison	\$82,156	\$82,156
	Oneida	\$443,667	\$443,667
	Total:	\$625,068	\$625,068
Niagara Community Action Program, Inc.	Niagara	\$245,762	\$245,762
Community Action of Orleans and Genesee, Inc.	Genesee	\$102,821	\$102,821
	Orleans	\$68,505	\$68,505
	Total:	\$171,326	\$171,326
Pro Action of Steuben and Yates, Inc.	Schuyler	\$88,674	\$88,674
	Steuben	\$203,891	\$203,891
	Total:	\$292,565	\$292,565
St. Lawrence Child Care Council, Inc.	St Lawrence	\$222,556	\$222,556
Schoharie County Community Action Program Corp.	Otsego	\$107,793	\$107,793
	Schoharie	\$72,239	\$72,239
	Total:	\$180,032	\$180,032
Southern Adirondack Child Care Network, Inc.	Hamilton	\$6,339	\$6,339
	Warren	\$104,847	\$104,847
	Washington	\$117,615	\$117,615
	Total:	\$228,801	\$228,801
Sullivan County Child Care Council, Inc.	Sullivan	\$148,737	\$148,737

CCR&R Agencies	Counties Served		2016/2017	2017/2018
*Day Care Council of New York, Inc. (CCR&R Lead) ¹	T o t a l C o u n t y N e w Y o r k	I/T Total:		\$350,000 ¹
Child Development Support Corporation		Bronx	\$1,912,957	\$1,912,957
Chinese American Planning Council, Inc.		Kings	\$2,044,128	\$2,044,128
Committee for Hispanic Children & Families, Inc.		Manhattan	\$1,037,074	\$1,037,074
2* Center for Children's Initiatives (I/T Lead) ²		Queens	\$1,298,957	\$1,298,957
		Richmond	\$220,780	\$220,780
		I/T Total:	\$350,000 ²	

Services under the CCR&R Contract

OCFS has funded the statewide network of CCR&R agencies by utilizing a performance-based contract structure to foster greater accountability of the publicly funded programs. This performance-based structure utilizes payments based on individualized unit costs which themselves were derived from the most current functional cost analysis of the state's entire CCR&R program expenditures. CCR&Rs use these unit costs to plan services based on community needs in relation to the available funds. These CCR&R milestone services include information and referral services directed at educating parents who contact the agency regarding early childhood services; provide technical assistance to child care providers and programs; foster the expansion of the number of family care providers; develop and maintain provider databases to determine both service utilization and unmet needs for additional early childhood services; and the provide written materials and conduct outreach to the community and employers to encourage support of all child care services.

CCR&R mandated services are assigned a unit cost for specific services such as number of referral contacts, technical assistance, and consultation (by phone and in person). Milestones are established during the contract development process and data collected on a quarterly basis. The CCR&R performance-based contract format creates quantitative standards and enhances the service deliverables by creating a more efficient funding process for mandated services. The contract format includes milestone definitions. (See Appendix 2.)

¹ Day Care Council of New York, Inc. (DCCNY) the lead contractor for CCR&R services, and subcontracts with four New York City CCR&Rs to provide services 2016-2018. In 2017-18, DCCNY became the lead Infant/Toddler after the Center for Children's Initiatives (CCI) left the consortium.

² CCI was the lead contractor for Infant/Toddler services CCI in 2016-2017, and had subcontracted with the other four New York City CCR&Rs to provide services.

Milestone Services

The following charts present the statewide summary of services performed and their associated costs for the reporting period. Unit costs for each service differ by region due to varying economic conditions in those specific areas. They were calculated using the most recent functional cost analysis, and the funding formula applied in the 2012 CCR&R RFP. The county funding allocations were calculated by applying a county weighting factor (percentage) to the total available funding. Each county's weighting factor was calculated based on its percentage, relative to the statewide total, of demographic factors, child care factors, and square mileage.

The specific formula was as follows.

First, the sum was taken of the relative county percentages of the

- 1) number of children younger than 15 years old (weighted 10 percent),
- 2) number of children younger than 6 years old in poverty (10 percent),
- 3) number of children younger than 6 years old with working parents (20 percent),
- 4) square mileage (1 percent),
- 5) number of enrolled legally-exempt family and in-home child care providers (33 percent), and
- 6) number of family and group family day care providers (26 percent).

Second, each county's weight factor was multiplied by the total available funding statewide.

Third, an adjustment was made to the final allocations, such that decreases in county level allocations were capped at 10 percent.

Information and Referral Services

CCR&R agencies provide information and referral services directed at educating parents who contact them regarding early childhood services. Of the referrals provided during the time period included in this report, the majority of callers were identified as being below 200 percent of poverty, which is New York State's ceiling for child care subsidy eligibility. Based on the information provided through family information and referral services, the percentage of parents below poverty level was 64 percent (19,613) in 2016-17, and 62 percent (18,670) in 2017-18. Specific data on the children and families served are included in Appendix 3.

Technical Assistance Services to Providers

CCR&Rs provide technical assistance to providers within their catchment area. Technical assistance can take the form of "basic technical assistance," which includes short, question-specific information primarily through phone and e-mail. It can also take the form of "intensive technical assistance," which is provided primarily at the provider's site. This form of technical assistance is more in-depth and typically includes the development of a quality improvement plan. Both forms of technical assistance help providers to better understand and implement the OCFS regulations as well as to implement additional

quality initiatives that enhance their services. CCR&Rs continue their commitment to support and prepare providers for QUALITYstarsNY, New York State’s quality rating and improvement system. The number of hours and amount of funding statewide for both basic technical assistance and intensive technical assistance services are increasing as many providers want to improve their programs to receive quality ratings. These services are presented by year in the chart below.

CCR&R Annual Milestones		2016-2017	2017-2018
Basic Technical Assistance	Total Hours	41,176	37,492
	Funding	1,634,838	1,549,767
Intensive Technical Assistance	Total Hours	10,256	19,252
	Funding	1,561,843	1,947,814

Health Care Consultancy

CCR&R agencies have employed or have contracted with health care consultants since 2005. There are currently 46 CCR&R health consultants throughout the statewide CCR&R network. The primary purpose of this service is to provide a qualified individual to sign and monitor health care plans as per OCFS regulations. In the 2012 RFP, health care consultancy services became more detailed in their definition related to the required provider health care plans. The services are broken down into three categories: support in the development of a comprehensive health plan, assurance that proper staff training has taken place, and a site visit to assess compliance with the health care plan. The CCR&R health care consultants meet four times per year: twice by conference call and two times face-to-face. During these meetings, they develop common standards and protocols to guide their work. They also meet with OCFS staff and Rockefeller College Professional Development Program (PDP) staff to discuss issues and concerns. The total number of health care consultancy hours and amount of funding statewide for the services is provided by year in the chart below.

CCR&R Annual Health Care Milestones		2016-2017			2017-2018		
		Plan Consult	Site Visit	Plan Review	Plan Consult	Site Visit	Plan Review
TOTAL:	Hours	866	1,007	1,334	846	771	1,164
	Funding	169,850	303,715	1,224,130	205,171	263,775	1,215,061

In addition to milestone services, CCR&R agencies are also reimbursed through the CCR&R contract for legally-exempt enrollment services, family-based strategies and CCR&R core services. Legally-exempt enrollment services include processing

enrollment applications from providers, and on-site monitoring of 20 percent of legally-exempt family child care providers (except for in-home, legally-exempt care) who do not participate in the Child and Adult Care Food Program (CACFP). Family-based strategies allow CCR&R agencies to design a program based on community need to increase the number of family child care programs and/or increase the quality of the family child care program. The core services include child care resource development, community outreach services, and management functions.

Legally-Exempt Enrollment Services

New York State’s subsidy program provides parents the right to select from among all forms of legal child care for their children, including legally-exempt forms of child care. Legally-exempt providers are defined as individuals caring for fewer than three non-related children who are receiving child care subsidy. Outside of New York City, legally-exempt enrollment is done by the CCR&Rs (within New York City’s five-boroughs, the Women’s Housing and Economic Development Corporation [WHEDCO] provides this service). With OCFS oversight of the performance standards of these legally-exempt enrollment agencies, these agencies work in collaboration with individual LDSSs (Local Department of Social Services) to promote the health and safety of children being cared for in legally-exempt settings.

OCFS, through its central office staff, conducts quarterly reviews of the case files of legally-exempt enrollment agencies. This includes the results of onsite home visits that enrollment agencies conduct for 20 percent of legally-exempt, home-based providers who do not participate in CACFP. Additional monitoring is conducted by each LDSS who will check each legally-exempt family and in-home child care provider against their child welfare database to determine if the provider has had his/her parental rights terminated or had a child removed from his/her care. As reported below, a total of \$3,334,098 was spent during both 2016-2017 and 2017-2018 for legally-exempt enrollment services.

Legally-Exempt Enrollment Services	
2016-2017	\$3,334,098
2017-2018	\$3,334,098
Total	\$6,668,196

Family-Based Services

CCR&Rs design services geared towards specific needs in their communities under the category called Family-Based Strategies. These services are designed to meet the specific community needs of family day care, group family day care and informal (legally-exempt) providers. Services may include small grants for materials or equipment to improve program quality. Funding includes pass-through funding to providers for grants and CCR&R administration, technical assistance, and training for providers. The chart below highlights the amount of pass-through funding and funding for administrative,

technical assistance, and training by year. Pass-through funding has increased and funding for administrative, technical assistance and training has increased. This is due to the grants provided by unions representing family-based child care providers that are awarded to regulated family child care and group family child care providers. This has allowed CCR&Rs to use their funding to provide more technical assistance services for providers.

Type of Funding	2016-2017	2017-2018
Pass-through funding to local child care programs and providers	\$815,099.16	\$855,311.38
Administrative, Technical Assistance and Training	\$177,553.29	\$365,500.41

CCR&R Core Services

There are additional services provided by CCR&R agencies which include child care resource development, community outreach services, and administrative functions. These services are funded through an annual 40 percent set-aside of the total CCR&R contract funds. The CCR&R Core Services funding allocations are as follows:

CCR&R Core Services Funding	
2016-2017	\$2,605,557
2017-2018	\$2,605,557

Other Services

The CCR&R agencies have other funded activities that support the accessibility of early childhood services and the continuous improvement of child care. These activities are described below.

Enhanced Access to Child Care

One of the primary functions of CCR&R agencies is to assist families in an efficient search for child care by offering a highly visible, centralized source of provider and program vacancy information to consumers. One role of the CCR&R agencies is to help make the child care market work more efficiently, resulting in greater enrollment stability for providers. During this reporting period, CCR&R agencies provided families an opportunity to obtain referrals through internet access. This greatly improves the accessibility and ease of obtaining child care information. As indicated in Appendix 3, the total number of referral requests in the 2016-2017 reporting period was 36,199; of these, 4,597 were via the Online Referral System. The total number of referral requests in the 2017-2018 reporting period was 33,425; of these, 6,050 were via the Online Referral System.

Follow-up on Effectiveness of Service

CCR&R agencies are required to survey 25 percent of the families that contact them for assistance. The CCR&R agencies conducted follow-up assessments with this group to identify if care was found, to determine if families encountered any barriers in finding appropriate care, and to assess the quality of the services provided by the CCR&R. Of those customers responding who did not find care, the largest percentage of them reported that the main barrier was a lack of available openings. 26 percent reported this as a barrier in 2016-2017; that increased to 29 percent in 2017-2018 and was also the most often reported problem in the 2014-2016 biennial report. CCR&Rs continue to report they are losing providers in their respective service areas. The second highest barrier for both state fiscal years was the high cost of care. Charts in Appendix 3 show both statewide and demographic sector data about problems parents face in finding child care.

Employer Support

CCR&R agencies encourage the involvement of local and regional businesses as partners to support existing child care. Resource development, information dissemination, and public relations activities are among the tools used by the CCR&R agencies to build credibility and awareness with employers. Contact with employers is initiated through individual and public meetings such as attendance at county real estate meetings and economic development meetings, participation in local job fairs, joining the local chamber of commerce, and staff serving on a variety of community boards of directors and committees. Also, of benefit is the availability to provide ongoing technical assistance to employers as they institute child care benefits for their employees. Many CCR&Rs report that these activities have both strengthened their relationships with, and gleaned support from, the business community. The amount of employer support CCR&R agencies receive is directly related to the economic conditions of their geographic location.

Infant Toddler Regional Services

Funding is allocated to the seven CCR&R regional lead agencies to create a statewide framework to promote both an understanding of the importance and the creation of strategies for improving the quality of care for Infants and Toddlers (I/T). Each region outside of New York City received an annual allocation of \$125,000 for regional I/T services for the reporting period of October 1, 2016 through September 30, 2017 and for October 1, 2017 through September 30, 2018. The five boroughs of New York City had an annual funding allocation of \$350,000 for the same time periods. The chart below depicts the amount spent on the specific I/T milestones.

	2016 - 2017	2017 - 2018
Infant/Toddler Services	\$361,418	\$560,237.00
I/T Phone T/A	\$97,145	\$64,750.00
I/T Intensive T/A per hr.	\$265,928	\$282,029.00
Training per hr.	\$245,834	\$178,047
TOTAL:	\$970,325	1,085,063

Infant and Toddler Specialists and The Pyramid Model

OCFS and the Early Care & Learning Council are both agency members of the NY State Pyramid Model State Leadership Team supporting the implementation of the model across the state. With four infant and toddler specialists, during the period covered by this report, also serving as trained NY State Pyramid Model Master Cadre Trainers and Coaches, the infant and toddler specialists took the CCR&R lead with promoting social and emotional competence in NY's young children. This model was woven into their theory of change action plans and therefore, also into the services that they provided to infant and toddler caregivers in 2017 and 2018.

Services under Other CCR&R-Related Functions

Child and Adult Care Food Program

CCR&R agencies are required to either directly administer or refer providers to a local sponsoring agency administering the Child and Adult Care Food Program (CACFP). CCR&R agencies encourage regulated family and group family providers to enroll with CACFP, which allows for partial reimbursement for up to two meals per child per day (one of which must be a snack) for regulated and legally-exempt providers. Following enrollment, CCR&R personnel go to the family and group family day care home to observe meal and snack preparation by the day care provider. This enables the CCR&R to do a follow-up assessment of the provider's level of retention on the nutrition and meal preparation training that has been provided. The NYS Department of Health has oversight of the CACFP program. The New York Department of Health, which oversees CACFP, reports that there are currently 1,500 day care centers (35 percent of all centers) and 9,362 day care home providers (81 percent of all home providers) participating in CACFP. (Data does not include separately registered school-age child care programs.)

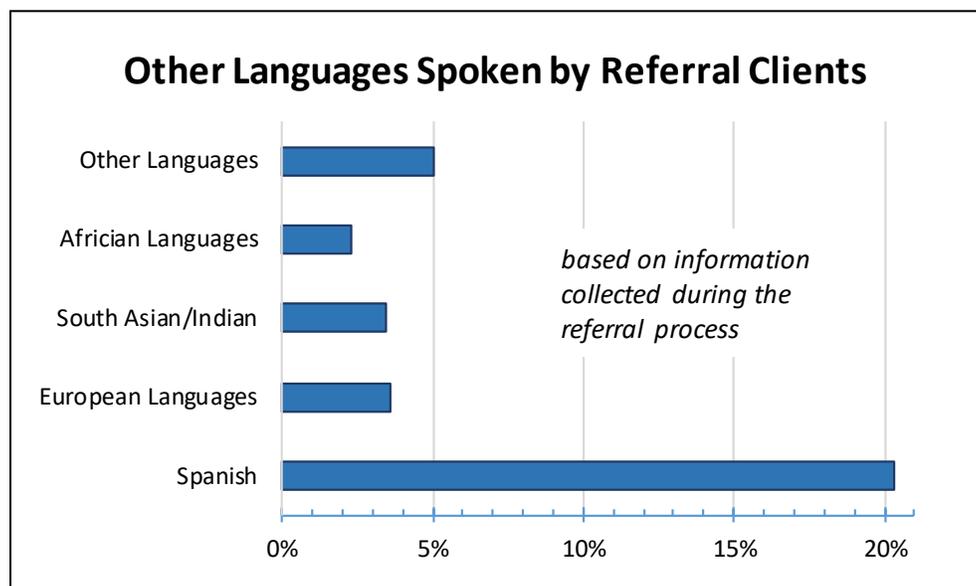
Registration Funding

OCFS has entered into annual Memoranda of Understanding (MOU) with 33 local departments of social services (LDSS) to provide registration and inspection services for family day care homes and school-age child care programs on behalf of OCFS. Of the 33 MOUs, LDSSs subcontracted with 23 CCR&R agencies to provide registration and inspection services for family day care and school age child care programs. In addition, two CCR&R agencies have direct contracts with OCFS to provide registration services. The terms of the subcontracts include responsibility for conducting all required inspections, investigations and tracking of complaints, and performing background

checks, including fingerprinting, and related safety assessments. OCFS Division of Child Care Services (DCCS) regional office staff conducted quarterly on-site audits of case files and evaluated the work of registrars. If a registrar failed to meet the required registration performance standards, a fiscal penalty would be applied to its quarterly payment, unless it had received a waiver. There was one penalty applied during this reporting period.

Equal Opportunity and Cultural Competence

Through the 2012 RFP process, OCFS sought to fund CCR&Rs that demonstrated the capacity to address the cultural and language diversity in their communities. CCR&Rs reported that the top five languages encountered across the state are Spanish, Chinese, Italian, Russian and French with Spanish holding the highest percentage. (See chart below.) All CCR&R agencies are charged with providing services in a manner responsive to the ethnic, cultural, linguistic, and income characteristics of the communities they service. During the reporting period, CCR&Rs accomplished this in many ways, including, for example, employing bilingual referral counselors and training their staff to interview parents to determine special language or cultural preferences prior to presenting a child care referral. CCR&R staff provided information concerning available subsidies and scholarships and presented marketing and resource information in multi-lingual formats. CCR&Rs were required to include Equal Opportunity Employer (EOE) information in all press releases and employment advertisements. Beginning in 2015-16, the Early Care & Learning Council launched an equity, diversity, and inclusion initiative which was used to raise awareness of racial inequity within communities and early learning programs. This innovative project strengthened the capacity of the 34 CCR&Rs to develop strategies, policies, trainings, and technical assistance that promoted equity, diversity, and inclusion in child care programs across the state. The project director for the initiative serves as New York's only representative on the national Equity Leadership Action Network (ELAN).



Public and Private Funding

Significant private sector funding and public/private partnership funding are leveraged locally by the CCR&Rs each year. CCR&R agencies seek out a variety of sources for this funding. These include state and local grants, foundations and campaigns.

	2016-2017	2017-2018
Private/public partnership funding	\$5,371,186.17	\$2,611,122.21
Private sectors funding	\$885,626.00	\$889,437.00

Administration and Monitoring

There are three full-time employees within DCCS responsible for the administration of the CCR&R contracts. These staff are responsible for developing performance-based contracts with funded agencies, providing or arranging for technical assistance to CCR&R programs on an ongoing basis, and managing the fiscal and programmatic monitoring and evaluation of CCR&R programs.

Each CCR&R agency, including the seven CCR&R agencies that are the leads for the regional infant and toddler services, are required to submit at the end of each quarter a fiscal and program report on milestones and performance standards met, and a comprehensive statistical report. DCCS staff also conduct on-site visits to verify whether qualitative and quantitative milestones are appropriately documented. During the monitoring process, if a CCR&R agency is found to be out of compliance, it is required to submit a corrective action plan. DCCS oversees these corrective action plans until the issue/s are satisfactorily addressed. If a CCR&R continues not to meet its contractual requirements, its contract will be terminated.

The Early Care & Learning Council, through a CCDF-funded contract with OCFS, supports the CCR&R agencies through technical assistance, training, and coordination. From 2016 to 2018, the majority of technical assistance and supports focused on helping the CCR&R agencies to strive for and/or maintain requirements for national quality assurance and New York Standards of Excellence.³ Technical assistance and training focused on the need for standardized statewide data on the services offered by CCR&R agencies. In 2016, the Early Care & Learning Council's Data Administration Coordinator, in collaboration with the statewide CCR&Rs, distributed a NACCRRAware database maintenance guide to assist CCR&Rs with auditing and maintaining their data.

Additional data initiatives have included updating and expanding the NACCRRAware data

³ All 34 CCR&Rs currently hold New York Standards of Excellence certification, and 32 have been certified as "Quality Assured for Provider Services" by Child Care Aware of America (CCAA). In addition, 26 CCR&Rs have achieved full CCAA "Quality Assurance" for provider, family, and core services. The "Quality Assurance" certification, which assesses all aspects of the CCR&R function and service delivery, is the highest national credential available to CCR&Rs. New York is the state with the most "Quality Assured" certified CCR&Rs in the country.

dictionary, orientation for new CCR&R data administrators, and the development of annual CCR&R, OCFS regional, and statewide data dashboards for information, needs assessments, and advocacy purposes. Roundtable meetings are held across the state for CCR&R data administrators in September/October to provide an opportunity for networking, training, and planning data initiatives for the upcoming year.

In a separately funded contract, the CCR&Rs also offer support for statewide infant and toddler services. The costs for the CCR&R and Infant/Toddler (I/T) technical assistance components of the Early Care & Learning Council contract term for each year are reported below.

Contract Term	2016 - 2017	2017 - 2018
Annual Cost CCR&R Support Services	\$599,145	\$599,145
Annual Cost I/T Regional Support Services	\$275,664	\$275,664

Conclusion

OCFS will continue to support innovative child care initiatives that enhance the safety of and promote the developmental growth of children in child care settings throughout New York State. Working with the state’s CCR&Rs, OCFS also will endeavor to promote the expansion of services within its fiscal parameters to meet future child care needs and reduce barriers to finding and utilizing quality child care. In particular, these efforts are required to address the unique needs of certain segments of the population, such as parents who engage in shift and weekend work, for whom expanded hours of care are needed. Also important is increased program accessibility for children with handicapping conditions, and programs that address the cultural and linguistic needs of our children.

Additionally, the CCR&R network’s enhanced data collection efforts have:

- illuminated the needs of children and their families in securing quality child care,
- supported providers in their efforts to strengthen program quality, and
- aided the work of local communities to collaborate and coordinate services and activities.

New York State’s network of CCR&Rs continues to provide assistance in the implementation of initiatives, and to accept the challenge of continuing to enhance and improve the quality of child care in the state. All of the efforts cited above reflect the continued commitment of OCFS to support and strengthen the CCR&R system. This partnership and ongoing communication between OCFS and CCR&R agencies is a formula that has facilitated success for New York State’s child care system. New York State has made significant investments to build this system over more than 20 years, with all partners having a commitment to serve each community with quality services for all children and families.

Appendix 1: New York State Social Services Law Section 410 p-t

CHILD CARE RESOURCE AND REFERRAL PROGRAM

Section 410-p. Definitions.

410-q. Child care resource and referral program services.

410-r. Child care resource and referral programs.

410-s. State reimbursement.

410-t. Responsibilities of the commissioner.

§ 410-p. Definitions. As used in this title, the term:

1. "Agency" shall mean a not-for-profit corporation or group of not-for-profit corporations. With respect to any county for which no appropriate not-for-profit corporation or group of corporations has submitted a proposal, such term shall mean a statewide or regional not-for-profit corporation which establishes such a corporation or shall mean a local governmental entity which provides the services authorized by this title;

2. "Resource and referral program" shall mean an agency funded pursuant to this title to provide services specified in section four hundred ten-r of this title within a defined geographic area;

3. "Early childhood services" shall mean services which include, but are not limited to, registered, certified or licensed care in family day care homes, group family day care homes, school-age child care programs; head start programs, day care centers; child care which may be provided without a permit, certificate or registration in accordance with this statute; early childhood education programs approved by the state education department; and care provided in a children's camp as defined in section one thousand four hundred of the public health law;

4. "Required resource and referral services" shall mean those services listed in subdivision one of section four hundred ten-q of this title which must be provided by each child care resource and referral program to parents and other guardians, child care and early childhood services providers, employers and communities within the geographic area served by the program, to the extent funds are available for such services;

5. "Enhanced services" shall mean additional or more intensive levels of services as listed in subdivision two of section four hundred ten-q of this title, which an agency agrees to provide in order to receive additional funding pursuant to this title;

6. "Parent" or "Parents" shall mean and include biological and adoptive parents, guardians or other persons in parental relationship to a child.

§ 410-q. Child care resource and referral program services.

1. Each agency approved to receive funding pursuant to this title shall, to the extent funds are available for such purposes, provide the following:

(a) Information and referral services directed at educating parents who contact the agency regarding early childhood services options and methods of selecting the best option for his or her child; referring parents or guardians to early childhood services providers; informing parents about the availability of financial assistance and tax credits; referral for parents in coordinating part-day early childhood services providers and programs to meet the full-day care needs of parents; referrals for parents of preschool children with

handicapping conditions pursuant to section forty-four hundred ten of the education law and section twenty-five hundred forty-two of the public health law; providing written information to those who contact the agency seeking information about early childhood services; maintaining a provider resource file and a file of parents' currently seeking early childhood services; and publicizing child care resource and referral services as necessary to assure that the availability of those services are known to the community;

(b) Services directed at expanding the number of available family day care providers and recruiting potential providers; providing information on licensing and registration requirements and available funding sources to potential early childhood services providers and programs; and assisting individuals or organizations to qualify as legal early childhood services providers or programs by providing information on applicable laws and regulations relating to zoning, taxes, insurance, government licensing or registration, and other matters of concern to new providers;

(c) Services directed at maintaining and providing information and resources on early childhood training and other relevant programs for prospective and current providers;

(d) Services directed at developing and maintaining provider data bases to determine service utilization and unmet needs for additional early childhood services;

(e) Assuring access to the United States Department of Agriculture Child Care Food Program for providers in the service area;

(f) Services directed at providing written materials and conducting outreach to employers to encourage their support of child care resource and referral services and other early childhood services; and

(g) Each agency funded herein shall provide services in a manner responsive to the cultural, linguistic and economic characteristics of the community served.

2. Enhanced services which an agency agrees to provide pursuant to a contract may include one or more of the following:

(a) Services directed at expanding the supply of regulated care in areas where such care is not readily available;

(b) Services directed at enhancing the availability and quality of early childhood services which serve families with particular language, ethnic and cultural backgrounds;

(c) Services directed at meeting the early childhood services needs of children with special needs;

(d) Training or technical assistance services targeted to meet specific local early childhood services' needs; and

(e) Services directed at promoting, coordinating and assisting collaborative efforts between early childhood services providers and programs to meet the local need for full-day early childhood services.

§ 410-r. Child care resource and referral programs.

1. The commissioner shall solicit applications for available funds from agencies pursuant to this title in a manner to ensure that agencies in every area of the state will have an opportunity to apply for funds. The commissioner shall designate areas to be served by child care resource and referral services to ensure that services are accessible statewide to the maximum extent feasible.

2. (a) In reviewing the applications, the commissioner shall consider the ability of each applicant to provide the services delineated in Section four hundred ten-q of this title. Each agency shall demonstrate that it has a viable plan to offer the required services to families in the area without regard to income, and to attract local support for additions to the required and enhanced services delineated in section four hundred ten-q of this title.
(b) In connection with the review of an application for funds pursuant to this title, the commissioner shall consider requests from agencies for additional funding for the provision of enhanced services.
3. In accordance with the provisions of this title and subject to funds appropriated specifically therefore, the commissioner is authorized to award contracts for the operation of child care resource and referral programs.

§ 410-s. State reimbursement.

1. The commissioner shall allocate annually any state funds, including any available federal funds, appropriated for such purposes among the agencies approved for funding pursuant to this title. The commissioner shall allocate such funds pursuant to a statewide formula developed by the department, which shall be based upon the relative numbers of children, children in working families, and children in low income families in each county, as defined by the department for this purpose. The commissioner shall notify the legislature prior to the implementation of any change or adjustment in the formula.
2. As a condition of receiving funds pursuant to this section, the child care resource and referral program shall demonstrate that it is receiving or has an agreement to receive funds, from sources other than the department pursuant to this title. Funds other than those paid by the department pursuant to this title may come from any other source, including but not limited to the department or other state agencies, federal programs such as the United States Department of Agriculture Child Care Food Program, local agencies, employers or community organizations, so long as such funds are for reasonably related services. To continue to receive funds pursuant to this section, such resource and referral program must demonstrate to the commissioner that it has secured funds or commitments from other sources or that extraordinary circumstances exist which preclude the securing of such funds.
3. All applications approved by the commissioner shall include a commitment to use appropriate accounting and fiscal control procedures which shall include the filing of an annual financial statement which has been audited as required by the department so as to ensure:
 - (a) the proper disbursement and accounting for funds received; and
 - (b) appropriate written records regarding the population served and type and extent of services rendered.

§ 410-t. Responsibilities of the commissioner.

1. The commissioner shall monitor the performance of agencies to assure that the terms of the contract are met, that the services are provided in accordance with the intent of this title and that funds are used as required by this title.
2. The commissioner may contract for technical support, planning, coordination and data collection services to assist agencies in offering child care resource services in unserved areas.

3. Beginning July first, nineteen hundred ninety-four and biennially thereafter, the commissioner shall submit a report to the governor and the legislature on the implementation of this title which shall include but not be limited to:

(a) the names of the agencies serving the counties and the counties served by a child care resources and referral agency;

(b) the awards made to each agency;

(c) the characteristics and number of children and families who have received services;

(d) the improvements in the accessibility of early childhood services, the improvement in quality and the expanded supply;

(e) the nature of services contracted for and additional services the agency is able to provide with other funding sources;

(f) the amount of state and federal funding available for services provided under this title; and

(g) the cost to the state to administer the programs funded under this title.

Appendix 2: CCR&R Milestones Definitions

(All milestone definitions will be included in Appendix D section of a new contract when developed)

(Costs included in this section are based on the 2008 Functional Cost Analysis)

Information/Referral is a service that assists families in making appropriate child care arrangements. This service is provided through in-take and consulting/counseling that leads to the development of an appropriate child care plan. This will include referrals to child care programs/providers that meet the family's needs (regulated care) and/or assistance in the development of a child care plan using parental care, legally-exempt care, in-home agencies or camps or a combination of care options. Information provided would include but not be limited to: quality indicators, financial assistance, health/safety requirements and complaint policies. In addition, these families will be provided with resource materials on how to choose appropriate child care and referrals to other human services, if appropriate. The CCR&R staff is required to collect data on the family's income eligibility for subsidy assistance and, when appropriate, families are referred to the local agency administering subsidy. For data reporting requirements, families of low income are defined as having an income of 200 percent of state poverty guidelines or below the county income eligibility, (whichever amount is higher). For non-subsidy eligible family information/referral services not supported by OCFS funds, fees may be charged to the family. The information referral service can be provided by phone, e-mail, real-time web-based conversation (live chat, Skype, etc.) or in person. A CCR&R may serve and count a family more than once per quarter if the family requests are for significantly new information and/or referral services.

The unit cost includes: intake, consultation, referrals, follow-up surveys of 20 percent of families served, material development, data base administration and maintenance and related administrative costs. Payment is based on the number of information/referrals made.

Online Referral is a service that allows families the ability to generate referrals online using NACCRRAware Referral Software. This software must be used by all state-funded CCR&Rs when providing referrals. Referral services must include access to information including, but not limited to: quality indicators, financial assistance, health/safety requirements and complaint policies. In addition, these families will be provided with resource materials on choosing appropriate child care referrals and referrals to other human services, if appropriate. Families must request referrals for services to be counted as a milestone. Sufficient information must be collected from the online user so there is proper documentation of service provision and, to the extent possible, demographic information needed for the quarterly data report. A CCR&R may serve and count a family more than once per quarter if the family requests are for significantly new information and/or referral services.

The unit cost includes: NACCRRRA data base usage costs, data update, software, hardware and internet costs, Internet Mask Modules (IMM) verification and follow-up surveys of 20 percent of all online referrals. Payment is based on the number of complete and documented online referrals provided.

Income Eligibility for Subsidy Assistance is part of the responsibilities of the CCR&R. The CCR&R staff is required to collect data on the family's income eligibility for subsidy assistance and, when appropriate, families are referred to the local agency administering subsidy. For data reporting requirements, families of low income are defined as having an income of 200 percent of state poverty guidelines or below the county income eligibility (whichever amount is higher). For non-subsidy eligible family information/referral services not supported by OCFS funds, fees may be charged to the family.

Basic Technical Assistance to Regulated Providers and Legally Exempt Providers is a service when a CCR&R provides information specific to a provider/program on such topics as, but not limited to, best practices for providing child care, indicators of quality child programs, information on business administration practices, health issues that are not part of health care consultancy services and regulations governing program compliance issues specific to that program. All individuals working in and registered programs are eligible for this service. Technical assistance is provided through all modes of written and verbal communication such as phone, email, and fax, as well as in person.

The unit cost includes intake and consultation, research, material development if appropriate and related administrative costs. Payment is based on the number of basic technical assistance service units provided.

Intensive Technical Assistance to Regulated Providers and Legally Exempt Providers who are in the process of becoming regulated family child care providers is a service when a CCR&R provides information specific to a child care provider/program on such topics as, but not limited to: best practices for providing child care; indicators of quality child programs; and providing services that programs need to achieve the goals of their QUALITYstarsNY Quality Improvement Plan; and information on business administration practices and regulations governing program compliance issues specific to that program. Technical assistance is provided in person and is for a duration of at least one hour in length.

The unit cost includes: intake, preparation time, travel time and expenses and consultation, research, material development if appropriate, and related administrative costs. Payment is based on the number of contact hours of intensive technical assistance provided, regardless of the number of people served.

Health Care Consultant Services is a mandatory service defined in regulations to assist child care providers/programs maintain compliance with the regulations concerning Health Care Plan requirements such as the Administration of Medication, the care of infants, toddlers, and the care of mildly or moderately ill children. All licensed and registered providers/programs, prospective programs/providers and legally-exempt

programs/providers requiring a HCC approval are eligible for this service. Services must be conducted by a person meeting health care consultant qualification. The CCR&R may employ such a person and/or enter into a consulting agreement with a qualified person.

Quality Child Care Community-Specific Strategies are the services the CCR&R will design for community-specific strategies for improving the quality of care in regulated and legally-exempt family-based care, licensed child care centers and registered school-age child care programs. The strategies may include costs of intensive technical assistance, incentive payments to providers to participate in technical assistance services and meet quality improvement goals, small grants to meet health and safety standards to become enrolled/registered/licensed or maintain such approval, and other locally defined strategies. Grants for day care centers and school age programs will be allowed. Grants up to \$1,000 are only available to child care programs that have 25 percent of their child care slots committed to subsidized children.

The CCR&R must establish unit costs for each strategy it develops under this category. The unit costs may be distinct unit costs for different strategies. If strategies include small grants for the purchase of equipment or other materials for the provider, the grant portion of the reimbursement will be limited to the actual funds granted to the provider.

Legally-Exempt Enrollment is a service that includes the enrollment and monitoring of legally-exempt child care. The legally-exempt enrollment services are measured through meeting identified and defined standards within required timeframes found in the CCR&R contract. They include: providing enrollment packages to parents, rendering a temporary enrollment decision, rendering a full enrollment decision, processing re-enrollments, inspection of 20 percent of legally-exempt providers and maintaining case files and entries into CCFS.

There is an annual allocation for this service.

CCR&R Core Functions Milestone Definitions:

The activities listed under this category are not included in the other CCR&R milestones. These include the following:

- The general administration and management functions of the CCR&R agency, including operational costs associated with running an agency
- Child care resource development and the support of provider associations
- Community outreach services. These include the provision of consultation to business and government agencies, promoting the importance of quality early care and education services, and providing education services to parents.
- Management functions of the CCR&R include but are not limited to: staffing and personnel development, planning and operations, fund development, reporting requirements, submission of (A133) annual audits to OCFS, and overseeing the flow of day to day operations within the agency.

- Child care resource development functions include but are not limited to: recruitment of and outreach to prospective providers, support in the application process to become registered and licensed, and maintenance of resource/toy lending library.
- Community outreach services include but are not limited to: compiling data about supply and demand in the community, annual submission to OCFS of a community needs assessment, development of public education and other resource materials, networking with other human services programs, and marketing CCR&R services.
- CCR&R participation in programmatic reviews conducted by OCFS to monitor the CCR&R agency's adherence to outcomes that ensure the outcomes are of appropriate quality and are consistent with established performance standards
- CCR&Rs are required to develop and maintain a data base. NACCRRAware is the referral database currently used by CCR&Rs. The database is very important to determine services utilization and unmet needs in the community(s) served.
- CCR&Rs assure the availability of the CACFP Child Care Food Program for day care providers through either direct administration or through planning, advocacy and coordination with other appropriate local sponsoring agencies for both regulated and legally-exempt providers.
- CCR&Rs are recommended to become part of the national body (NACCRRRA). The Quality Assurance program is a comprehensive validation process that enables CCR&Rs to become quality assured in all service areas.
- CCR&Rs support state initiatives to improve the quality of regulated child care programs.
- CCR&Rs are required to provide outreach to homeless shelters and other emergency dwellings to help families access child care.

Infant/Toddler Regional Milestone Definitions

Infant/Toddler Basic Technical Assistance is a service in which a CCR&R staff provide access to all individuals working in licensed and registered programs, to individual programs and to the community on such topics as best practices for infant/toddler child care, indicators of quality infant/toddler child care programs, information on business administration practices for infant/toddler child care services, and regulations governing program compliance. Technical Assistance is provided through all modes of written and verbal communication: phone, email, and fax. The unit cost includes: intake and consultation, research and material development, if appropriate, and related administrative costs. Payment is based on the number of basic technical assistance service units provided. If an organization should receive funding for both CCR&R and I/T regional services, it may not include under the I/T basic technical assistance milestone any basic technical assistance that is being funded separately through the CCR&R grant.

Infant/Toddler Intensive Technical Assistance is a service in which a CCR&R provides access to information on such topics as best practices for infant/toddler child care, indicators of quality infant/toddler child care programs, information on business

administration practices for infant/toddler child care, and regulations governing program compliance to licensed and registered programs. This information is tailored to address the specific needs of the provider/program. Technical Assistance is provided in person or face-to-face and is for a duration of at least one hour. The unit cost includes: intake, preparation, travel time and expenses, consultation, and research and material development, if appropriate, and related administrative costs. Payment is based on the number of contact hours of intensive technical assistance provided, regardless of the number of people served. If an organization should receive funding for both CCR&R and I/T regional services, it may not include under the I/T intensive technical assistance milestone any intensive technical assistance that is being funded separately through the CCR&R grant.

Infant/Toddler Training is a group presentation that can be conducted in any location on a variety of topics aimed at improving services to infants/toddlers. There are no specific eligibility requirements for participants. The unit cost includes preparation time, travel to the training site, and training materials. Payment is based upon the number of people attending and the duration of the training session (per head/per hour).

Infant/Toddler Core Functions and services is a category that covers all activities and services not already identified through the Infant/Toddler regional services. Payments to cover the costs of these services will be made each quarter of the contract. Some of the activities may include the following:

- General administration and management - These functions include but are not limited to: staffing and personnel development, planning and operations, fund development, reporting requirements, submission of (A133) annual audits to OCFS, and the flow of day to day operations within the agency.
- Community outreach and educational services - These include but are not limited to: compiling data about supply and demand for infant/toddler services in the community, development of public education and other resource materials, networking with other human services programs, and marketing Infant/Toddler services.

Appendix 3: Summary of Data Analysis Referral Calls

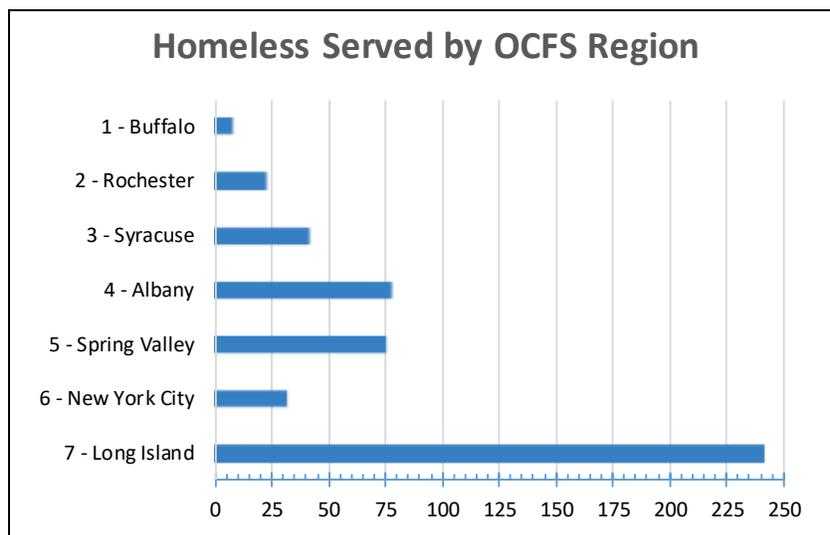
As required in the legislation, the statistics that follow describe the characteristics and the number of children and families served. In an effort to achieve consistency and uniformity in data reporting, CCR&R agencies across the state use the NACCRRAware database software for the purposes of “matching” families to providers.

The NACCRRAware databases are accessible through secure websites and allow for efficient capture, storage, and reporting of data. Each NACCRRAware database is divided into two sides. One side is for client data, which includes client contact information, demographic data, characteristics of children and the type or modality of child care that the client desires. The other side of each database contains information about registered child care providers, such as contact information, type or modality of services, the age of children accepted by the provider and those special needs or other considerations that the provider can accommodate. The NYC CCR&R contractor and the three CCR&R subcontractor agencies that serve New York City each has an independent client side to their databases; however, all use a common provider-side database with information on programs in all five boroughs of New York City.

The statistical data that OCFS collects from CCR&Rs includes: the number of referral calls that received information on subsidy eligibility, composition of families, schedule of preferences, reasons for seeking care, information on the ages of children served, location of care, special care needs of children, and sources of CCR&R referrals. The charts, tables and graphs on the following pages serve to summarize an analysis of the data from April 1, 2016 through March 31, 2018.

Referral Requests from families either homeless or living in a shelter

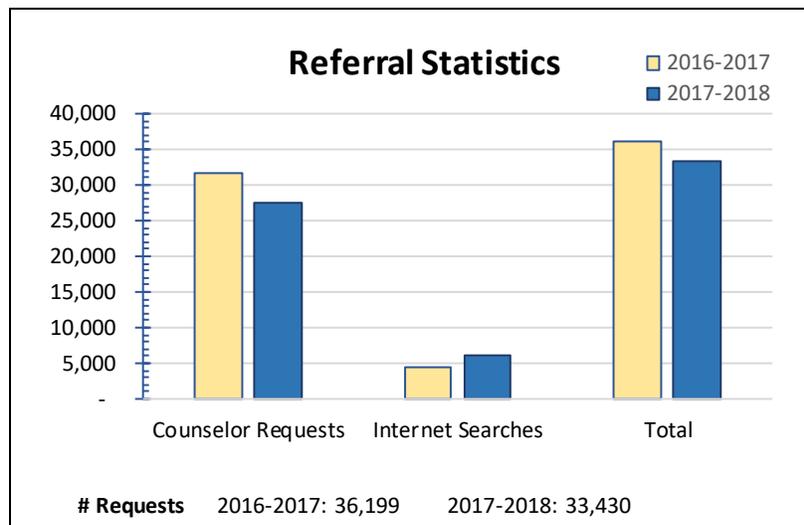
Beginning in October 2017, CCR&Rs began collecting data on how many clients who requested referrals were either homeless or living in shelters. To date that total is **457**.



Number of Referral Calls Received by CCR&R Agencies

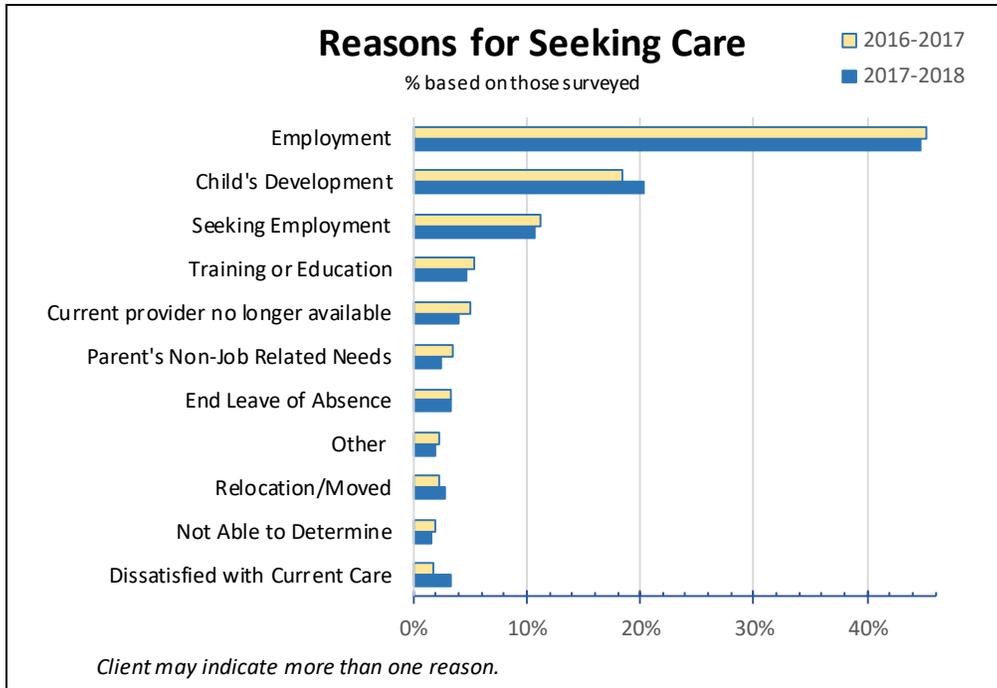
As indicated below, the total number of referral requests in the 2016-2017 reporting period was 36,199; 4,597 of these were via the On-Line Referral System. The total number of referral requests in the 2017-2018 reporting period was 33,425; 6,050 of these were via the On-Line Referral System.

Notably, since the 2014-2016 biennial reporting period, there has been a 7 percent reduction in total referrals. However, the increase in online referral requests has risen 31 percent.



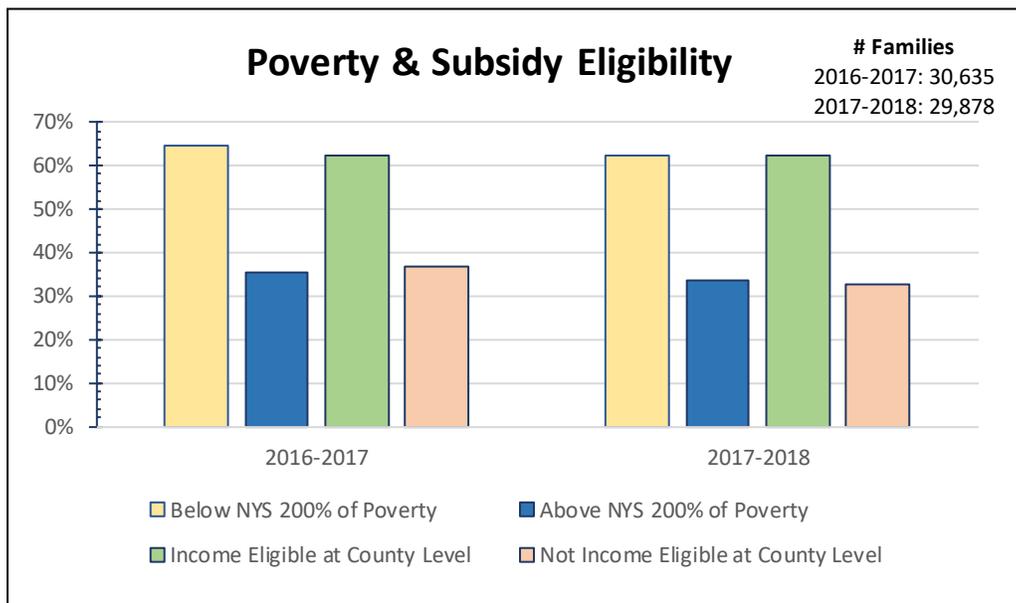
Reason for Seeking Care

The chart below shows ten of the most cited reasons that families use referral sources to obtain child care. As can be seen the most common reason is because the families are either seeking employment or are already employed. Child's Development was the second most cited reason; a 9 percent increase from the 2014-2016 Biennial reporting period. (See chart below.)



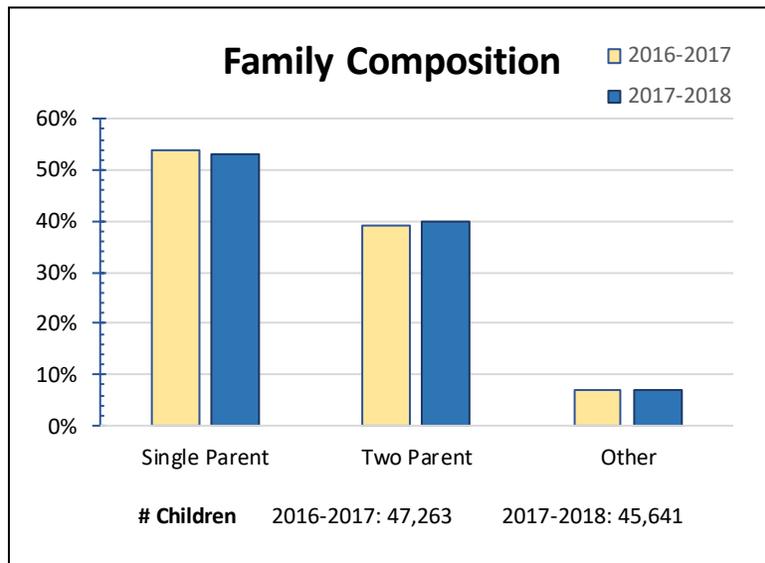
Subsidy Eligibility of Referral Families

Of the referrals provided during the time period, the majority of requestors were identified as being below 200 percent of poverty, i.e., eligible for subsidy as per the state definition of eligibility.



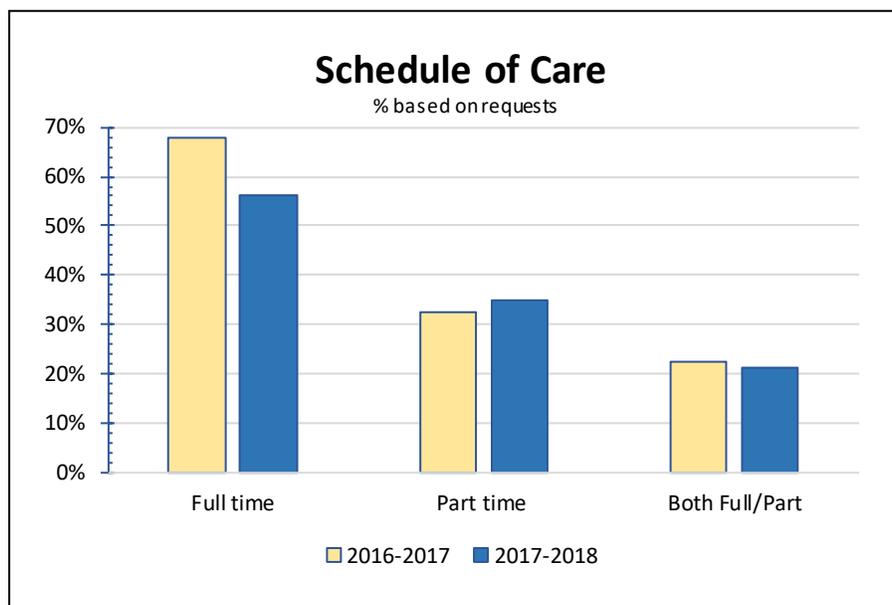
Family Composition of those Requesting Referrals

Single-parent families continue to be the largest share of callers, as displayed below.



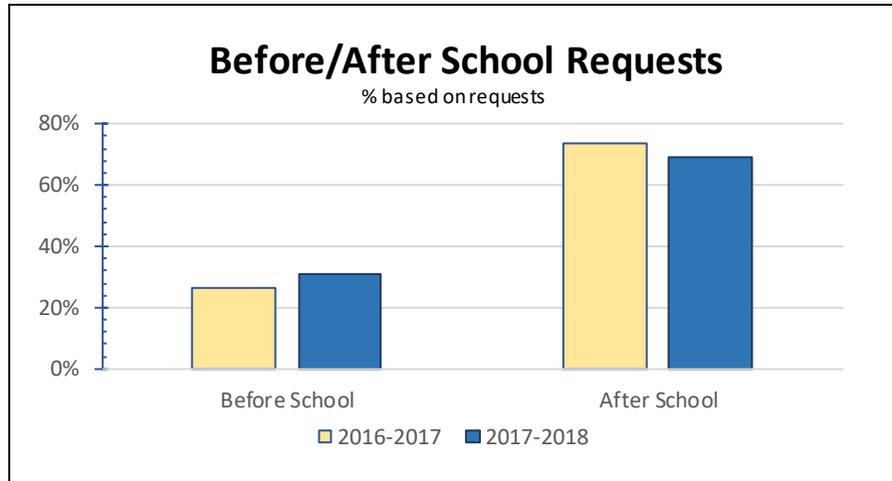
Schedule of Care Requested

Full-time care continued to be the most requested form of care, 68 percent of all requests were for full time care during the 2016-2017 reporting. However, this dropped to 56 percent during the 2017-2018 reporting year with parents now often working opposite shifts, evenings, and weekends to provide care for their children.



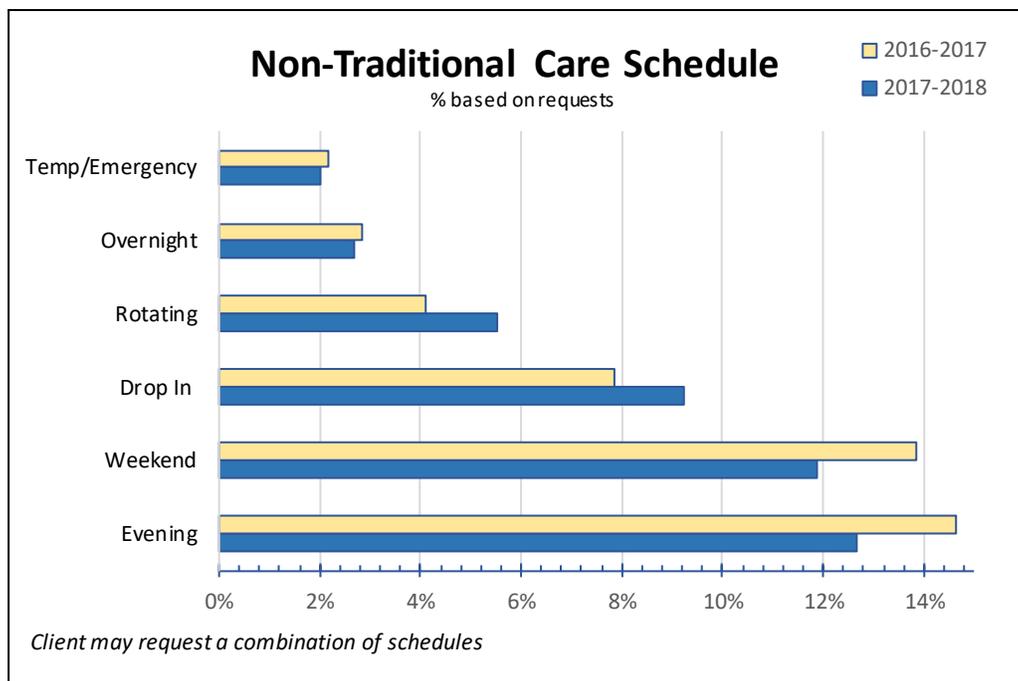
Before- and After-School Requested

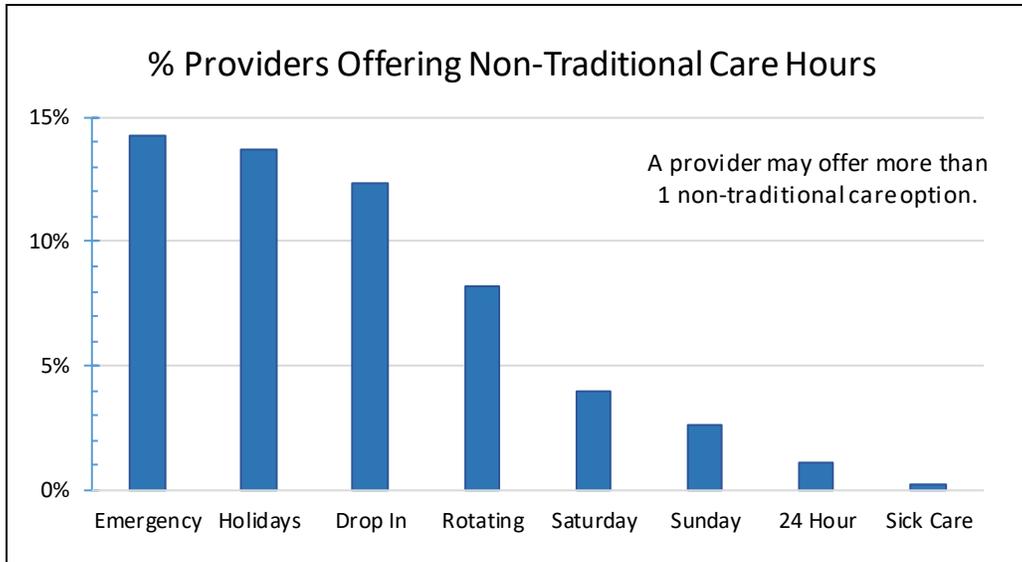
Most requests for school-age care are for after-school care. This, in addition to the need for before-school options, demonstrates that parents still need support in finding appropriate care for their child after he/she enters school.



Requests for Non-Traditional Hours of Care

CCR&R agencies continue to receive requests for child care during non-traditional hours from parents who require care evenings, weekends, overnights, and rotating times. Although these requests represent a small percentage of the total number of calls, CCR&R agencies work diligently with the families to locate this type of care which is very difficult to find. CCR&Rs track providers who offer non-traditional hours of care.



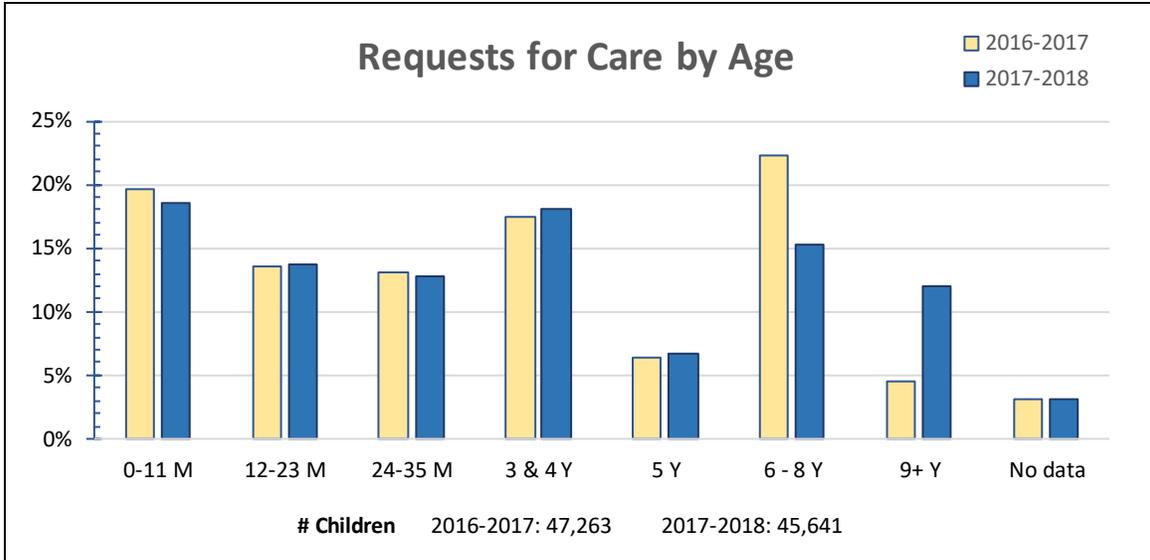


Medication Administration Services

In the 2016-2017 reporting period, 4 percent of callers requested a “MAT-certified” child care provider, i.e., one who has satisfactorily completed the Medication Administration Training (MAT) and received certification to administer medication. In 2017-2018, 3 percent of children required a MAT provider.

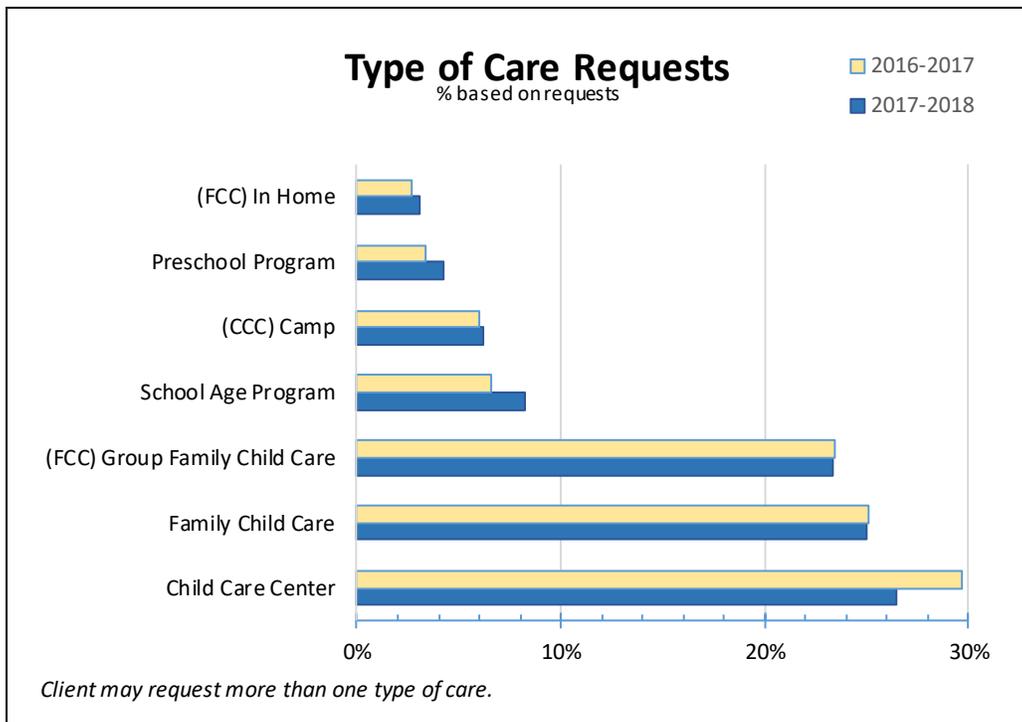
Ages of Children When Care Was Needed

The three primary age groups in need of child care referrals from the CCR&R agencies were young infants (0-11 months), children 3-4 years old, and school-age children (older than six years of age). Combined, those three age groups represent 46 percent of all child care requests. As infant care continues to be difficult to find due to the limited number of slots of care available, parents are more likely to reach out to a CCR&R for assistance finding care. Once a child is school age, parents are then requiring “wrap-around” services to cover care for the child when their parent(s) are still at work.



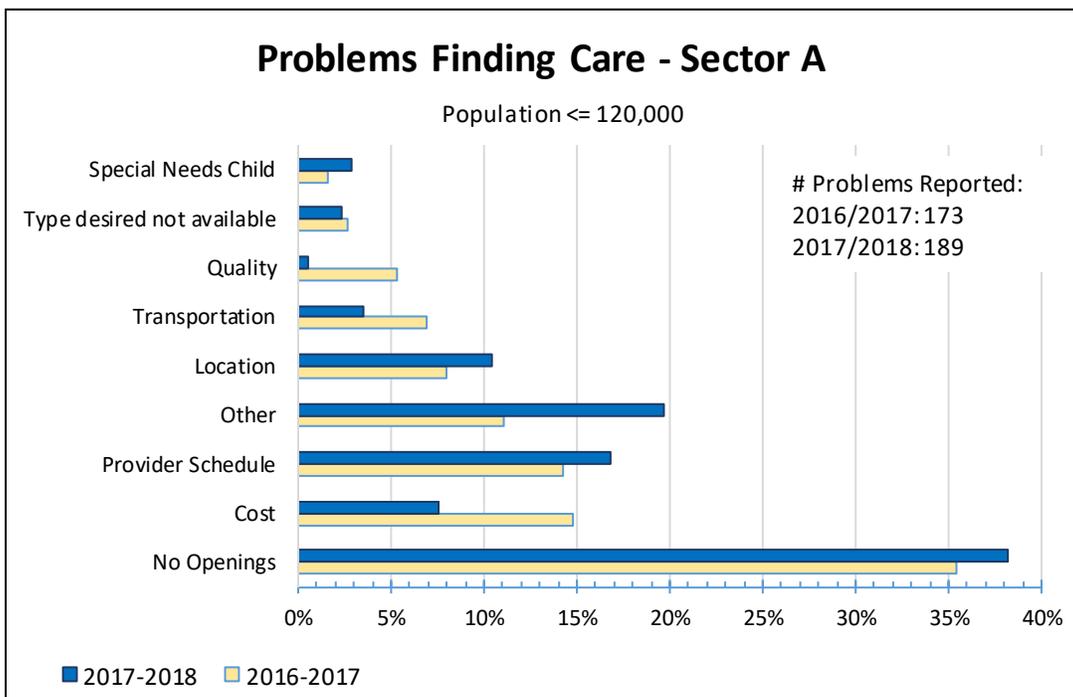
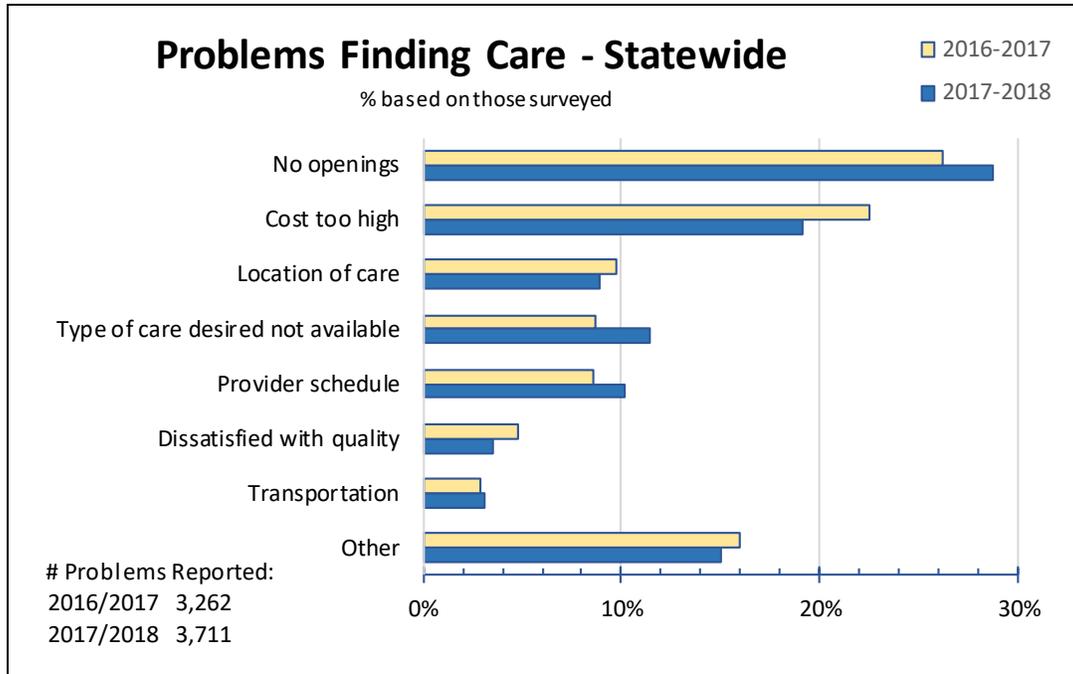
Type of Care Requested

Across all modalities, regulated family child care is the most requested form of care – averaging about 49 percent of the type of care requested. Child care centers the second most requested, averaging about 28 percent. The percentage for requests for center-based and family child care remained the same as the 2014-2016 Biennial reporting period.

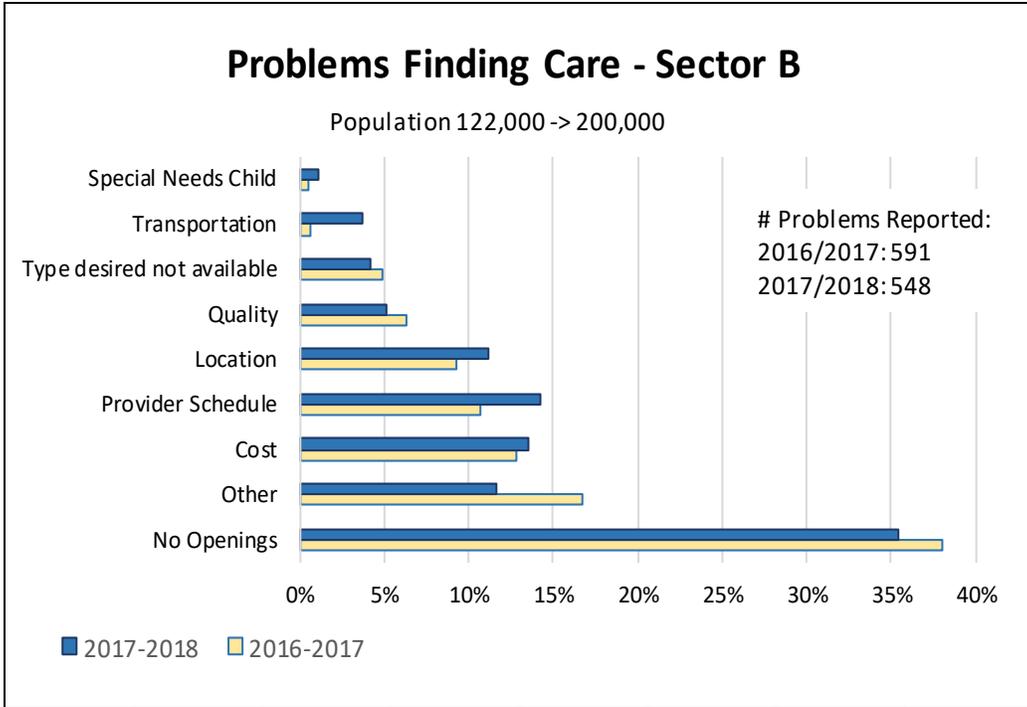


Problems Finding Care

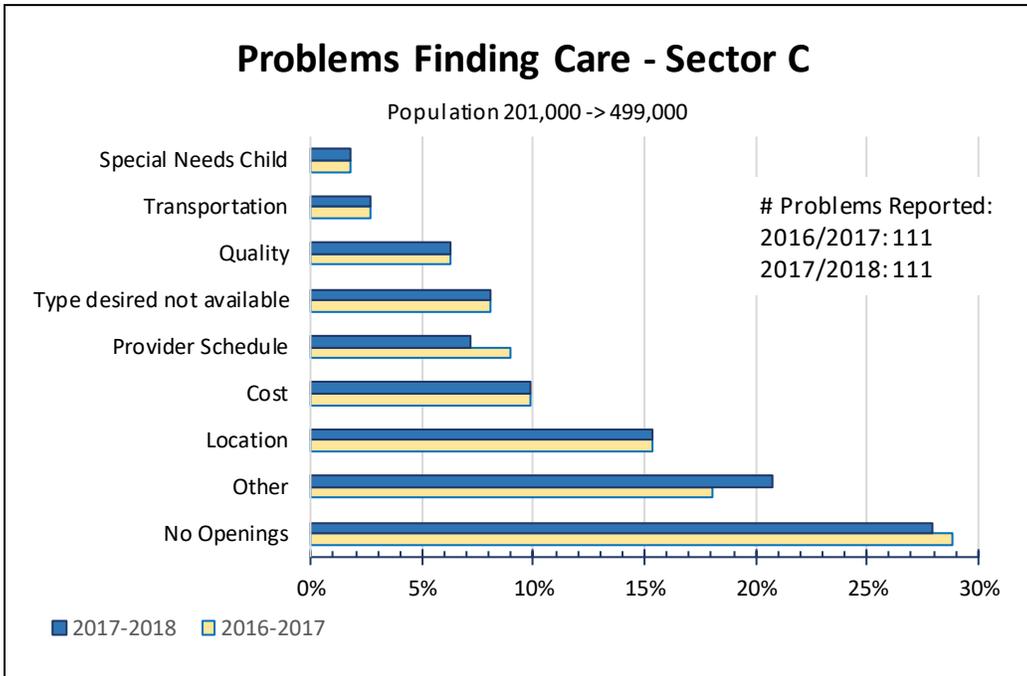
Sectors are determined by the population in a CCR&R's service area. As the graphs below show, each sector has a unique ranking of barriers for parents/caregivers who are looking for child care.



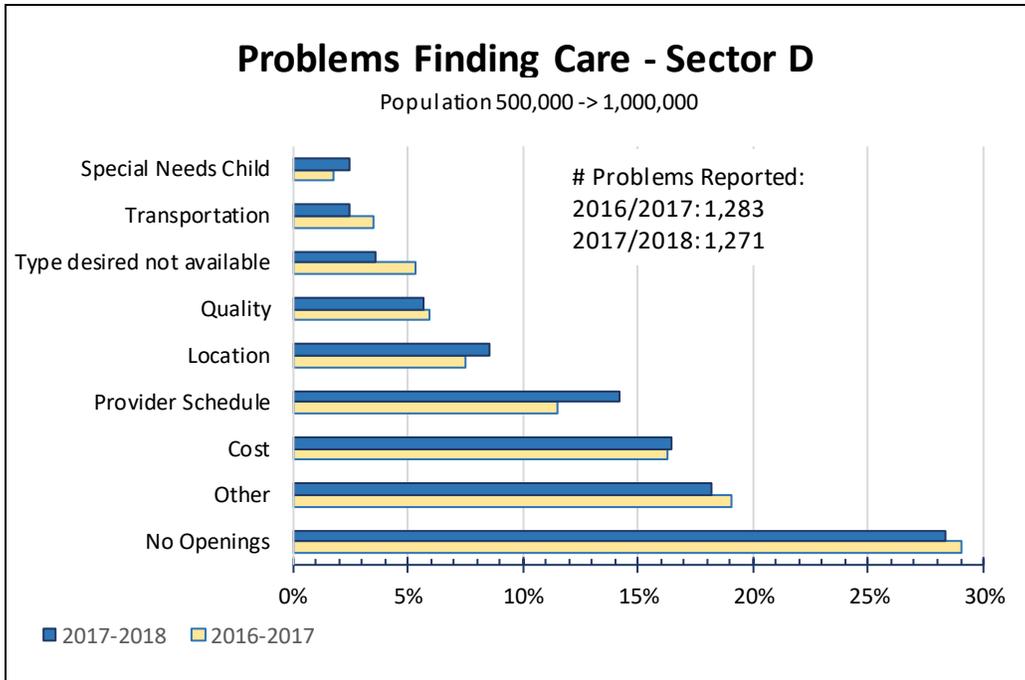
Sector A Counties: Chemung, Delaware, Essex, Genesee, Orleans, Otsego, Schoharie, Schuyler, St. Lawrence, Steuben, Sullivan



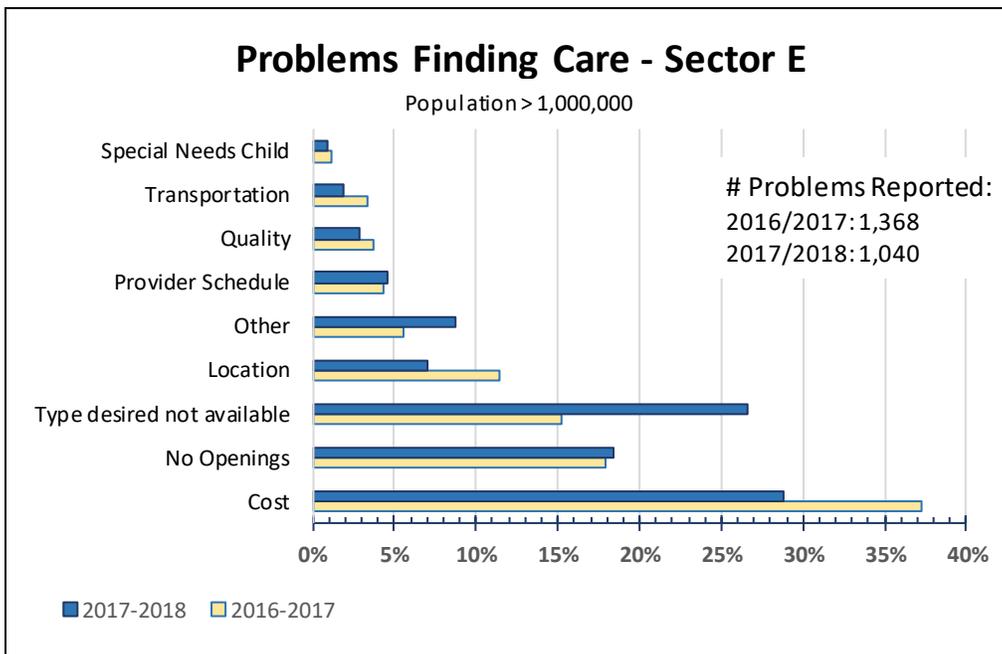
Sector B Counties: Allegany, Cattaraugus, Chautauqua, Clinton, Cortland, Franklin, Hamilton, Jefferson, Lewis, Ontario, Oswego, Seneca, Tompkins, Warren, Washington, Wyoming, Yates



Sector C Counties: Broome, Columbia, Dutchess, Greene, Herkimer, Madison, Niagara, Oneida, Orange, Putnam, Rockland, Tioga, Ulster



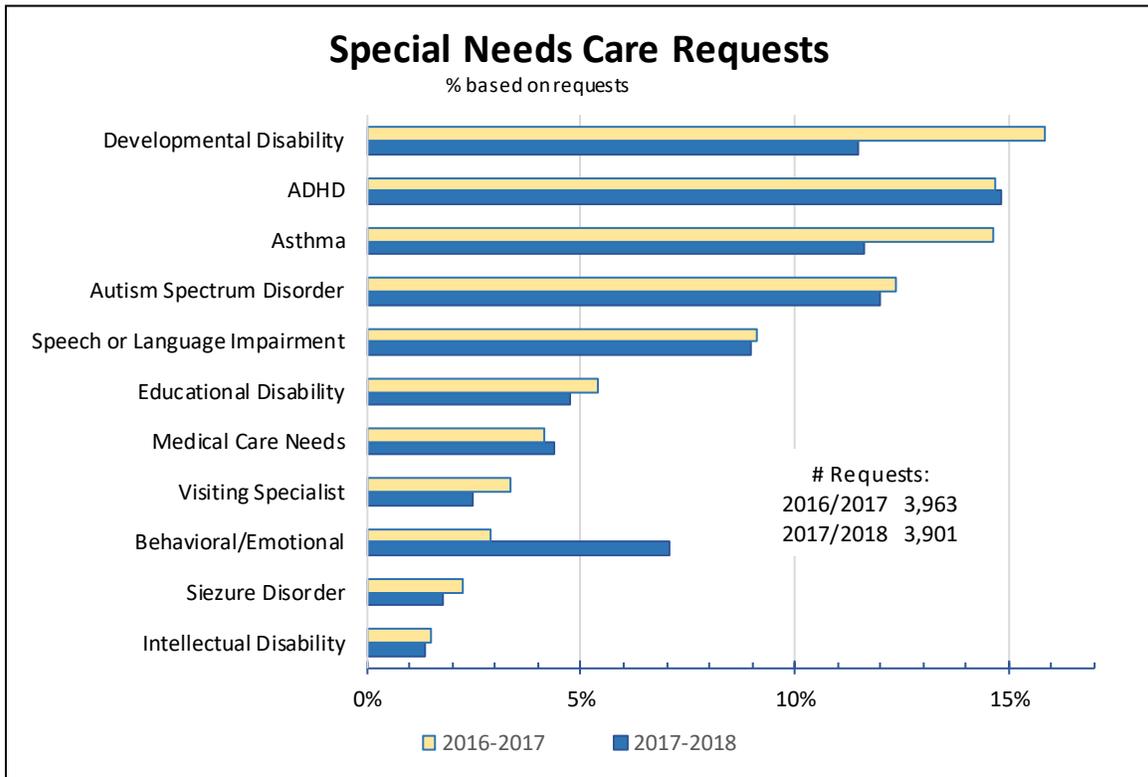
Sector D Counties: Albany, Cayuga, Erie, Fulton, Livingston, Monroe, Montgomery, Onondaga, Rensselaer, Saratoga, Schenectady, Wayne, Westchester



Sector E Counties: Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk

Requests for Care for Children with Special Needs

Developmental Disabilities and Attention-Deficit/Hyperactivity Disorder (ADHD) were the most reported special needs. Since the last biennial report, the categories of Speech or Language Disorder and Asthma were added to the available options based on input from the referral specialists. As shown on the chart below, these options were frequently requested by callers.



Sources of CCR&R Referrals

Since the last biennial cycle, the internet has replaced local departments of social services as the most common source of information for clients learning about CCR&R referral services. The “Community Visibility Event” option was added since the last biennial cycle. The New York City CCR&Rs generate the majority of their referrals at these types of events.

How Referred to CCR&R

% based on those surveyed

Surveyed:
2016/2017 37,294
2017/2018 34,291

