Supporting Our Youngest Citizens

An Inventory and Review of
Early Childhood Resources in Westchester

westchester
children's
association

White Plains, New York

April 2007

Westchester Children's Association gratefully acknowledges
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Executive Summary

Recent research, as well as common sense, indicates that intervening early with young children who experience emotional, social and behavioral difficulties will help them do better later on with friends, in school, and in their adult lives. But what are the programs and services in Westchester that can and do provide such intervention? And are the services that exist reaching the children in need?

With these questions in mind, Westchester Children's Association undertook the creation of an inventory of early childhood resources in the County. With help from the members of the County's Early Childhood Planning Group, we identified existing programs and services and surveyed them to collect information about what they did, who they served, and how easily those in need of their service could get it.

We received nearly 100 responses to the survey and collected a range of information on an additional 730 programs. Here are the highlights of what we found:

❖ A wide range of services for young children and their families are available in Westchester County. Overall, the most widely available early childhood service is child care. This includes 33 programs offered by survey respondents, 18 by non-respondents and 673 Child Care providers. (The Child Care Council of Westchester made information on Child Care programs available for inclusion in this report.) The other most frequently offered services are Community Education/Outreach (#2) (selected by 58 survey respondents but not found in any descriptions of the non-respondent programs), Individual, Group, Family and play therapy (#3), Assessment and Diagnosis (#4), and Parenting Skills classes (#5).

❖ Services are mainly concentrated in mid and lower Westchester County with a relative scarcity of programs offered in Northern Westchester. This is true despite the large increase (above the County average) in the zero-to-five child population in the northern areas of the County between 1990 and 2000. This means that families frequently need to travel outside of their home communities to locate appropriate early childhood resources for their children.

❖ The vast majority of programs identified from survey respondents only provide services to children beginning at three or four years of age, while there are relatively fewer services for children under three years of age. We found that 61% of responding programs provide services beginning at age three and continuing through age 12. Only 33% of program respondents offer programs for the full age group of 0-6 years. Forty-nine and one-half percent (49.5%) of the programs serve children aged three to six years old. But there is a drop-off in services as you trend downward in the age breakdown; 60 respondents serve three year olds, 49 serve two year olds, 44 offer programs for the zero to two year old age group and 19 have services for the pre-natal and post-partum age groups.

In the survey, we posed a number of questions to determine what barriers might limit access to services. Here's what survey respondents told us.

- Generally, programs are only open weekdays, with more hours in the afternoons than mornings or evenings. Only 17% of respondents indicated that they are open in the evening and even fewer (7%) have any program availability on the weekends.

- Nearly all can be reached via public transportation (91.2%).

- Referrals for services are required by fewer than 40% of the programs.

- Specific diagnosis criteria are required by one-third of the respondents; these include but are not limited to having a major mental disorder, developmental disability or developmental delay, having a parent that is seriously mentally ill, being pregnant, experiencing domestic violence in the home, or homelessness.

- Access to just over half of the services (46) are limited by a client's place of residence, although 18 of these programs only limit the client's access based on whether or not they live or work in Westchester County. Others were restricted to their home communities or to several communities. When we combined residency restrictions with limited hours of operation, we expected to find a decrease in the number of children who received services. Yet these programs with residency restrictions and limited hours provided services to over 13,000 children in the past year – 78.3% of the population of children who received services from programs with residency restrictions (16,600 children).

- Approximately 40% maintain waiting lists due to lack of staff or because their programs are full. Other reasons for waiting lists include inadequate funding or shortage of evening and weekend appointments.

- An overwhelming majority of respondents (70.1%) said that they offer services in Spanish. But only 12.5% offer services in any language other than English or Spanish. However, the survey did not ask who is providing the service in these other languages – a translator, an actual service provider, a receptionist or administrator – so we don't know in reality what level of bi-lingual and bi-cultural services clients are receiving.

In hindsight, the inventory project had some important limitations. Survey respondents were self-selected and decided which survey items they wanted to complete. Additionally, the respondents were able to self-define their programs and services.

The program service categories were too broad. For example, in the list of services for parents, the survey responses did not clearly indicate which services were actually

different from each other and which ones were actually the same services. Finally, no information was provided or collected on the quality of services.

Despite these limitations, we believe this report raises important questions and points toward additional work needed to improve early childhood resources in our County. Some of these next steps are already underway. In particular, the County has recently made new investments in the areas of Child Care and Early Childhood Mental Health. Westchester Children's Association has just begun a study of Parenting Programs in Westchester in order to identify gaps in service and effective practices for further dissemination.

Achieving better outcomes for young children with emotional and behavioral difficulties is a complex challenge and will require the intelligence, passion and hard work of many stakeholders. We hope that this report can be a starting point for change.

Supporting Our Youngest Citizens

An Inventory and Review of

Early Childhood Resources in Westchester

I   Background

Recent research has demonstrated the importance of paying attention to young children's emotional and psychological well-being. For example, early emotional experiences have been shown to have profound effects on children's brain development, thus strongly influencing future cognitive and social functioning. [1] What's more, young children are increasingly showing signs of emotional and behavioral difficulties as illustrated by a Yale University study showing that preschool children are three times more likely than older children to be expelled from their school setting for social and behavioral problems. [2]

The Westchester Children's Association (WCA) is an independent child advocacy organization that works to identify children's needs and to promote programs and policies that meet those needs. Since 2003, WCA has focused on children's mental health as a primary issue of study, public education and advocacy. As WCA's work was unfolding, children's mental health was also identified as a primary focus by Westchester's Early Childhood Planning Group (a sub-group of Westchester County's Children's Integrated Services Planning Group), in which WCA participates.

In early 2006, this planning group recognized the need for an inventory of available resources in Westchester County that support early childhood mental health. Such an inventory, when complete, could help public officials, other service providers and policy makers plan future services, target public and private investments, and form partnerships in support of young children and their families.

With the support of the planning group, WCA stepped forward to create this inventory of resources. Members of the Early Childhood Planning Group, including County government departments, community agencies, early childhood specialists and advocates, assisted WCA to identify existing services and to construct a survey

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[1] See the working papers of the National Scientific Council on the Developing Child at www.developingchild.net.

[2] Gilliam, "Pre-kindergarteners Left Behind: Expulsion Rates in State Pre-kindergarten Systems," Foundation for Child Development, May 17, 2005, http://www.fcd-us.or/news/learningcurve/2005_0517.html

instrument to collect information from service providers.

II   Methodology

Based on discussion with the Early Childhood Planning Group, WCA used the Matrix of Early Childhood Mental Health Services and Supports created by Georgetown University's Center for Child and Human Development as the starting point for the project. Georgetown's tool had two axes: the Y-axis listed individual services within categories of service. For example, Nutrition services fell under the Prevention and Early Intervention category, while Parent Support Groups services were listed under the Family/Caregiver Support category. The X-axis contained questions about those individual services, such as funding, capacity, fees, etc. While we started with Georgetown's original matrix list of 60 services, with help from 0-6 Workgroup members, WCA narrowed down the list to 25 services and grouped them into four categories: Prevention and Early Intervention, Clinical Services, Community Services, and Family/Caregiver Support. We also consulted with United Way of Westchester & Putnam on our final list of categories to ensure consistency with their 411 database.

Members of the 0-6 Workgroup helped us identify pertinent services as well as professional contacts within provider organizations around the county. The WCA interns searched a variety of databases, directories, websites and resource guides, including but certainly not limited to, the Lower Hudson Valley Perinatal Network, Westchester County Youth Bureau Funded Program Directory 2005, Family Services of Westchester Program Guide, FIRST Teen Sourcebook, and www.westchestergov.com. Through this search, we developed 159 confirmed contacts in over 50 agencies and programs throughout the county. These contacts are, for the most part, at publicly funded or institutionally based agencies or programs.

A draft of the Early Childhood Resources survey was developed by WCA to collect information regarding available programs. We looked at previous surveys that had been created, including a child care survey, mental health survey, and community mental health survey. After five weeks of discussions with planning group members and subsequent revisions, a draft of the survey was sent to four volunteer programs for a test-run and final feedback. Once their feedback was received, the survey was finalized. An electronic version of the survey was developed using an on-line survey design tool, Survey Monkey. (See attached Survey Instrument, Attachment B.)

Once the survey design was complete in July 2006, it was sent via mail and electronically (to those contacts for whom we had e-mail addresses) to 159 contacts. Within the first week or two, we received 20 responses. However, the response rate quickly died down. As the interns went back to school and only one remained, we made follow-up phone calls to our contact list, encouraging people to complete and return the surveys. In October, we hired two part-time staffers to call more contacts, send out or email more surveys to contacts who agreed once again to participate, and even to complete the survey over the phone with contacts that would make the time. This strategy proved to be most successful. By December 20, 2006, we had received 102 responses to the Survey of Early Childhood Resources. Four of the survey respondents had to be excluded from the final data totals because their programs did not

serve children between the ages of zero and six, leaving us with 98 valid responses, a 61.6% survey response rate.

Fifty-seven programs chose not to respond to the survey, but we've collected as much similar relevant data on them as we could from various sources such as the Westchester County Youth Bureau Parenting Directory Guide and the appropriate program websites, for example, to complete our picture of early childhood resources in the County. Finally, we received data from the Child Care Council of Westchester concerning 673 registered or licensed child care programs, including family day care; school aged child care, and center-based programs. These programs did not complete individual surveys.

III   Findings

The following sections describe what we have learned about early childhood resources in Westchester County. The data is drawn from three groups of programs:

- 98 programs that provided information by responding to our survey. Those programs and agencies, which chose to participate in the survey, are referred to as **survey respondents** or **respondents** throughout this document.

- 57 **Non-respondents** are agencies or programs that were identified as relevant but did not respond to our survey. We have collected as much relevant data on them as we could on our own.

- 673 **child care programs** for which the Child Care Council of Westchester provided information.

Unless otherwise specified, the analysis of offered in this section is based on survey respondents who sent information about their programs and provided relevant data.

III-A   Services Available

A wide range of services for young children and their families are available in Westchester County. Overall, the most widely available early childhood service is child care. This includes 33 programs offered by survey respondents, 18 by non-respondents and 673 providers included in the Child Care Council report. (A detailed overview of child care services offered by the 673 providers included in the Child Care Council report is presented on page 30.) The other top five available services are Community Education/Outreach (#2), selected by 58 survey respondents but not found in any descriptions of the non-respondent programs, Individual, Group, Family and play therapy (#3) and Assessment and Diagnosis (#4) and Parenting Skills classes (#5).

Survey respondents were allowed to select from a list of services which appeared in the Early Childhood Resources survey itself. (See Appendix A.) Most organizations offer more than one service to their clients and respondents often selected multiple services. It should be noted that the service categories were not defined within the survey. Therefore one can expect that respondents might be calling very different services by the same name.

For example, Community Education and Outreach, the most frequently reported service, may cover a wide spectrum of services. Some programs may actively go out into the community to reach their target populations; others may run consumer education programs at various sites. Still others may perform community education and outreach by providing educational brochures in their offices or one-on-one education when a consumer comes to their office requesting help. Further work is needed to fully understand these services.

The single most common service offered by our respondents is Community Education and Outreach with 58 out of 98 providers (59.2%) selecting that service. This is closely followed by Individual, group, family and play therapy chosen by 54 service providers (55.1%) and then Assessment and Diagnosis, 48 service providers (49%). Parenting Skills classes and Parent support groups follow with 47 and 45 respondents offering these services respectively, at 48% and 45.9%. These were the top five services selected by survey respondents.

In the group of 57 non-respondent programs, the top five services differ; they are – Community Services (Afterschool/Summer Programs – 11 programs), Family/Caregiver Support (Parent Support Groups – 9 programs), Family/Caregiver Support (Home Visiting Services – 9 programs), Clinical Services (Early Intervention – 9 programs), and Clinical Services (Individual, Group, Family and Play Therapy – 9 programs).

The majority of services offered by the survey respondent's for Westchester's agencies and programs fall in our survey categories of Clinical Services or Family/Caregiver Support Services. Four of the top 10 are Clinical Services – Individual, group, family and play therapy (58, 59.2%), Assessment and diagnosis (48, 49%), Crisis Intervention (38, 38.8%) and Early Intervention (25, 25.5%) – constituting anywhere from almost three-fifths to one-fourth of the survey response.

Family/Caregiver Support Services make up the bulk of the top 10 list with five service entries selected by survey respondents. These include Parenting Skills classes (47, 48%), Parent support groups (45, 45.9%), Case management and service coordination (39, 39.8%), Advocacy Services (31, 31.6%), and Home visiting/in-home services (27, 27.6%), which comprise between one-quarter and one-half of the respondents' choices.

It's interesting to note that out of the top 10 services offered in the county by those who responded, only one, albeit the top service description of Community Education and Outreach, falls under our category of Prevention and Early Intervention Services. The rest of the Prevention and E/I Services – Home visiting/in-home services (24 respondents, 24.5%), Nutrition (19 respondents, 19.4%), Health care (15 respondents, 15.3%) and Prenatal Care (7 respondents, 7.1%) – fall low in the list, chosen by less than one-fourth of the survey's respondents.

From our inventory of non-responders, none list Community Education and Outreach as one of their available services. However, given the range of services offered (teen pregnancy and parenting, educational advocacy, early intervention, parent support groups, family/caregiver support advocacy, and respite services, just to name a few), it is likely that some form of community outreach and education is being provided.

III-B   Location of Services/Location of Children

Services are mainly concentrated in mid and lower Westchester County with a scarcity of programs offered in Northern Westchester. This is true despite the large increase in the zero-to-five child population in the northern areas of the County between 1990 and 2000. This means that families frequently need to travel outside of their home communities to locate appropriate early childhood resources for their children.

III-B-1   Distribution of Services

The majority of survey respondent programs offering the top 10 services in Westchester County are located in White Plains and Yonkers, followed by New Rochelle, Peekskill and Port Chester, as displayed on Table 2 below. This count includes each program's individual service locations if they had specified multiple locations.

When the location information was analyzed for *all* reported services instead of only the top ten services, the ranking was slightly different, with Yonkers offering the most programs followed by New Rochelle, Mount Vernon, White Plains, Port Chester and Ossining. Overall, most respondent programs are located in Yonkers, New Rochelle, Mount Vernon, and White Plains or offered by providers whose main office is located in one of those four cities. These results are displayed in Table 3 below.

Table 1: Services Offered

SERVICE	# of Respondents Who Offer This Type of Service Top ten services in **bold**	# of Non-Respondents Who Offer This Type of Service Top 5 services in *bold and italics*	# of Child Care Providers Who Offer This Type of Service
Community Education/Outreach (under Prevention and Early Intervention Services)	**58**	0	**0**
Individual, group, family and play therapy (under Clinical Services)	**54**	*9*	**0**
Assessment/diagnosis (under Clinical Services)	**48**	6	**0**
Parenting Skills classes (under Family/Caregiver Support Services)	**47**	3	**0**
Parent support groups (under Family/Caregiver Support Services)	**45**	*11*	**0**
Case management/service coordination (under Family/Caregiver Support Services)	**39**	7	**0**
Crisis intervention (under Clinical Services)	**38**	2	**0**
Advocacy services (under Family/Caregiver Support Services)	**31**	1	**0**
Home visiting/in-home services (under Family/Caregiver Support Services)	**27**	*9*	**0**
Early Intervention (under Clinical Services)	**25**	*9*	**0**
Home visiting/in-home services (under Prevention and Early Intervention Services)	24	0	0
After school/summer programs (under Community Services)	21	*11*	**527**
Family resource centers (under Family/Caregiver Support Services)	21	0	0
Nutrition (under Prevention and Early Intervention Services)	19	0	0
Childcare (under Community Services)	19	7	**673**
Teen pregnancy/parenting services (under Community Services)	19	6	0
Therapeutic nurseries/preschools (under Community Services)	17	0	0
Speech and language therapy (under Clinical Services)	16	7	0
Health care (under Prevention and Early Intervention Services)	15	0	0
Occupational therapy (under Clinical Services)	11	6	0
Physical therapy (under Clinical Services)	11	8	0
Respite (under Family/Caregiver Support Services)	10	1	0
Prenatal Care (under Prevention and Early Intervention Services)	7	0	0
Playgroups (under Community Services)	6	1	0
Parent hotlines (under Family/Caregiver Support Services)	5	0	0

Table 2: Top 10 Services by Program Location

	Community Education/Outreach	Individual, Group, Family, and Play Therapy	Assessment and Diagnosis	Parenting Skills Classes	Parent Support Groups	Case Management & Service Coordination	Crisis Intervention	Advocacy Services	Home Visiting/In-Home Services	Early Intervention
Programs which serve all of Westchester County	29	36	28	27	21	22	24	15	15	17
Serving residents of Northern Westchester County	2	2	1	2	2	1	1	0	0	1
By Program Location										
Bedford Hills	0	0	0	1	1	0	0	0	0	1
Bronxville	2	1	1	0	1	0	0	0	0	0
Elmsford	4	4	3	2	4	3	5	3	1	1
Greenburgh	0	0	0	2	1	0	0	0	0	0
Harrison	1	1	1	0	1	0	1	0	0	0
Hartsdale	3	1	0	2	2	1	1	0	1	0
Hastings	1	0	0	0	1	0	0	0	0	0
Hawthorne	1	0	0	1	0	0	0	1	0	1
Katonah	0	0	0	3	3	0	0	0	0	1
Mamaroneck	2	2	2	2	2	2	2	1	2	0
Mt. Kisco	3	1	1	3	2	3	2	0	2	1
Mt. Vernon	5	4	2	2	4	2	4	2	2	1
New Rochelle	**11**	**9**	**9**	**9**	**9**	**3**	**4**	**1**	**7**	**4**
Ossining	6	1	3	3	2	1	2	1	2	0
Peekskill	**7**	**6**	**6**	**4**	**6**	**4**	**6**	**2**	**2**	**4**
Pelham	3	0	0	1	0	1	1	0	0	0
Pleasantville	1	1	0	0	0	0	1	1	0	0
Port Chester	**6**	**4**	**4**	**3**	**4**	**4**	**3**	**0**	**5**	**1**
Purchase	0	0	0	1	0	0	0	0	0	0
Scarsdale	0	1	1	1	1	0	0	1	0	0
Tarrytown	3	3	3	2	2	3	3	0	1	2
Tuckahoe	1	0	0	0	1	0	0	0	0	0
Valhalla	3	3	4	4	2	1	1	2	1	4
White Plains	**22**	**17**	**13**	**15**	**19**	**14**	**10**	**7**	**9**	**9**
Yonkers	**18**	**17**	**16**	**16**	**12**	**18**	**13**	**6**	**12**	**5**
Yorktown Heights	0	0	0	1	1	0	0	0	0	1

Table 3: Number of Programs by Communities Served

What home communities or cities are served by your program? Please check all that apply.		
	Response Total for Survey Respondents	Response Total for Non-Respondents
All of Westchester County *(if this answer is checked you can skip the rest)*	55	28
Ardsley	4	0
Bedford	1	0
Briarcliff Manor	3	0
Bronxville	7	0
Buchanan	2	0
Cortlandt	2	0
Croton-on-Hudson	3	0
Dobbs Ferry	4	0
Eastchester	9	0
Edgemont	0	1
Elmsford	7	0
Greenburgh	10	0
Harrison	7	0
Hastings-on-Hudson	3	0
Irvington	6	0
Larchmont	7	0
Lewisboro	1	0
Mamaroneck	10	0
Mount Kisco	5	4
Mount Pleasant	1	0
New Castle	2	0
North Castle	1	0
North Salem	1	0
Ossining	**13**	0
Peekskill	5	0
Pelham	8	0
Pleasantville	3	0
Port Chester	**13**	2
Pound Ridge	2	0
Purchase	3	0
Rye Brook	7	1
Scarsdale	11	1
Sleepy Hollow	4	1
Somers	4	0
Tarrytown	12	3
Tuckahoe	9	0
Yorktown	2	0
Mount Vernon - all	**18**	7
Mount Vernon 10550	3	0
Mount Vernon 10551	1	0
Mount Vernon 10552	1	0
Mount Vernon 10553	1	0

What home communities or cities are served by your program? Please check all that apply.		
	Response Total for Survey Respondents	Response Total for Non-Respondents
New Rochelle – all	**19**	1
New Rochelle 10801	2	0
New Rochelle 10802	1	0
New Rochelle 10804	1	0
New Rochelle 10800	0	0
Rye – all	7	1
Rye 10580	0	0
Rye 10581	0	0
Valhalla	0	3
White Plains – all	**16**	1
White Plains 10601	0	0
White Plains 10602	0	0
White Plains 10603	0	0
White Plains 10604	0	0
White Plains 10605	0	0
White Plains 10606	0	0
White Plains 10607	0	0
Yonkers – all	**23**	7
Yonkers 10701	2	0
Yonkers 10702	0	0
Yonkers 10703	0	0
Yonkers 10704	0	0
Yonkers 10705	2	0
Yonkers 10710	0	0
Total Survey Respondents	90	
(skipped this question)	8	

For the non-respondents, the picture of location is much the same. While 27 out of 57 (47.4%) offer services to residents from all over Westchester County, 47 of the 57 programs are located in mid or lower Westchester County (82.5%) in the major cities.

There is a relative scarcity of services available in Northern Westchester, which for purposes of this report includes Buchanan, Cortlandt, Croton-on-Hudson, Lewisboro, Mt. Kisco, Mt. Pleasant, New Castle, North Castle, North Salem, Ossining, Peekskill, Pound Ridge, Somers, and Yorktown. In the first table where respondent providers serving Northern Westchester were listed for the top 10 services, we found just one or two in each category. In the second table where all service categories for respondents are considered, the numbers for the Northern Westchester towns increase slightly several programs may be available in any one location.

III-B-2   ***Distribution of Child Population (under 5 yrs of age)***

To better understand the correlation between locations of services and where families with young children live, we looked at the age zero to five child populations in Westchester County for 1990 and 2000 from the U.S. Census Data to see where children live and which municipalities had the greatest percentage changes in child population. Table 4 below shows this information. Five of the 19 municipalities which had increases of over 30% in their age zero to five child population are located in the northern county, including Pound Ridge (57.8%), Buchanan (55.7%), Croton-on-Hudson (44%), North Salem (35.8%), and Bedford (35.6%). Of the four major cities, White Plains topped the list with an increase of 40%, followed by New Rochelle at 27.10%, Yonkers at 18%, and Mount Vernon at 12%. During this ten-year period, Westchester County overall had an 11.1% increase in its age zero to five child population. Only five municipalities had population increases which were lower than the County increase or which fell during this period – Mt. Kisco (6.6%), Pelham Village (5.6%), Dobbs Ferry (1.2%), Ossining Town (fell by 20.1%), and Hastings-on-Hudson (fell by 11.1%). So we can see that the age zero to five population increased in many areas of Westchester County but the distribution of services failed to increase exponentially where the population lives or closer to where the population is increasing.

Table 4: Age Zero to Five Child Population by Municipality: Percentage Change, 1990 to2000

Municipality	1990 - # of children	2000 - # of children	% change
Briarcliff Manor	386	648	67.90%
Scarsdale	930	1,527	64.20%
Pound Ridge	**256**	**404**	**57.80%**
Buchanan	**106**	**165**	**55.70%**
Rye	968	1,494	54.30%
Larchmont	423	651	53.90%
North Castle	605	914	51.10%
Croton-on-Hudson	**495**	**713**	**44%**
Somers	**972**	**1,370**	**41%**
White Plains	2,586	3,624	40%
Rye Brook	530	741	39.80%
Harrison	1265	1,767	39.70%
Mamaroneck Village	976	1,340	37.30%
Bronxville	381	518	36%
North Salem	**302**	**410**	**35.80%**
Bedford	**1,061**	**1,439**	**35.60%**
Mamaroneck Town	682	921	35%
New Castle	1,252	1,634	30.50%
Mount Pleasant	1,511	1,970	30.40%
Port Chester	1,568	2,034	29.70%
Tuckahoe	447	578	29.30%
New Rochelle	4,089	5,196	27.10%
Pleasantville	434	551	27%
Tarrytown	622	786	26.40%
Eastchester	1,079	1,363	26.30%
Ardsley	259	325	25.50%
Yorktown	**2,358**	**2,960**	**25.50%**
Lewisboro	**883**	**1,100**	**24.60%**
Pelham Manor	404	503	24.50%
Irvington	510	631	23.70%
Elmsford	331	404	22.10%
Greenburgh	2576	3,097	20.20%
Yonkers	12,653	14,921	18%
Peekskill	**1,620**	**1,907**	**17.70%**
Cortlandt	**2,136**	**2,510**	**17.50%**
Ossining Village	1,462	1,649	12.80%
Mount Vernon	4,649	5,205	12%
Mt. Kisco	667	711	6.60%
Pelham Village	427	451	5.60%
Dobbs Ferry	677	685	1.20%
Ossining Town	450	356	fell by 20.1%
Hastings-on-Hudson	487	433	fell by 11.1%
Westchester County overall	**57,718**	**64,100**	**11.10%**

III-C   Ages Served

The vast majority of programs identified in this survey provide services to children beginning at three or four years of age, while there are relatively fewer services for children under three years of age.

Most programs responding to the survey begin to provide services for children and their families when children reach age three and continue through age 12 (approximately 61%). The average age for children served by all programs in the survey is six years old.   Thirty programs provide services to the full zero-to-six age group; this is 33% of the respondents. However, 45 programs offer their services to the three to six age group, which is 49.5% of the survey respondents. There is an almost 17% increase in services once you move into the three to six age group for survey respondents.

According to the table below, the drop-off in services available for the zero-to-two age group is significant, falling from 60 respondents providing services for three year olds to 49 respondents doing so for two year olds and an average of 44.75 for the zero to two year age group. For pre-natal and post-partum age services, the number falls even lower to 19.5 for survey respondents.

For the non-respondents, we could not locate age range information for 47 programs on the clients they serve. Three non-respondent programs only serve the zero- to-five age range. Five offer programs only for parents and two serve pregnant young families or students. Out of the non-respondents, it's difficult to evaluate how many programs are offering services to our target client base, the zero-to-six age group.

In the second table below (Table 6) we look at the ages of children served in the 10 most commonly offered types of services. When looking at Community Education and Outreach, the top item in the list of services selected by our survey respondents, 24 organizations have programs for the zero to three age group and 29 programs serve children four to five years of age. Twenty-eight organizations work only with children aged six years old or older and 10 out of the 58 agencies involved in Community Education and Outreach accept children of all ages.

For the top 10 services offered in the county by survey respondent programs who answered this question, Table 6 shows the number of programs which provide services in each age breakdown category. The largest number of programs is offered to children in the age four to five category (237 programs – multiple services by program at multiple sites), followed by programs for children ages six and up (197 programs). The zero to three age category follows with 186 programs and 142 for ages zero to six.

Table 5: Service Population Age Range

What age ranges is served by your program?	# of Respondents Who Serve This Age Group (91 respondents; 7 of 98 skipped this question)
Pre-natal	19
Post-partum	20
0-6 months	43
6-12 months	44
13-18 months	46
19-24 months	46
2 years old	49
3 years old	60
4 years old	63
5 years old	64
6 years old	67
Children from 7-12 years	62
Children older than 12	50
Parents regardless of children's ages	49

Table 6: Top 10 Services by Age Groups Served

Service Provided	# of Programs	Areas of Crossover	Pre-natal/post-partum	ages 0-6	ages 0-3	ages 4-5	ages 6 and up	All ages
Community Education and Outreach	58		16	18	24	**29**	28	10
Individual, Group, Family, and Play Therapy	54	39 programs also offer assessment/diagnosis	10	19	22	**32**	30	10
Assessment and Diagnosis	48	39 programs also offer individual, group, family, play therapy	11	17	21	**29**	26	7
Parenting Skills Classes	47	28 programs also offer parent support groups	16	19	23	**28**	27	10
Parent Support Groups	45	28 programs also offer parenting skills classes	10	13	18	**23**	18	6
Case Management & Service Coordination	39		10	10	16	**16**	8	5
Crisis Intervention	38		9	13	17	**24**	21	7
Advocacy Services	31		8	8	12	**19**	17	4
Home Visiting/In-Home Services	27		8	14	18	**19**	12	4
Early Intervention	25	14 programs also offer speech and language therapy, occupational therapy, physical therapy, or are therapeutic nurseries/ preschools	6	11	15	**18**	10	4
Total number of programs	412 (*note that these include the same program offering multiple services*)		104	142	186	**237**	197	67

III-D   Access to Services

In the survey, we posed a number of questions to determine how program access might be restricted to families in the county. Overall, here's what we found:

- Generally, most programs are only open weekdays, with more hours in the afternoons than mornings or evenings.

- Nearly all can be reached via public transportation (91.2%).

- Referrals for services are required by less than 40% of the programs.

- However, specific diagnosis criteria are required by one-third of the respondents; these include but are not limited to having a major mental disorder, developmental disability or developmental delay, having a

parent that is seriously mentally ill, pregnancy, experiencing domestic violence in the home, or homelessness.

- Access to just over half of the services (46) are limited by a client's place of residence, although 18 of these programs only limit the client's access based on whether or not they live or work in Westchester County.

- Approximately 40% maintain waiting lists due to lack of staff or because their programs are full. Other reasons for waiting lists include inadequate funding or shortage of evening and weekend appointments.

- While 61 programs (70.1%) offer services in Spanish, only 9 (12.5%) provide services in languages other than English or Spanish.

III-D-1   Hours of Service

Hours of service for the majority of survey respondent programs are weekday mornings and afternoons, with more programs being open in the afternoon (averaging 61.2%) than in the morning (averaging 52.6%) and a smaller percentage having evening hours (averaging 17%). Far fewer services and agencies are available on Saturday and Sundays (approximately 7%).

For the non-respondent group, we could only locate hours of service availability information for eight of the fifty-seven programs. In each case, the hours were very limited – most to weekday mornings, two hours at a time, or after school, one or two days per week. These hours of service are for small programs catering to families, parenting students, or re-parenting grandparents or other family members and they each service less than 200 clients annually. Some programs care for as few as eight to twelve clients. Additionally, a respite program provides only weekend care.

Table 7: Days and Hours of Operation – Survey Respondents

What are your days and hours of operation? Please check all that apply.					
	Morning	Afternoon	Evening	All	Response Total
Monday	48	57	17	29	86
Tuesday	50	61	21	29	89
Wednesday	47	56	16	30	87
Thursday	50	57	16	30	90
Friday	52	58	10	26	85
Saturday	14	10	3	6	20
Sunday	6	7	3	4	11
Total Respondents	94				
(skipped this question)	4				

It should be noted that survey respondent programs which are highly individualized, such as support groups for parents of young children with specific behavioral problems, those that offer parent support groups and parenting skills classes, and agencies offering respite services are most likely to have more limited or defined hours, operating mostly at night or on the weekends. This is no different in the non-respondent group, where parenting skills classes are offered to pregnant teenagers depending on the students' school schedules and pregnancy prevention and parenting support programs are planned as needed after school in six week blocks of time.

Thirteen respondent programs out of the 94 who answered the Hours of Operation question had unusual hours of service or very limited hours of service. Out of these thirteen, in only a few cases did the limited hours offered fit the nature of the service: that of a respite program with hours only on Sunday afternoon and a support group for parents of children with OCD which meets one night during the week.

III-D-2 *Transportation and Accessibility*

Public transportation is accessible to most program sites, according to the majority of survey respondents (91.2%). Eight respondents chose "Yes, some are" as their answer to our public transportation question to indicate that not all of their program sites are close to public transportation but this only accounts for 8.8% of the survey response rate. Access by public transportation for these services must be considered less of an issue than the lack of hours of service availability in the evenings and on weekends for families and their children.

Table 8: Program Accessibility by Public Transportation

Are your program sites accessible by public transportation?	
	Response Total
Yes all are	83
Yes some are	8
Total Respondents	91
(skipped this question)	9

III-D-3 *Referrals, Diagnosis Criteria, and Program Accessibility*

Thirty-nine of ninety-eight program respondents (39.8%) said that they require referrals to their programs. Eighty-five respondents indicated that they receive referrals from different sources during the course of the year; the table below details the designated percentages of each category of referral accepted by our survey respondents. For example, in the first line, 3.5% of the respondents said they received no referrals from self/parent/custodial relatives, while 30.6% of the respondents specified that less than 25% of their referrals came from that category. The highest percentage of referrals is coming from the Self/parent/custodial relative category. The second level of referrals comes from the K-12 schools.

Table 9: Approximate Percentage of Referrals by Source in the last 12 Months

	None	less than 25%	26-50%	51-75%	76-99%	100%
Self/parent/custodial relative	**3.5%**	**30.6%**	**16.5%**	**4.7%**	**20.0%**	**1.2%**
Non-custodial relative	23.5%	31.8%	2.4%	1.2%	0.0%	0.0%
Family Court	25.9%	23.5%	7.1%	2.4%	0.0%	1.2%
Primary care physicians	25.9%	28.2%	2.4%	4.7%	0.0%	1.2%
Child care/day care/nursery school	24.7%	28.2%	3.5%	3.5%	0.0%	2.4%
Early Intervention	21.2%	24.7%	5.9%	1.2%	0.0%	1.2%
Schools (K-12)	**9.4%**	**27.1%**	**20.0%**	**8.2%**	**1.2%**	**3.5%**
CPS	11.8%	31.8%	5.9%	5.9%	2.4%	1.2%
Preventative Services	17.6%	24.7%	10.6%	3.5%	0.0%	0.0%
Foster Care Services	21.2%	23.5%	8.2%	4.7%	0.0%	1.2%
Private mental health practitioners	18.8%	35.3%	10.6%	1.2%	0.0%	0.0%
Probation Services	21.2%	28.2%	3.5%	1.2%	0.0%	0.0%
Domestic Violence services	21.2%	27.1%	4.7%	2.4%	2.4%	0.0%
TANF Family Assistance staff	29.4%	17.6%	3.5%	1.2%	0.0%	0.0%
Mental health agency staff	12.9%	38.8%	5.9%	2.4%	1.2%	1.2%
Drug/Alcohol Prevention and Treatment Services	22.4%	24.7%	2.4%	0.0%	0.0%	1.2%
Hospitals	15.3%	29.4%	9.4%	1.2%	4.7%	1.2%
Other	8.2%	21.2%	2.4%	1.2%	1.2%	3.5%
Total Respondents	85					
(skipped this question)	13					

Thirty-one survey respondents listed specific diagnosis criteria which are required for the client to be seen by the program. What's interesting here is the combination of diagnosis criteria and whether or not referrals are required.

❖ Diagnosis Criteria specified and Referral Required – 21 programs

❖ Diagnosis Criteria specified but no Referral Required – 10 programs

❖ Referral Required but no Diagnosis Criteria specified – 19 programs

Diagnosis Criteria covered a wide range including items which would be considered a diagnosis, or which would exclude clients based on a diagnosis. Other criteria would not be viewed as a diagnosis but rather perhaps a change in life circumstances or a valuable school program designed for prevention or intervention.

It is difficult to create a general picture of what services are offered demographically in the county by diagnosis type since only 31 respondent programs listed a required "diagnosis" or criteria for services by their agency. However, the following breakdown came out of the data from the survey respondents who did answer the "Is there a Diagnosis Limitation" question:

❖ Must have an Axis I diagnosis, according to the DSM-IV – The largest number of respondents (10 out of 31) stated that the children served must have an Axis I diagnosis according the DSM-IV. Axis I disorders are defined as clinical disorders, including major mental disorders, as well as developmental and

learning disorders. Common Axis I disorders include depression, anxiety disorders, bipolar disorder, ADHD, and schizophrenia. These programs are located in Yonkers (2), Elmsford (1), Mamaroneck (2), New Rochelle (3), and White Plains (2). They serve different age ranges. Only one program with this diagnosis criterion offers services to children of all ages (zero to eighteen years) and their parents; another covers solely the zero to six year old range. Four programs cover children from ages five to eighteen years, while one starts at three years old, another begins at four years of age, and yet another starts at age six. All of these programs go up through 18 years of age and include parents.

❖ Developmental Disabilities/ Mental Retardation/ Developmental Delay – Three programs out of 31 listed developmental disabilities or Mental Retardation/Developmental Delay as the criteria for inclusion in their services. Two of these programs are located in New Rochelle and are provided by the same agency; one is located in White Plains. Two programs service only three and four year olds, while the other accepts all ages, zero through eighteen, excluding parents. Some programs use MR/DD as an exclusionary diagnosis. Two, located in Elmsford and Mount Kisco, which offer assessment and diagnosis, crisis intervention, and counseling services, listed "no primary MR" as their diagnosis criteria. Both programs begin at age three and serve children through age eighteen and their families.

❖ Parents Must be Seriously Mentally Ill – Two programs, located in White Plains and Yonkers, designate that a child's parent must be seriously and persistently mentally ill for the child to be included in the program. One program accepts children from pre-natal through age four and parents, regardless of the child's age. The other program did not list the age range for children in its service.

❖ Substance Abuse – One program dealt specifically with substance abuse. Located in Mt. Kisco, it accepts children ages zero to 6 years old and parents, regardless of their children's ages. Two programs had restrictions against substance abusers. One, a residential home for young mothers in Yonkers, specified "active substance abusers must receive treatment before entry into the program". The other, a counseling center in Bronxville, does not accept substance abusers as counseling clients in its client base, which begins at age five and goes up through 18, including parents.

❖ Pregnancy-Based Programs – There are three programs which listed criteria based on pregnancy. One, located in White Plains, serves teenagers for pre-natal and post-partum services but will not accept high-risk pre-natal clients. Another, in Port Chester, is a program for pregnant and parenting teens and will accept the teens and their children from pre-natal through two years old. The last program, housed in Yonkers, is for women who are expecting a child or parenting a baby under three months old. Children accepted into this program range in age from pre-natal through five years.

❖ Other Specific Diagnosis or Criteria for Program Inclusion – Certain programs, based on their size, program design, and purpose, listed specific mental health diagnosis or other criteria for treatment or inclusion in the program. For

example, for one program (Valhalla, ages zero to eighteen), the child must be in foster care; for another, in order for children to receive counseling, there must be domestic violence in the home (Pleasantville, ages four to eighteen). A program in Yonkers focuses on families with young children (ages zero to five) and adolescents who are homeless or in transitional housing; that is the "diagnostic limitation" for entrance into the program. For children between two and eighteen who have lost one or both of their parents, there is a program based in White Plains. In Harrison, a specific program for sufferers of schizophrenia living in the community is offered.

So, while not exhaustive, this list demonstrates that for the respondents who answered the "Diagnosis Limitation" question, the answers cover a lot of ground, but not a lot of the county, with most services still centered in three cities – Yonkers, New Rochelle, and White Plains.

III-D-4   *Residency Limitations and Access*

When we posed the question, Do you have a residency limitation?, 91 survey respondents answered it. Forty-six (50.4%) have limitations to their program based on residency requirements and forty-five (49.5%) do not, so the response was fairly evenly divided. These 46 programs served approximately 16,600 children in the past year.

Table 10: Residency Limitations

Is there a residency limitation for your program?	
	Response Total
Yes	46
No	45
Total Respondents	91
(skipped this question)	7

Of the survey respondents with residency limitations for their programs, 16 stated explicitly that clients must be a resident of Westchester County. Two more added that their clients must live or work in Westchester County to become eligible for their services. The Westchester County resident criterion was the most frequently cited in the list at 34.8% of programs indicating residence as a criterion for service access. Three programs received their clients through referrals from school districts in lower Westchester County and were limited to residents in those school districts. One, located in Mt. Kisco, stated that it only serves clients in Northern Westchester County. There are some one-off programs which are located in one community and only serve that community – schizophrenic clients in Harrison, Mulford Gardens residents in Yonkers, homeless residents in White Plains, residents of the Sleepy Hollow School District, a high-school based parenting program for teenagers in Port Chester, etc. Yonkers has four programs which are restricted to Yonkers residents, several others that will serve both Yonkers and Mt. Vernon residents and still others which are open to residents of Yonkers, Mt. Vernon and New Rochelle.

With these residency limitations, we looked at hours of operations also. For these respondent programs which specified residency limitations, 16 out of the 46

(34.9%) are open each weekday and during the evening hours, and some included weekend hours. This means that 65.1% of the respondents to this question administer programs which not only have residency limitations, but which also have restricted operating hours. Twenty programs are open Monday through Friday, 8 am or 9 am to 5 pm, with three of those programs open two extended evenings each week. Three programs are only open during the afternoon and evenings five days a week, while one offers services only in the morning and three have business hours in the afternoon only a few days each week.

It would seem to make sense that the combination of residency limitation and more limited hours of operation would make access to these programs more difficult and severely reduce the number of children served. Nonetheless, these 27 programs (58.7% of the programs with restrictions) provided services to over 13,000 children in the past year. That constitutes 78.3% of the survey respondent population of children who received services from programs which had residency limitations (16,600 children). The other 16 programs, which were 34.8% of the programs with restrictions but had more open service hours, covered just 21.7% (3600) of the children served in the past year.

In the non-respondent programs, nearly half (28 out of 57 – 49.12%) are open to residents of Westchester County. Slightly more than half (29 out of 57 – 50.88%) of these programs have residency requirements restricted to one or two specific communities which are located mostly in mid or lower Westchester. The most northerly community in which these restricted programs are located is Mt. Kisco, and these are afterschool and summer camp programs for grades K-9 and playschool programs for ages zero to five, so they don't represent much diversity of services. Eight programs are located in Yonkers, seven in Mount Vernon, four in Tarrytown and Sleepy Hollow, and three in Valhalla.

III-D-5   *Language and Access Issues*

From 1990 to 2000, there was a 68.1% growth in the number of Spanish speaking households in Westchester County. 61 out of 87 (70.1%) survey respondents offer services in Spanish, but only nine out of 72 (12.5%) respondents provide services in any language other than English and/or Spanish.

Our survey posed two questions on the availability of services in other languages: "Does your program provide services in Spanish?" and "Does your program provide services in any other languages besides English and/or Spanish?" However, we did not ask who in the organization spoke these other languages. Therefore, we cannot be certain if services in Spanish or any other language are being provided by therapists, doctors, nurses, and treatment specialists, or by a translator, or by the receptionist or someone in an administrative function who may guide non-English speakers through the process or just help them fill out forms, depending on their language needs. It's difficult to say how language availability is impacting access to services.

Table 11: Language Availability

Does your program provide services in Spanish?	
	Response Total
Yes	61
No	26
Total Respondents	87
(skipped this question)	11

Does your program provide services in any other languages besides English and/or Spanish?	
	Response Total
Yes	9
No	63
Total Respondents	72
(skipped this question)	26

III-D-6   Waiting Lists: The Reasons for Them and Their Impact on Access

Thirty-eight out of ninety-two (41.3%) respondents said that they maintained waiting lists for their programs. The average waiting time for those who specified one is between one and two months (nine respondents) followed by more than two months (eight respondents), three weeks (six respondents), two weeks (four respondents), four weeks (three respondents) and one week (one respondent). Emergencies are accommodated by 31 of the 38 respondents who have waiting lists.

Fifteen of the survey respondents cited "Not enough staff" as the reason for their waiting list. "Shortage of evening/weekend appointments" was listed by five of the respondents as the main factor for their waiting list. The largest number of respondents, 17, chose "Other" with the option to list their reason for the waiting list. Thirteen out of the 17 listed "program at capacity" or "no space in the program" as the reason for the waiting list. Other reasons given included "grant monies", "waiting for appropriate group placement", "program runs in cycles – may need to wait for next cycle to begin", and "lack of financial aid funds."

It is not easy to fit these "programs with waiting lists" into a simple group of categories; they are found in a wide range of service categories. A combination of lack of adequate staffing and programs reaching capacity seems to be the major contributors to keeping waiting lists active for the program respondents in our survey. We do not have information about waiting lists at the non-respondent programs.

III-E   Coordination and Linkages

The final two survey questions were designed to solicit information on how agencies and programs are linked together by their participation in local or countywide groups focused on planning, coordination or service review. We listed existing groups in two categories: Planning and Policy Groups and Case Coordination Groups. The survey respondents could specify whether their participation in each group was at a *program* level, or at the *agency* level. Only 69 programs answered the first question on Planning and Policy groups while 36 answered the second question on Case Coordination Groups, leaving us with very limited survey response data. The largest group of programs and agencies are involved in Community Networks, followed by Early Childhood Networks (#2) and then Child and Family Team Networks (#3).

Table 12: Participation in Groups for Coordination and Linkage

Planning and Policy Groups in which Programs and Agencies participate.	Programs	Agencies
Community Networks	46	34
Early Childhood Networks	40	31
Early Childhood Directors Association	17	14
Westchester Association for the Education of Young Children	15	14
Communities that Care	20	21
Community Planning Council	13	18
Task Force on Child Abuse and Neglect	19	21
Campaign for Kids	18	16
Child Health Task Force	11	12
Other	17	13
Case Coordination Groups in which Programs and Agencies participate.	**Programs**	**Agencies**
Child and Family Team Network	25	18
Single Point of Entry	9	15
Single Point of Return	7	13
Other	4	2

III-F   Healthcare Services

Although not specifically surveyed in this project, health care providers and other programs that support young children's healthy physical development play an important role in supporting children's positive emotional and social growth. Many low-and moderate-income children receive health care—including well-baby/child visits, immunizations, oral health care, etc. – through the County's Neighborhood Health Centers: Ossining Open Door (with locations in Ossining, Sleepy Hollow, Mt. Kisco and Port Chester), Hudson River Health Center (with a location in Peekskill), and Mt. Vernon Health Center (with locations in Mt. Vernon, Greenburgh and Yonkers). Other primary health services are offered through St. Joseph's Family Health Center (Yonkers), and Valentine Lane Health Center (Yonkers) and Sound Shore Hospital (New Rochelle), among others.

Women, who may not qualify for Medicaid, either because their income is too high or because they are not citizens, may qualify for prenatal care under the PCAP program. Health care is extended for mother and child for three months following birth. PCAP providers include Health Centers, hospitals and Planned Parenthood offices (locations in New Rochelle, Yonkers, White Plains and Mt. Kisco.)

In addition to primary health care, families with low incomes are eligible for nutritional support through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), which is provided directly by the Westchester County Health Department and also through Health Centers and hospitals.

III-G   Childcare/ Head Start

Childcare: All of the data on childcare services available in Westchester County was made available to us from the Child Care Council of Westchester, Inc. (CCC.) CCC did not answer the Early Childhood Resources survey, as it would have been too cumbersome to complete a survey on each childcare program for which they maintain data. Instead CCC provided us with a spreadsheet of data for 673 OCFS (Office of Child and Family Services) regulated child care programs operating in Westchester County. These programs include Child Care Centers, Family Child Care Centers, Group Family Child Care Providers and School Age Programs.

From this spreadsheet, we gathered general information such as where the programs are located (city only), age range of the children served, licensed capacity, operating schedule, and available financial arrangements. Information which was not available included the program name and address, the number of children served by each program in the past year, staffing, and specific budget and funding arrangements for each program.

As we can see from the two tables below, the 673 programs cover all age ranges, from 2 weeks old through 13 years of age. The Registered Family Child Care Centers and the Group Family Care Centers are licensed to care for small numbers of children, from 5-8 or 10-14 kids at a time, while the School Age Programs and Licensed Child Care Centers are licensed to handle much larger capacity, anywhere from 16 children to 250, with most falling between 40 and 100 in licensed capacity. Hours of service overall are generous; Registered Family Child Care programs, Licensed Child Care Centers and Group Family Care Centers have primarily full day programs, open from 6 or 6:30 am to as late as 8 pm, with one or two programs open 24 hours or including late night hours. The School Age Programs operate half day programs, usually in the afternoons until dinnertime, with some full day programs. The top four cities in terms of numbers of available programs are Yonkers (138), Mount Vernon (102), White Plains (62), and New Rochelle (51); after that, the number of programs begins to fall to less than half of these totals and trend downward from there for each community on the list.

Table 13: Overview of Child Care Program Data

	Registered Family Child Care	School Age Program	Licensed Child Care Centers	Group Family Care Centers
Number of Programs	264	112	162	136
Age Range	2 weeks – 12 years	4 years – 13 years	1 month 2 weeks – 12 years	1 month 2 weeks – 12 years
Total Licensed Capacity – this is not the number of children served	5 – 8	16 – 250, most fall between 40 and 100	18 – 217, most fall between 40 and 100	10 – 14
Hours of Operation	Most are open 7 am – 6 pm but some are open as early as 5 am and close as late as 8 pm. Two programs have overnight hours and several others have late night hours.	71 after school programs – approx. 2: 30 pm – 6 pm; 41 all day programs from approx. 7 am – 6 pm.	110 programs operate approx. 6:30 am – 6 pm; 31 programs operate approx. 6 am – 3 pm; 10 programs operate half days, approx. 9 am through noon; and 3 more programs are open half days in the afternoons, 1 pm through 4 pm.	133 programs full day – approx. 6:30 am – 6:30 pm; 3 half day programs, either half day morning or afternoon.
Open Before School	189 programs	32 programs	22 programs	104 programs
Open After School	201 programs	98 programs	28 programs	116 programs
Take drop-ins	171 programs	20 programs	28 programs	116 programs
Rotating	84 programs	1 program	7 programs	46 programs
Temporary Emergency	174 programs	11 programs	25 programs	102 programs

Table 14: Child Care Programs by Type and Location

Location	Family Child Care	School Age Programs	Child Care Centers	Group Family Child Care Centers	Total OCFS Child Care Programs
Yonkers	**71**	**24**	**16**	**27**	**138**
Mount Vernon	**55**	**8**	**10**	**29**	**102**
White Plains	**20**	**11**	**19**	**12**	**62**
New Rochelle	**21**	**3**	**12**	**15**	**51**
Yorktown Heights	**8**	**8**	**6**	**5**	**27**
Sleepy Hollow	**17**	**2**	**2**	**2**	**23**
Peekskill	**12**	**0**	**3**	**7**	**22**
Ossining	**7**	**3**	**5**	**2**	**17**
Mamaroneck	**6**	**0**	**5**	**4**	**15**
Port Chester	**7**	**2**	**6**	**0**	**15**
Cortlandt Manor	6	1	4	3	14
Scarsdale	1	1	8	3	13
Tarrytown	5	4	3	1	13
Chappaqua	2	4	4	0	10
Mount Kisco	1	0	5	2	8
Elmsford	2	1	4	0	7
Armonk	0	1	5	0	6
Bedford Hills	0	2	3	1	6
Croton	3	0	2	1	6
Pleasantville	3	1	2	0	6
Ardsley	0	2	1	2	5
Dobbs Ferry	0	1	2	2	5
Eastchester	1	1	1	2	5
Hastings-on-Hudson	0	1	2	2	5
Pelham	0	3	2	0	5
Purchase	0	0	3	2	5
Harrison	0	2	2	0	4
Katonah	1	1	2	0	4
Mohegan Lake	0	2	2	0	4
Rye	0	2	1	1	4
Rye Brook	1	1	2	0	4
Somers	1	1	0	2	4
Tuckahoe	1	1	1	1	4
Crompond	1	2	0	0	3
Hartsdale	0	1	1	1	3
Hawthorne	1	0	1	1	3
Larchmont	0	1	2	0	3
South Salem	0	2	0	1	3
Valhalla	0	0	3	0	3
West Harrison	0	1	1	1	3
Bedford	1	0	0	1	2
Briarcliff Manor	2	0	0	0	2
Granite Springs	0	0	1	1	2
Hastings	1	1	0	0	2

Location	Family Child Care	School Age Programs	Child Care Centers	Group Family Child Care Centers	Total OCFS Child Care Programs
Irvington	0	1	1	0	2
Montrose	0	1	1	0	2
Shrub Oak	0	0	1	1	2
Briarcliff	0	0	1	0	1
Bronxville	0	0	1	0	1
Buchanan	0	1	0	0	1
Croton-on-Hudson	0	1	0	0	1
Goldens Bridge	0	1	0	0	1
Greenburgh	1	0	0	0	1
Lincolndale	0	1	0	0	1
North Salem	0	1	0	0	1
Pound Ridge	0	1	0	0	1
Purdys	0	0	1	0	1
Shenorock	0	0	0	1	1
Thornwood	1	0	0	0	1
Yorktown	1	0	0	0	1

To analyze the childcare data, it's important to consider also the CCC's own data from the Supply and Demand Survey from 2005. The data compiled in the Supply and Demand survey is from November of 2004, but this is the most recent information we could obtain to correlate with our Early Childhood Resources survey data. According to the Supply and Demand report, Westchester County has a statistical need for 85,998 child care slots based on the U.S. Census 2000 county child population aged infancy through 12 years of 171,995 children. From that data, there were only 25,413 regulated child care slots in the county, leaving 60,585 children and their families without regulated child care. There are 1,416 infant slots, 2,661 toddler slots, 9,747 preschool slots, and 11,589 slots for school age children.

Despite investment by Westchester County in our youngest citizens, we have lost childcare slots for infants and toddlers. School age and preschool children represent 46% and 38%, respectively, of the current regulated childcare slots, while toddlers account for just 10% and infants just 6%. Fewer slots were available for infants and toddlers in 2004 (3,577) than there were in 2000 (4,243) due to a reduction in family child care providers in the county. At the same time, preschool and school age capacity have increased by 17% and 32% respectively since the 2000 Supply and Demand Survey.

According to the CCC Supply and Demand report data, many communities in Westchester County are only meeting a partial need for their childcare demands in number of available slots, but even with this, they have low enrollment. For example, Peekskill has only 753 available slots for 2,131 children who need care. This means that they are only meeting 35% of their childcare slot needs. However, the percentage of the available slots currently occupied is 51%. Similarly, New Rochelle has 1,386 available slots for a demand of 6,419, meaning the city is meeting 22% of its childcare demands. Nonetheless, only 64% of the available slots are occupied. The average

percentage of demand currently being met in the county is 30% while the average percentage of available slots being occupied is 68%. So, while there are not enough slots available for childcare at any age level in the county, only two communities (Lewisboro and North Castle) are operating at 100% of their current childcare enrollment capacity while still needing to expand their enrollment capacity. Lewisboro is only meeting 8% of its childcare demands; 1,350 more slots are required in the community. North Castle is meeting 49% of its demands with 583 slots, but 619 more available childcare slots are needed. All these numbers mean that vacancies are high, particularly in the cities of Yonkers (53%), White Plains (32%), New Rochelle (36%), Ossining (42%) and Peekskill (49%). There are two reasons cited primarily by the providers for the enrollment capacity issues:

1. For center based programs, cost is the primary reason for low enrollment.

2. For family child care providers, too much competition is the primary reason for low enrollment.

For parents, the reasons they are not using these available child care slots are, in order of importance:

1. High cost

2. Problems with the public subsidy system

3. Parents out of work

4. Too many competitors in the industry

5. Parents need other hours of availability

Head Start: Head Start is a federally funded program for young children from low-income families. The Head Start model includes many mandated service elements for children and their families—including regular health and development screenings, referrals to needed services, Family Workers and Social Workers on staff, parental participation in program governance—that result in an enriched early childhood educational experience. Head Start programs are located in Yonkers, Mt. Vernon, New Rochelle, White Plains, Peekskill, Greenburgh, Port Chester, Mt. Kisco, Yorktown, Mamaroneck, Eastchester, and Bedford Hills.

Two agencies have federal contracts to provide Head Start Services in Westchester: Family Service of Westchester (FSW) covers White Plains and has five Head Start centers serving 194 in regular Head Start programs (three and four year olds) and 23 infants and toddlers in Early Head Start (EHS). They also have 17 EHS children in home-based Head Start. FSW also provides therapeutic Head Start through its Prime Time program.

Head Start in the rest of Westchester County is provided to 1,910 children through Westchester Community Opportunity Program (WestCOP), either directly or by delegate agencies. WestCOP Head Start includes 23 programs combined with Pre-K or day care, seven programs that are stand-alone Head Start for three and four year olds, and 10 programs serving infants and toddlers (nine of these are part of the Head Start Day care programs.). WestCOP also provides four therapeutic nursery programs and five therapeutic collaborations for children with special needs.

IV   Conclusion

The governmental and non-profit entities represented in this report offer a rich array of services to families in Westchester County, but this report documents serious barriers to service for very young children with emotional and behavioral problems. First, there is an overall dearth of services for children under three years of age. Evening and weekend hours for most service providers are severely limited or non-existent, leaving working parents with limited options. Locations for most current services are concentrated in the largest population centers, but there are growing needs in Northern Westchester which are not being met.

In hindsight, the Inventory project did have some important limitations. First, respondents were self-selected; more than one third of those programs identified as relevant for the inventory chose not to respond. Even when a program decided to respond, they could and did decide which survey items they wanted to complete.

Additionally, respondents were asked to self-define or categorize their programs and services, while the survey did not adequately define or delineate what activities or programs were to be included in each service category. For example, the survey offered several types of services for parents from which respondents could choose, but without common definitions we were unable to tell what services were actually being provided. Finally, it was beyond the scope of this project to collect information on or evaluate the quality of services or how well different services were coordinated or integrated with each other.

While this report contains a great deal of information, it also points to the need to increase availability and access to services and raises new questions. As we write, several efforts are underway to address issues in key areas that directly impact young children and their families:

Child Care:

In response to advocacy by child advocates, Westchester County has made funds available to provide child care scholarships to families who earn too much money to qualify for existing subsidies but not enough money to afford child care.

The County has just completed a study of child care services that will offer information on how to help more children access quality care while strengthening the child care system.

The Child Care Council of Westchester is working closely with the County to administer the scholarship program, strengthen provider agencies, and advocate for needed policies and resources.

Mental Health:

In 2007, with funding secured by child advocates, Westchester County will fund 3 pilot programs that bring mental health resources to child care centers in poor communities throughout the county. The aims of the program are to teach social-emotional coping skills to young children, strengthen the ability of child care staff and

parents to manage children with difficult behaviors, and to provide services to prevent children from developing serious mental illness. Funding will also support an independent evaluation of these programs that will help point the way for future expansion and development of this and other innovative models of preventive mental health care.

Parenting Programs:

Westchester Children's Association has begun a study of parenting programs in Westchester with the goal documenting existing programs, identifying those programs that are based on "best practice" models, or have been positively evaluated, and to promote the adoption and expansion of the most effective program models.

The purpose of this report is to shed some light on the complex mosaic of early childhood services in Westchester County. We hope it will make a positive contribution to the efforts of all those who care about the well-being of young children and their families, and that those efforts will be politically vigorous, intellectually rigorous and unceasing.

Our children deserve no less.

Appendices

Appendix A – List of Service Categories

Prevention and Early Intervention services

1. Prenatal care

2. Community education/outreach

3. Nutrition

4. Health care

5. Home visiting/in-home services

Clinical Services

1. Assessment/ diagnosis

2. Crisis intervention

3. Individual, group, family, and play therapy

4. Speech and language therapy

5. Occupational therapy

6. Physical therapy

7. Early Intervention

Community Services

1. Childcare

2. Therapeutic nurseries/preschools

3. After school/ summer programs

4. Playgroups

5. Teen pregnancy/parenting services

Family/Caregiver Support Services

1. Case management/service coordination

2. Parent hotlines

3. Parent support groups

4. Family resource centers

5. Advocacy services

6. Respite

7. Parenting Skills Classes

8. Home Visiting/in-home service

Appendix B – Survey Instrument

Please answer the following questions regarding the program you have indicated above. If you oversee more than one program, please fill out a separate survey for each one.

Services Provided (please check all that apply)

What Prevention and Early Intervention services does this program provide?

1. Prenatal care   ____

2. Community education/ outreach   ____

3. Nutrition   ____

4. Health care   ____

5. Home visiting/in-home services   ____

What Clinical Services does this program provide?

1. Assessment/ diagnosis   ____

2. Crisis intervention   ____

3. Individual, group, family, and play therapy ____

4. Speech and language therapy   ____

5. Occupational therapy   ____

6. Physical therapy   ____

7. Early Intervention   ____

What Community Services does this program provide?

1. Childcare   ____

2. Therapeutic nurseries/ preschools   ____

3. After school/ summer programs   ____

4. Playgroups   ____

5. Teen pregnancy/parenting services   ____

What Family/ Caregiver Support services does this program provide?

1. Case management/ service coordination   ____

2. Parent hotlines   ____

3. Parent support groups   ____

4. Family resource centers   ____

5. Advocacy services   ____

6. Respite   ____

7. Parenting Skills classes   ____

8. Home visiting/ in-home services   ____

Program Address (please list the main office or principal site address)

_____

_____

If the program is offered at more than one location, please specify the addresses of other sites here: _____

_____

_____

_____

Contact Person

    Name _____

    Title _____

Phone _____

Email _____

Fax _____

Mailing address (if different from program address above)

_____

_____

Eligibility:

1. Is there an income eligibility level for your program………………………....(Y / N)

    a. If so, what is it _____

    _____

2. Is there a diagnosis limitation for your program…………………………….(Y / N)

    a. If so, what is it: _____

    _____

3. Is there a residency limitation for your program……………………………(Y / N)

    a. If so, what is it: _____

    _____

Days/ Hours of Operation: Check all that apply

	Morning	Afternoon	Evening
Mon			
Tues			
Wed			
Thur			
Fri			
Sat			

Sun			

Access

1. Are referrals required?..(Y / N)

2. **Please check off the approximate percentage of total referrals your program received from each of these sources during the last 12 months**

	None	<25%	26-50%	51-75%	76-99%	100%
Self/parent/custodial relative						
Non-custodial relative						
Family Court						
Primary Care Physicians						
Child care/ day care/ nursery school						
Early Intervention						
Schools (K-12)						
CPS						
Preventative Services						
Foster Care Services						
Private mental health practitioners						
Probation Services						
Domestic Violence Services						
TANF Family Assistance Staff						
Mental Health Agency Staff						
Drug/ Alcohol Prevention and Treatment Services						
Hospitals						
Other (please specify)						

3. Are program facilities accessible to the disabled?................ (All / Some / None)

4. Are program sites accessible by public transportation?......... (All / Some / None)

5. Is child care provided at the program sites ?......................... (All / Some / None)

   a. If yes, is there a fee?...(Y / N)

6. Is this service provided in clients' homes?...................................(Y / N)

7. Is this service mobile? …………………………………………….(Y / N)

Clientele

1.   Please estimate approximately how many clients were served by your program during the last 12 months…….………………………………………._____

    a. How many children…….…………………………………._____

    a. How many adults……………….………………………..._____

    b. How many households…………………………………..._____

2.Ages – please check all age ranges served

    a. All ages 0-6   _____   (if so, skip to question b)

1.	Pre-natal	____
2.	Post-partum	____
3.	Birth- 6 months	____
4.	7-12 months	____
5.	13-18 months	____
6.	19-24 months	____
7.	2 years old	____
8.	3 years old	____
9.	4 years old	____
10.	5 years old	____
11.	6 years old	____

    b. Children from 6-12 years   ____

    c. Children older than 12   ____

    d. Parents regardless of children's ages   ____

3. Client home communities represented (check all that apply)

Our program serves all of Westchester County _____ (if so, skip next page)

Community	Program serves this community	Cities	Program serves this city
Ardsley		Mount Vernon	
Bedford		10550	
Briarcliff Manor		10551	
Bronxville		10552	
Buchanan		10553	
Cortlandt		New Rochelle:	
Croton-on-Hudson		10801	
Dobbs Ferry		10802	
Eastchester		10804	
Elmsford		10800	
Greenburgh		Rye:	
Harrison		10580	
Hastings-on-Hudson		10581	
Irvington		White Plains:	
Larchmont		10601	
Lewisboro		10602	
Mamaroneck		10603	
Mount Kisco		10604	
Mount Pleasant		10605	
New Castle		10606	
North Castle		10607	
North Salem		Yonkers:	
Ossining		10701	
Peekskill		10702	
Pelham		10704	
Pleasantville		10704	
Port Chester		10705	
Pound Ridge		10710	
Purchase			
Rye Brook			
Scarsdale			
Sleepy Hollow			
Somers			
Tarrytown			
Tuckahoe			
Yorktown			

4. What percentage of clients served by your program come from Westchester County (circle one)

   a. 0-25%

   b. 26-50%

   c. 51-75%

   d. 76-99%

e. 100%

Wait List:

1. Does your program maintain a waiting list …..…………………………. (Y / N)

2. Average wait length – (circle one)

    a. 1 week

    b. 2 weeks

    c. 3 weeks

    d. 4 weeks

    e. Between 1-2 months

    f. More than 2 months

3. Does your program accommodate emergencies…………………………(Y / N)

4. What is the most common reason a potential client is placed on a waiting list? (circle one)

    a. Not enough staff

    b. Lack of specially trained staff

    c. Lack of bilingual staff proficient in client's language

    d. Shortage of evening/ weekend appointments

    e. Other (please specify) _____

Staff

1. What credentials do members of your staff have for doing the work of your program?

_____
_____
_____
_____

2. How many of your program staff have specialized training in early childhood?

a. None

b. A few

c. Some

d. Most

e. All

Service Provided in Languages Other than English

1. Does your program provide services in Spanish? ……..………….(Y / N)

2. Does your program provide services in any other languages?.........(Y / N)

   Please specify _____

Program Budget

Approximate Annual Program Budget (including overhead):

1. What is the approximate annual budget of your program including overhead?
   $_____

2. What is the approximate cost per client served………….. $_____

Fees and Funding:

1. Is there a fee for the services provided by your program?.............................(Y / N)

2. If yes, please check all forms of payment accepted:

   a. Medicaid   ____

   b. Child Health Plus   ____

   c. Private Insurance   ____

   d. Self-pay   ____

      i. Sliding scale   ____

e. Government subsidies or vouchers _____

3. If no, are client "pay what you like" donations requested?....(Y / N)

4. Percentage of clients using State health insurance……………_____%

5. Percentage of clients that are uninsured………………………_____%

6. What percentage of program budget is covered by fee income?._____%

7. In addition to fees, please list other sources of funding and the approximate percentage of the program budget that they cover

   a. _____

   b. _____

   c. _____

   d. _____

Coordination/Linkages

In which if any of the following planning/coordination groups do your program and/or agency participate? (Check all those that apply)

Planning and Policy Group	Program	Agency
Community Networks		
Early Childhood Networks		
Early Childhood Directors Association		
Westchester Association for the Education of Young Children		
Communities that Care		
Community Planning Council		
Task Force on Child Abuse and Neglect		
Campaign for Kids		
Child Health Task Force		
Others:		
Case Coordination Groups	**Program**	**Agency**
Child and Family Team Network		
Single Point of Entry		
Single Point of Return		
Others:		

Thank you for taking the time to complete this survey. Remember to please complete a copy of the survey for each individual program.