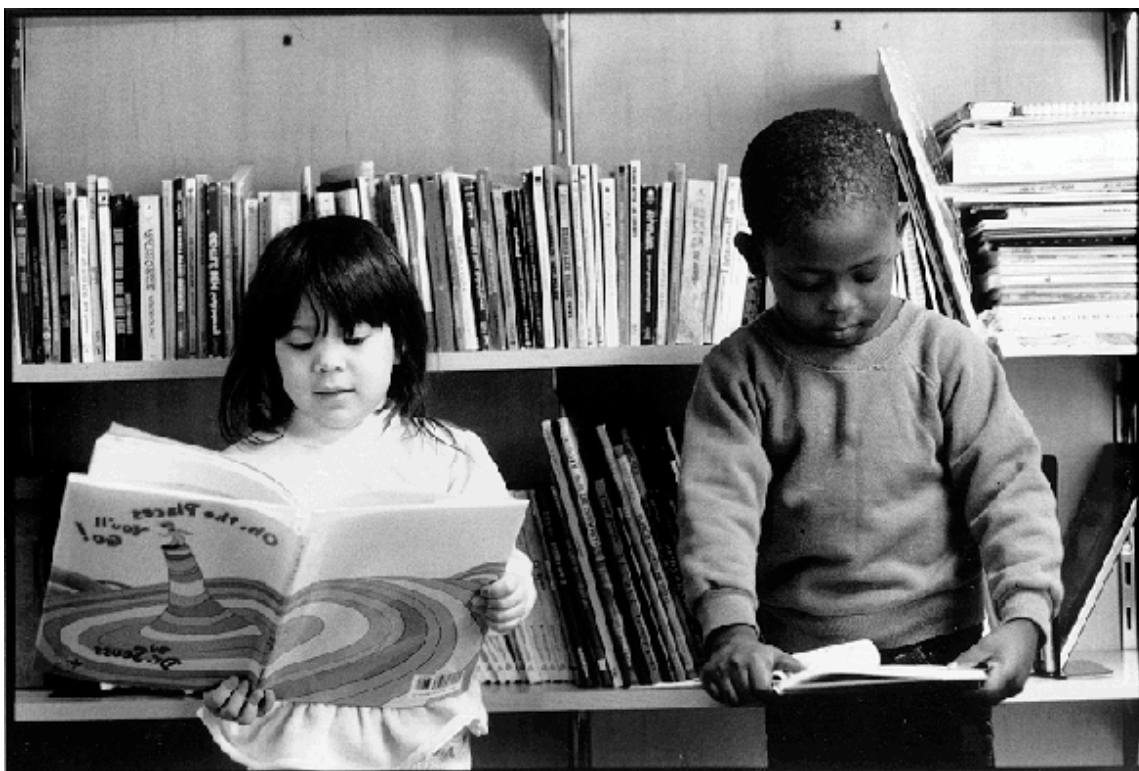

A Report to the Chicago Department of Human Services
and The Ounce of Prevention Fund

CHICAGO
EARLY CHILDHOOD CARE
AND EDUCATION



NEEDS
ASSESSMENT

Prepared by the Illinois Facilities Fund
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EXECUTIVE SUMMARY

In the fall of 1998, the Chicago Department of Human Services (CDHS) commissioned the Illinois Facilities Fund (IFF) to conduct an early childhood care and education needs assessment on behalf of The Ounce of Prevention Fund, the Community and Economic Development Association of Cook County (CEDA), and other government and nonprofit organizations involved in the delivery of child care. This report presents the results of the needs assessment and estimates the need for licensed, full-day, full-year care for preschool children in Chicago. It specifically examines the need for full-day, full-year child care for low-income, working families with children of preschool age (infants through five years).

When President Clinton signed the Personal Responsibility Act of 1997, he not only changed “welfare as we [knew] it,” he significantly altered the early childhood care and education system for low-income families. State and federal welfare-to-work mandates are pushing thousands of mothers into the labor force, resulting in dramatic increases in the demand for affordable child care.

The IFF documents that there are approximately 247,000 children between birth and five years in Chicago. Of these children, approximately 162,000 are in working families of all incomes potentially requiring child care. Only 20 percent of these children are being served with full-day, licensed child care, leaving approximately 130,000 children for which there are no licensed slots available.

Furthermore, the IFF documents that licensed care is in even shorter supply for children in subsidy-eligible, low-income families (those who earn 50 percent of the State median income or less). There are approximately 68,000 infant to five year olds in subsidy-eligible working families and only 12,300 licensed slots. Only 18 percent of subsidy-eligible children are being served with licensed slots – a gap of more than 56,000 licensed slots in the City.

This report prioritizes all 77 Chicago community areas according to their need for full-day, full-year child care for low-income families. The eleven community areas with the greatest need for child care according to the IFF prioritization methodology are:

1. South Lawndale
2. Logan Square
3. New City
4. Englewood
5. West Ridge
6. Brighton Park
7. Hermosa
8. Lower West Side
9. Albany Park
10. Humboldt Park
11. West Englewood

Only six percent of children from subsidy-eligible families are being served in a licensed, full-day setting in these eleven priority areas, leaving more than 20,000 low-income children with no licensed care option. These community areas together represent 36 percent of the City's entire deficit of child care slots.

This report represents the initial phase of a multi-year plan for the development of early childhood care and education in the City and will serve as a resource for city-wide planning efforts. The City of Chicago is adopting strategies to increase the early childhood care and education services available for all families. These include: streamlining the child care licensing process to expedite child care licenses; working with the private sector for employee-related child care services; and expanding early childhood care and education services within the downtown (Loop) area.

This report focuses on the need for subsidized early childhood care and education services. Recognizing the increased demands of welfare reform on the child care system, the City has taken interim steps to increase full-day care for subsidy-eligible, working families including: creating 500 full-day Head Start slots for infants/toddlers; converting 30 half-day Head Start sites to full-day; and supporting of construction of nine Child and Family Resource Center facilities for 1,700 children within the federally designated Empowerment Zone and Enterprise Communities.

The report demonstrates that the City faces multiple challenges to address the need for full-day, full-year care for low-income families, especially as the State of Illinois continues to meet its welfare reform goals. The IFF outlines recommendations for the City of Chicago to address the need for full-day, licensed care. These recommendations are:

1. Establish a goal to serve 35 percent of the demand among low-income families through licensed care by the year 2005.
2. Work with other government and nonprofit organizations to document the number of families that would qualify and would choose licensed, full-day child care if available.
3. Develop community-specific action plans for increasing licensed care in the priority community areas.
4. Develop a written plan of action, with the input and support of Health and Human Services and Illinois Department of Human Services, for the conversion of half-day Head Start to full-day and adding Head Start funds to child care programs to create an incentive for expansion and to improve quality in the priority community areas.
5. Pursue further development of Child and Family Resource Centers that serve children of all ages in growing communities with high shortages of care.
6. Increase networks of licensed home-based care in the priority community areas.
7. Encourage license-exempt providers to use part-day early childhood education programs to prepare preschool children for school.

INTRODUCTION

BACKGROUND

There is a growing awareness that the learning process for children begins at a very early age, and that the steps that lead to school failure begin in a child's earliest years. In an ideal world, parents would have the time, knowledge and resources to maintain their children's health and provide early education to prepare them for kindergarten. In practice, many disadvantaged families are faced with a multitude of challenges –unstable jobs, unsuitable housing, and a lack of reliable and safe child care – that may deny them opportunities to prepare their young children for school. Thirty-five years ago Head Start was created to give parents those opportunities by targeting the educational needs of children living in poverty.

The labor force participation of women with children in Chicago is increasing, even without welfare reform requirements. In 1990, 56 percent of women with children under six were working, up from 51 percent in 1980 and 29 percent in 1970. During the same time, the number of children growing up in poverty in Chicago increased. Twenty-eight percent of all children lived in poverty in 1990, up from 25.2 percent in 1980 and 17.5 percent in 1970. Many of these children live in circumstances that deprive them of the early learning skills necessary for success in school. If they enter kindergarten without first receiving exposure to experiences that will boost their confidence and help them learn to integrate information, they are at high risk of academic failure right from the start.

When President Clinton signed the Personal Responsibility Act of 1997, he not only changed “welfare as we [knew] it,” he significantly altered the child care and early childhood education system for low-income families. For decades, millions of children living in poverty have received early childhood education, preschool preparation, health care, and nutrition education from Head Start, a part-day and part-year program. Mirroring the traditional school year, Head Start has focused on child development needs and overall parenting skills of single, non-working parents. As all welfare recipients now must move from welfare to work, parents must find full-day, full-year child care.

Additionally, since 1985 the U.S. Department of Education has offered the Pre-Kindergarten (Pre-K) program, designed to prepare “at-risk” three and four year olds for kindergarten. Pre-K is also a part-day, school-year program. The legacy of Head Start and Pre-K is immeasurable, but their new challenge is to continue to provide for the crucial child development needs of low-income children in a full-day, full-year context that supports a parent’s need to obtain and retain work.

ISSUES FOR THE CITY OF CHICAGO

These are some of the overarching issues faced by society, which are now being addressed by the Chicago Department of Human Services and The Ounce of Prevention Fund. Changing demographics, Federal and State welfare reform policies, structural changes in the Federal and State programs supporting subsidized child care for low-income families, the need for additional child care for mothers required to leave welfare and become financially independent, and the crucial attention now focused on the preparation of young children for school together create an imperative for the City to undertake planning for early childhood care and education services.

Even without the growing need for full-day, full-year child care to meet the needs of families moving from welfare to work, the supply of licensed, subsidized full-day child care does not meet the demand from low-income working families. Seventy percent of all early childhood development slots that are available and/or affordable to low-income families are part-day and part-year. To meet the challenges described above, the majority of these slots must become full-day, full-year child care. Essentially Chicago is faced with turning its system on its head.

There is more funding available than ever before for early childhood care and education services,¹ and the needs of low-income families are growing. This is a time of tremendous opportunity for the early childhood care and education field to increase its strength and professionalism and its ability to become a more central force in early childhood development in partnership with families, communities, and school districts.

¹ All Federal and State child care programs have experienced funding increases in recent years.

CDHS and The Ounce of Prevention Fund are grappling with structural, funding and public policy challenges, which led to the commissioning of this report. These include:

- ◆ the need to convert a large Federal contract for half-day, part-year programs for three and four year olds to a community-based program of full-day, full-year child care for children from birth through five years;
- ◆ the need for a rationale to determine what proportion of child care should be licensed, monitored care that will prepare children for kindergarten;
- ◆ the need for a rationale to determine what proportion of child care should be in licensed centers to provide choices in disadvantaged communities that approximate the choices parents have in other communities;
- ◆ the structure and cost of a financing plan to leverage public funds and attract private investment to support the start-up costs and capital investment required to increase the supply of child care; and
- ◆ methods to increase the management and financial capacity of the early childhood care and education field to avoid potential crises as welfare reform goals are reached in Chicago.

The City of Chicago cannot address these issues alone.

- ◆ Enthusiastic support and cooperation from State and Federal agencies on a leadership level is required to achieve these goals.
- ◆ While a more innovative public sector approach to investment in early childhood care and education is needed – including a realignment and combining of all funding streams – the use of private funds and private sector skills is also necessary to achieve the City's goals.
- ◆ Market forces demanding quality licensed child care for low-income families are not in place because low-income parents are often not informed or well organized. Advocacy on behalf of increasing licensed care is not active because the child care field is overwhelmed with meeting existing demand in under-funded programs, options for making affordable capital investments simply do not exist, and current public policy's focus is on reducing the size of governmental programs.

PURPOSE

This report focuses on the need for full-day, full-year child care for low-income, working families with preschool children (infants through five years). The report also presents data on the need for full-day care for all children, but will specifically focus on the need to serve families eligible for State-subsidized child care.

The report's purposes are to:

1. Document the level of need for full-day, full-year child care services for all preschool-age children (infants, toddlers, and three to five year olds) in community areas throughout the City.
2. Justify the conversion of part-day programs to full-day, full-year services and the development and expansion of additional full-day services.

3. Identify and rank community areas with the highest need for child care services for low-income families and identify the priority community areas for expansion of subsidized child care.
4. Enable public officials and nonprofit organizations to better locate, establish, and operate early childhood care and education programs in the priority community areas.
5. Recommend strategies for increasing full-day early childhood care and education capacity.

This report is one of many steps the City is taking to change Chicago's early childhood care and education system and increase child care capacity for low-income families. By documenting the need for full-day child care for subsidy-eligible families and detailing the type of child care slots in each of Chicago's 77 community areas, local, State and Federal agencies will be better able to work together to direct resources to the neediest communities and build upon the already existing child care assets of those communities.

ABOUT THE REPORT

The IFF designed a new methodology for measuring full-day child care need. This methodology specifically estimates the number of children living in families where the single parent or both parents are working and would potentially demand full-day child care. In addition, it estimates the potential demand by families who are eligible to receive State child care subsidies. These estimates are compared to the number of licensed, full-day child care slots and subsidized slots as both a gap (children minus slots) and a percentage (slots divided by children). The methodology for calculating slot deficits, service levels, regional service levels, and need for other services used throughout this report is detailed in Appendix A – Methodology. In order to understand the analysis and implications of this report the reader should understand the methodology and its key assumptions.

Definitions

Recently there have been changes in definitions of terms used to describe the types of child care that are eligible for payment by the State of Illinois. These changes may cause confusion in discussions about public policy related to eligible reimbursement to providers.

With the advent of Temporary Assistance to Needy Families (TANF) the State began subsidizing “unlicensed” care through certificates.² The term “unlicensed” in the past referred to care provided by a person whose compliance requirement was limited to completion of a health form before payment by the State commenced. This group of providers is now considered part of the “license-exempt” group, as long as no more than three children are cared for at one time by the same provider. Prior to this change, license-exempt was used to describe site-based providers subject to other licensing requirements such as public schools, colleges, park districts and churches.

In general, the IFF believes this term now covers too broad a group. The school and college sites do not differ greatly from the licensed centers described below. The individual providers, however, may have received no training in child development and their “facilities” may not meet generally accepted health and safety standards. This is not helpful in terms of assisting parents in establishing expectations of providers.

The term “licensed” care refers to both child care centers and homes that are licensed by the State. Licensing requirements include, but are not limited to, curriculum and staffing ratios and qualifications and health and safety requirements.

In this report, the new definition “license-exempt” may cause confusion. The City’s goal is to determine whether children are receiving early childhood care and education services and preparation for school. “License-exempt” child care centers are included in the methodology’s count of child care slots because they are tracked, monitored, and generally comply with licensing requirements and providing a curriculum. Home-based

² A child care certificate is the means through which some child care providers are paid by the State for their services.

child care (in the provider's home or child's home) paid for with certificates is not included because these homes are not tracked, monitored and nothing is known about their practices.

PRIORITY COMMUNITY AREAS

One of the purposes of this report is to assist the City prioritize future investment of early childhood care and education resources as it moves from a system of part-day, part-year to full-day, full-year. Four measures are used to prioritize community areas into the top ten and twenty community areas: the size of the slot deficit, the percentage of potential demand served by existing slots (service level), the service level of the community's regional area, and the ranking of need for other services.³

The two most important indicators of child care need are the percentage of service provided to low-income families and the numerical slot deficit in each community. Because the community areas range in size from 3,309 residents in Burnside to 110,691 in Austin, a direct comparison of community areas' need for child care is difficult. If the slot deficit alone were used to prioritize need, the most populous communities would be ranked higher even though they may have higher service levels. Service levels represent the severity of the problem for low-income families in obtaining child care.

However, if ranking were only based on service level, communities with no service – but few children needing care – would be ranked high. Four communities have no subsidized child care slots, but the combined deficit in those four communities amounts to only 749 slots, less than the 763 slot deficit of Greater Grand Crossing alone – which ranks 29th among all communities. Focusing resources on these communities would greatly improve service levels, but would not affect as many children.

The regional service level indicator recognizes that families will cross community area boundaries to find child care. The regional service level is based on the service level of the community and its adjoining community areas. A lower regional service level indicates that it is difficult to find care, even if the particular community has a higher

³ The detailed methodology for calculating slot deficits, service levels, regional service levels, and need for other services used throughout this report is presented in Appendix A – Methodology. For a full understanding of this report and its implications the reader should understand the methodology and its key assumptions.

service level, because families in the adjoining community areas with low service levels will seek care in the community with the higher service level.

The final indicator for prioritizing child care need is the community's need for other services. The Other Service Needs Indicator⁴ ranking is borrowed from CDHS' Head Start Needs Assessment and provides a measure of a community's need for other services and community problems that early childhood care and education often alleviate. The Other Service Needs Indicator ranking plays the role of a tie-breaker for prioritizing communities. Holding all other indicators equal, early childhood care and education resources are best focused on communities with related problems and where the additional services offered by child care centers are needed more.

A weighted average of the four indicators is used to rank the 77 community areas. Table 1 details the weight of each indicator.

Table 1

Child Care Need Indicator	Weight
Total Slot Deficit	45 percent
Service Level	35 percent
Regional Service Level	10 percent
Other Service Needs	10 percent

Appendix B presents the rankings of the 77 community areas from the highest to lowest priority in need of full-day child care using each community area's weighted average. The Humboldt Park and West Englewood community areas have nearly identical overall scores, so this section presents the top eleven priority community areas. Table 2 presents the top twenty priority areas.

⁴ See Appendix A – Methodology for a detailed description of CDHS' Other Service Needs Indicators. A copy of the 1998 CDHS Head Start Needs Assessment may be obtained from the City of Chicago Department of Human Services.

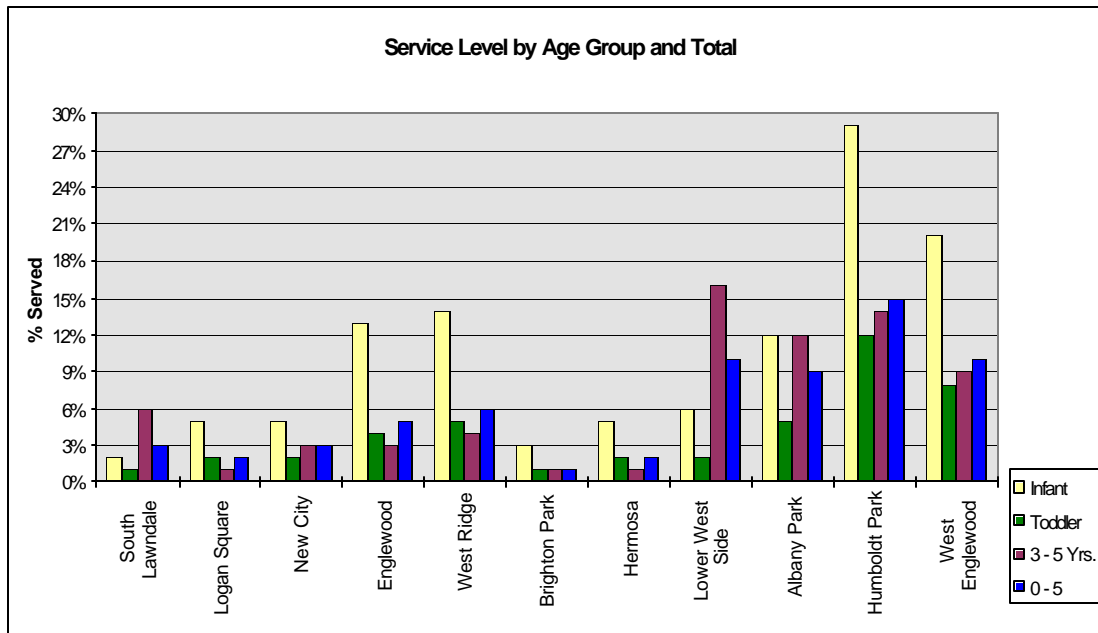
Table 2

1. South Lawndale	11. West Englewood
2. Logan Square	12. Belmont Cragin
3. New City	13. West Town
4. Englewood	14. Gage Park
5. West Ridge	15. Avondale
6. Brighton Park	16. Lincoln Square
7. Hermosa	17. Chicago Lawn
8. Lower West Side	18. North Lawndale
9. Albany Park	19. McKinley Park
10. Humboldt Park	20. Rogers Park

Service Levels in Priority Areas by Age

Figure 1 presents service levels for each age group for the priority areas.

Figure 1



The service level for all children in the priority areas is only 6.6 percent compared with the overall Chicago level of 18 percent. Table 3 compares the service levels in the priority areas' with those of the City as a whole.

Table 3

Age	Priority Areas	City of Chicago
Infants	10.5 percent	19 percent
Toddlers	4.3 percent	8 percent
3 to 5 years old	7.1 percent	25 percent
Total	6.6 percent	18 percent

The overall Chicago service levels are almost twice that of the eleven priority areas for infants and toddlers, over three times the level for children ages three to five, and almost three times the level for all children.

Slot Deficits in Priority Areas by Age

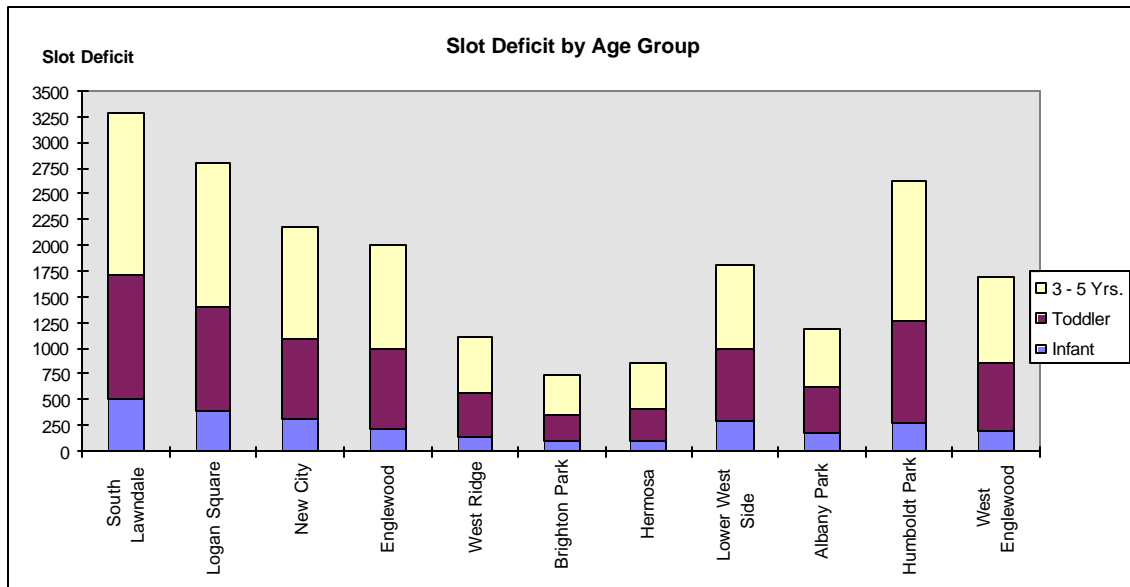
Figure 2 shows the slot deficits for the priority areas by age group. The combined slot deficit totals for the eleven communities are:

Infants	2,763 slots
Toddlers	7,501 slots
3 to 5 years old	10,055 slots
Total	20,320 ⁵ slots

The 20,320 combined slot deficit for the eleven communities represents 36 percent of the City's entire deficit.

⁵ The total does not sum due to rounding.

Figure 2



Map A presents a geographic picture of the priority areas. The top ten and top twenty areas are concentrated in three distinct areas: southwest side, northwest side, and the far north side. Five of the priority areas and nine of the top twenty areas are contiguous on the southwest side. Six of the top twenty, three of which are in the top ten, are on the northwest side. Five of the top twenty communities, two of which are in the top ten, are located on the far north side.

Figure 3 illustrates the racial and ethnic breakdown of the priority areas. Five of the eleven communities are predominately Latino: Lower West Side (93%), South Lawndale (90%), Hermosa (85%), Logan Square (75%) and Brighton Park (54%). Three communities are predominately African-American: Englewood (100%), West Englewood (99%) and Humboldt Park (57%). One community has a predominately White population: West Ridge (60%). Two communities have no majority ethnic race: New City (45% Latino and 44% African-American) and Albany Park (43% Latino and 30% Asian). Two communities have Asian populations comprising over 20 percent of the population: Albany Park (30%) and West Ridge (22%).

Chicago Early Childhood Care and Education Needs Assessment

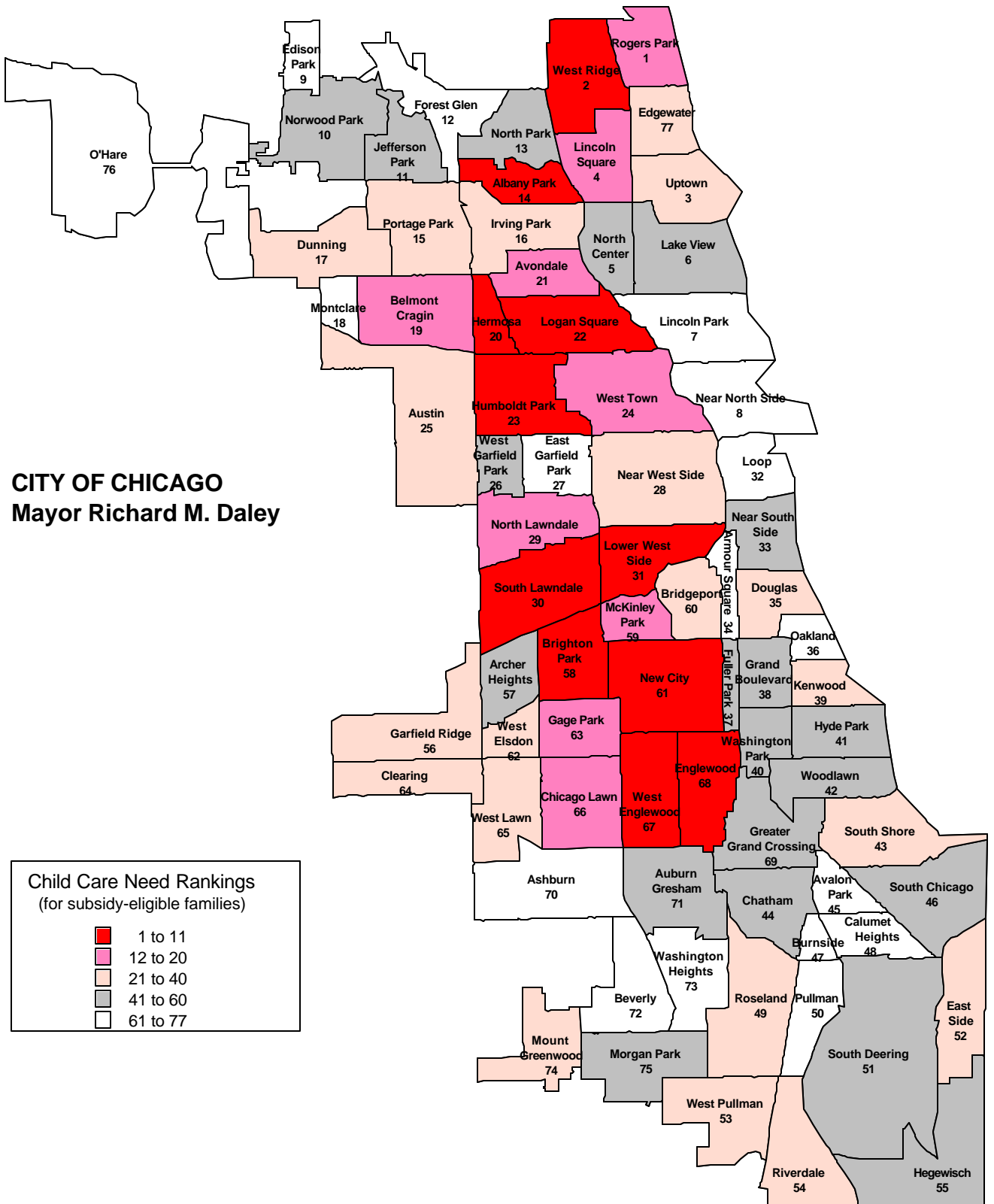


Figure 3

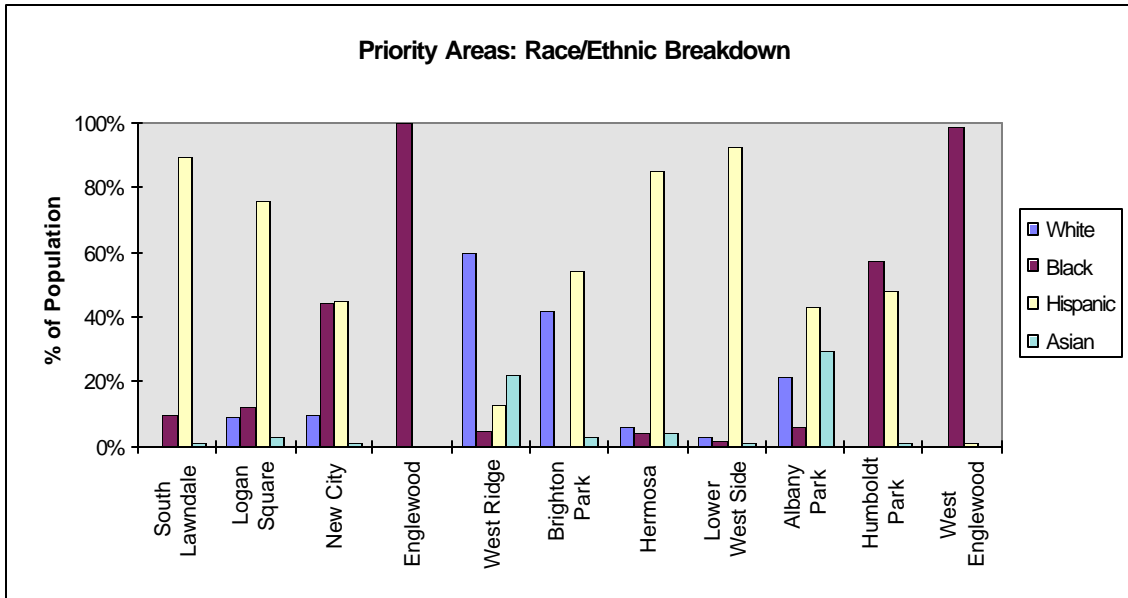
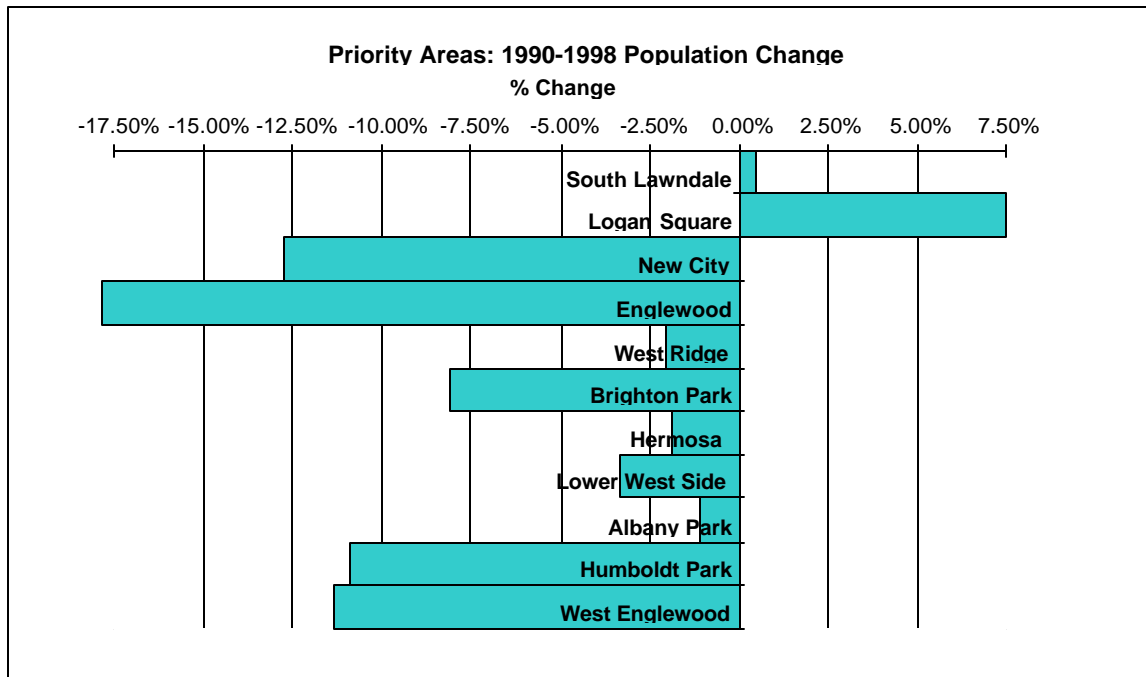


Figure 4 presents the population change estimates for the priority areas. It is estimated that Chicago lost 3.95 percent of its population from 1990 to 1999.⁶ Two of the priority areas gained in population for that period. Four of the communities show less than a 4 percent decrease in population. The remaining four communities lost more than 10 percent of their population between 1990 to 1998. The Englewood community area experienced an almost 18 percent decrease in its population in the eight-year period.

There is no pattern of slot type or provider type among priority areas. Five communities (Brighton Park, West Ridge, Hermosa, Logan Square and Englewood) have no center-based child care for birth to five year olds. Ten of the eleven communities have no center-based care for infants and toddlers (Humboldt Park has one center serving infants and toddlers). More than 50 percent of the three to five year olds receiving care are served in licensed centers in five communities (South Lawndale, Lower West Side, New City, Albany Park and Humboldt Park).

⁶ Claritas Marketing Company, Inc.

Figure 4



West Ridge and Brighton Park have no Head Start programming and Albany Park has no Head Start in public schools.⁷ Five communities have over 400 Head Start slots in nonprofit centers and public schools for possible use in full-day collaborative programs (South Lawndale, Englewood, Lower West Side, Humboldt Park and West Englewood). However, three of these communities along with five others in the top ten priority areas are ranked by CDHS' 1998 Head Start Needs Assessment in the top twenty priority areas for Head Start slots (Brighton Park (ranked 2), New City (4), Logan Square (6), Albany Park (7), Hermosa (9), Humboldt Park (10), South Lawndale (12) and Englewood (17)).

⁷ Refer to Appendix H – Child Care Profile by Community Area

CHILD CARE NEEDS ASSESSMENT ANALYSIS

This section examines current population data for birth to five year olds and the number of full-day child care slots available. The analysis calculates both the slot deficit (the difference between number of children that require care and the slots available) and the service level (the percentage of children served) for the entire City of Chicago. This section presents community area data and rankings for all subsidy-eligible children, then breaks this information into three age groups: infants, toddlers and three to five year olds. Finally, the assessment examines the regional child care service levels and CDHS' Other Service Needs Indicators and ranks the community areas that have the greatest need in these areas. An analysis of the results is included.

Additionally, this section provides an analysis of child care for children with special needs and a discussion of certificates used for child care.

Child Care Demand

This report measures the number of children birth to five years, using 1998 population projections on the 1990 Census. The IFF documents that there are approximately 247,221 infant to five-year-old children in Chicago. Of these children, approximately 162,095 are in working families of all incomes potentially requiring child care, leaving approximately 130,000 children for which there are no licensed slots available.

Furthermore, the IFF documents that licensed care is in even shorter supply for children in subsidy-eligible, low-income families (those who earn 50 percent of the State median income or less). There are approximately 68,508 infant to five-year-olds in subsidy-eligible working families and only 12,300 licensed slots – a gap of more than 56,000 licensed slots in the City.

Child Care Supply

The supply of child care slots is the sum of all full-day, licensed and license-exempt slots in centers and licensed homes. The number of center-based slots available for subsidy-eligible children is determined using data from CDHS on the number of centers that have contracts with the City or State for child care subsidies. The number of home care slots available for subsidy-eligible children is not known, thus it is calculated as described in the methodology located in Appendix A. Using these numbers, the total number of full-day slots available for subsidy-eligible children in the City of Chicago is 12,293. This translates to a slot deficit of 56,205 and represents a City-wide service level of only 18 percent.

CHILD CARE NEED ANALYSIS

Table 4 combines the child care supply and demand data using slots for children in subsidy-eligible families by age group for the entire City.

Table 4⁸

Subsidy-Eligible Families	Number of Children	Children Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
Infants	15,336	9,911	1,898	8,013	19%
Toddlers	38,541	24,934	1,957	22,977	8%
<i>Subtotal Infants/Toddlers</i>	<i>53,877</i>	<i>34,845</i>	<i>3,855</i>	<i>30,990</i>	<i>11%</i>
Three to Five year olds	52,095	33,664	8,438	25,226	25%
Total Preschool	105,972	68,508	12,293	56,205	18%

These numbers show that 56,205 children from low-income subsidy-eligible families may not be receiving early childhood development services to prepare them for kindergarten.

In addition to the subsidized slots available, Illinois Department of Human Services (IDHS) data for the year ended 1998 estimate that approximately 4,750 certificates are

⁸ Child Care Need Analysis Tables by community area are located in Appendices B through F. These numbers are presented for subsidy-eligible children for each community area and age group. Child Care Need Analysis Tables for children in all target families are located in Appendix G.

being used in licensed centers. These numbers are not counted in the total number of subsidized slots available because the data are based on contracts not certificates. The certificate figure is not included in the community analysis because the data are only available by zip code of the bearer not the community area of service. Furthermore, the number of slots available to certificate holders can change at any time. If these certificates, which are supporting licensed care are counted, the City's slot deficit is reduced to approximately 51,000.

Some children whose families are using certificates may be participating in part-day early childhood education programs. There are approximately 22,000 certificates being reimbursed in license-exempt settings, and approximately 12,500 Head Start slots and 16,200 Pre-K slots in Chicago in use at the time of this report, for a total of 50,700 slots in license-exempt or part-day settings. There is undoubtedly some duplication of children within these numbers, as children are moved on the same day from Head Start or Pre-K to another provider who is paid through a certificate, in order to enable a parent to work full-time. In other cases, eligible parents may be providing adequate early childhood development, but are not claiming the certificate to which they are entitled.

Table 4 presents a subtotal line for infants and toddlers. Viewed separately, infants appear to be better-served than toddlers. Most licensed care for infants and toddlers is provided in licensed homes. The number of slots in homes, however, is not broken down by age, and, according to the IFF methodology, is divided evenly among the three ages groups. Because there are more than twice the number of toddlers than infants, the service level for toddlers will appear to be half that of infants, even though most of the home slots are available to and/or occupied by toddlers. Therefore the reader should keep the aggregate of the two age groups in mind when analyzing community area data.

Viewed together, the combined service level for infants and toddlers is 11 percent. These two age groups are not combined in the remainder of the child care need analysis, which examines need by community area. There is little difference between infant and toddler slot deficits and service levels. The community areas with the highest slot deficit and lowest service levels for infants and toddlers are almost identical.

The service level of 19 percent for infants is not especially low. Many parents choose to remain at home during an infant's first year and welfare reform work rules allow recipients twelve months for a newborn child before they must return to work. The percentage of service for toddlers relative to the need indicates that parents have little choice in finding licensed full-day care once they return to work. This level will challenge parents attempting to get off welfare when their grace period ends. Not unexpectedly, the service level average for three to five year olds, on which the early childhood care and education system and funding has traditionally focused, is higher than for infants and toddlers. Still, it indicates that only one in four low-income three to five year olds receives care from a licensed provider. The service levels for toddlers and three to five year olds indicate that there is an urgent need for more slots serving these age groups

Chicago's full-day early childhood care and education system for low-income families is not providing adequate service levels. The situation, however, becomes even more serious for individual community areas that have lower service levels and higher slot deficits than the City as a whole.

CHILD CARE NEED ANALYSIS – COMMUNITY AREAS WITH THE HIGHEST NEED

Slot Deficit – All Preschool Children

Table 5 shows the ten communities with the highest slot deficits and their corresponding service levels for all children eligible for subsidies. Map B shows the slot distribution for each community area. The community areas are listed in order of highest slot deficit.

Chicago Early Childhood Care and Education Needs Assessment

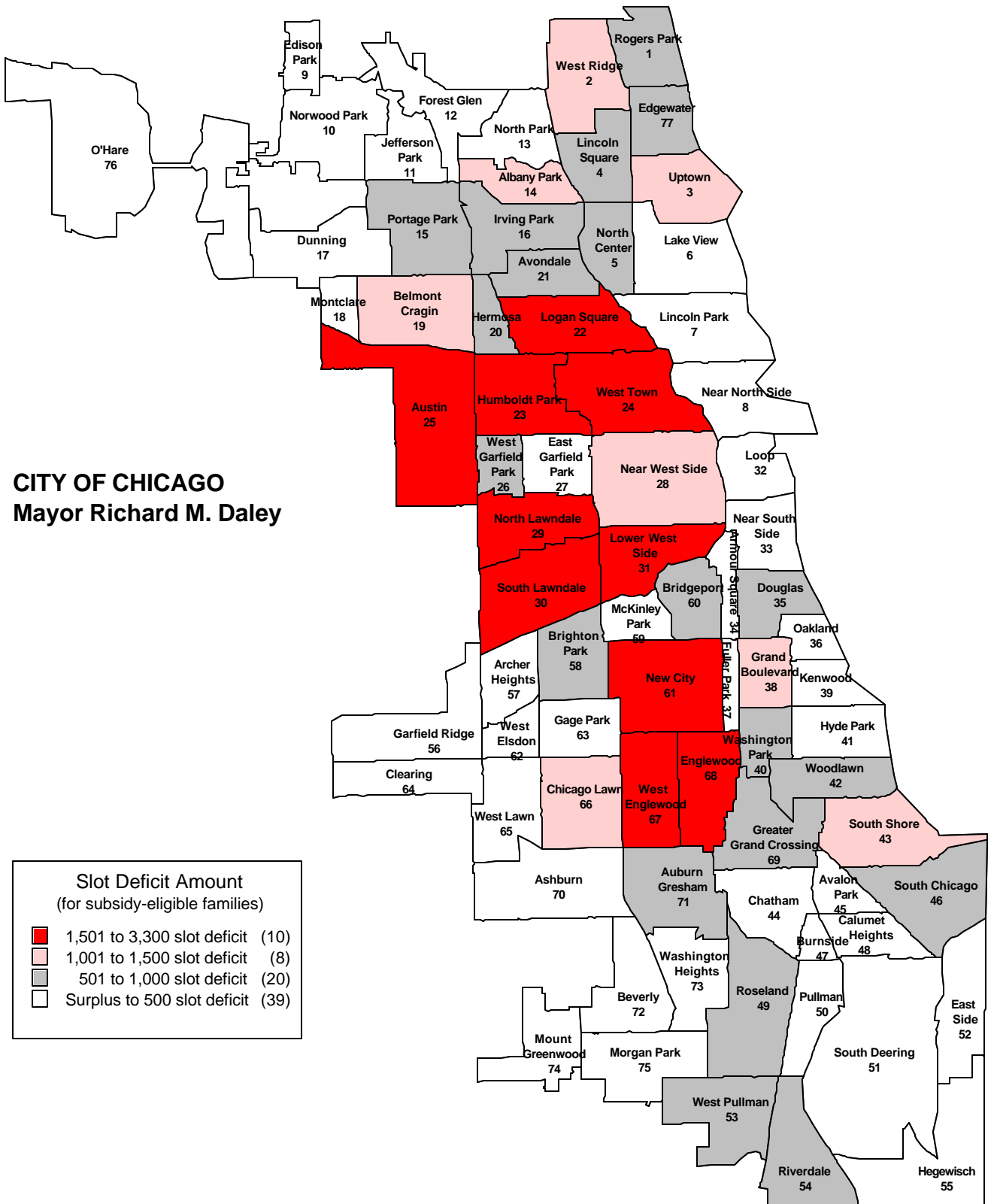


Table 5

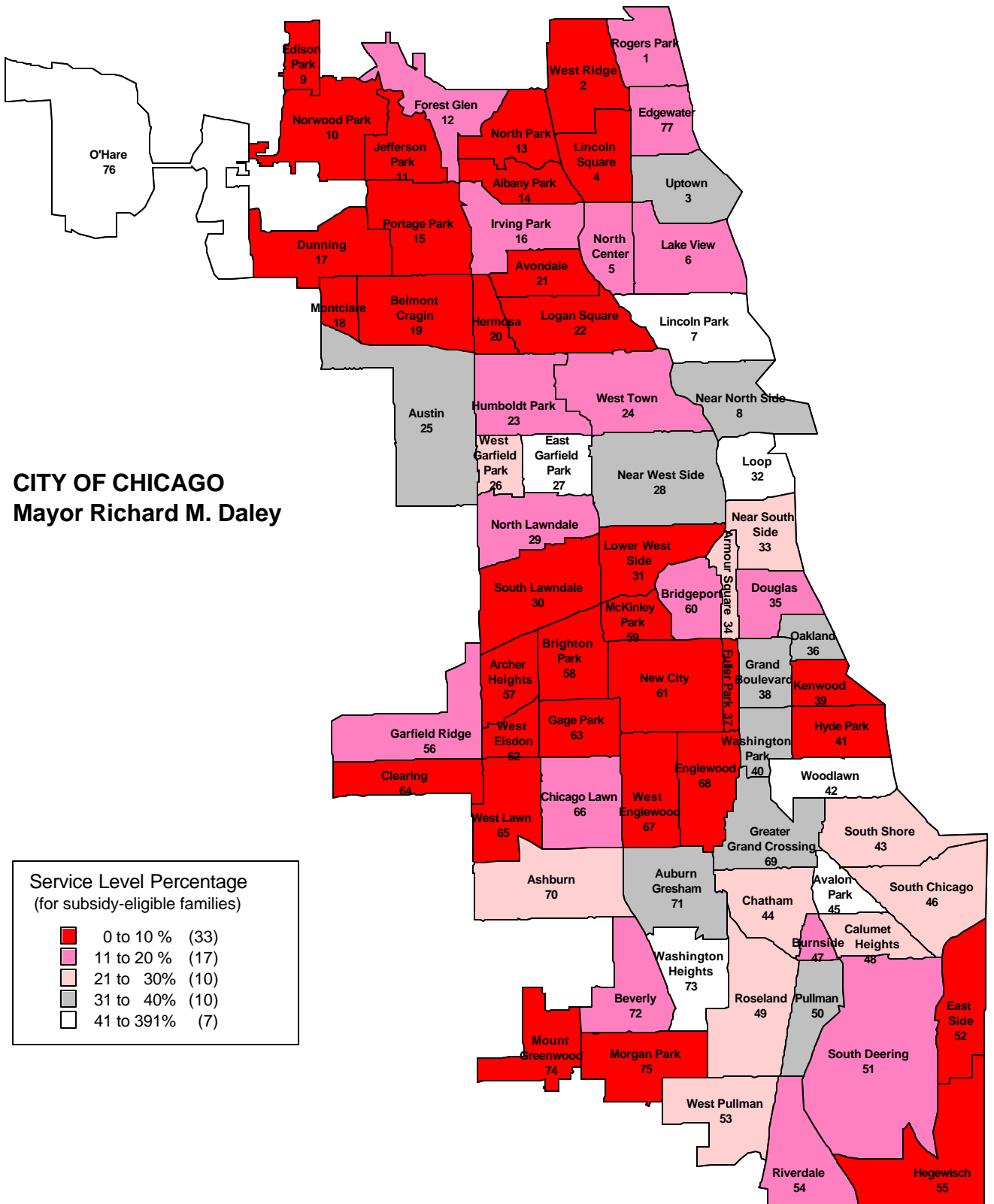
Community Area	Number of Children	Children Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
South Lawndale	6,146	3,413	118	3,295	3%
West Town	5,944	3,568	495	3,073	14%
Logan Square	4,510	2,872	63	2,809	2%
Humboldt Park	4,673	3,096	469	2,627	15%
Austin	5,007	3,544	1,108	2,436	31%
New City	3,892	2,257	72	2,185	3%
Englewood	3,153	2,099	102	1,997	5%
Lower West Side	3,547	2,010	192	1,818	10%
West Englewood	2,708	1,886	191	1,695	10%
North Lawndale	3,339	2,062	382	1,680	19%

The total slot deficit of the ten communities is 23,615; 42 percent of the City's slot deficit is in these ten communities. Each of these community areas has a significant slot deficit (>1,500), but some community areas are receiving more early childhood care and education resources than others. Hence the service levels (Percent of Demand Served column) in North Lawndale and Austin are higher relative to the other areas (and are higher than the City's level of 18 percent). While those in West Town and Humboldt Park are lower, they are triple the levels in South Lawndale, New City, Logan Square and Englewood. Of these community areas, four have large Latino populations: South Lawndale (90%), West Town (67%), Logan Square (76%), and the Lower West Side (93%); four have high concentrations of African Americans: Austin (90%), Englewood (99.5%), West Englewood (99%) and North Lawndale (97%). Two community areas have high Latino and African-American populations: Humboldt Park (48% and 57%, respectively) and New City (45% and 44%, respectively).

Service Level – All Preschool Children

Table 6 shows the ten communities with the lowest service levels and their corresponding slot deficits for all children eligible for subsidies. Map C shows the service level distribution for each community area. Comparing Tables 5 and 6 reveals

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why it is important to look at both slot deficit and service level indicators together. The community areas are listed in order of lowest to highest service levels.

Table 6

Community Area	Number of Children	Children Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
McKinley Park	464	272	0	272	0%
Mount Greenwood	289	181	0	181	0%
West Eldson	231	165	0	165	0%
Hegewisch	220	131	0	131	0%
Brighton Park	1,136	747	8	739	1%
Eastside	580	346	5	341	1%
Gage Park	778	478	7	471	1%
West Lawn	416	258	5	253	2%
Hermosa	1,263	865	17	848	2%
Clearing	310	203	4	199	2%

There are four community areas in Chicago where no licensed care is available to subsidy-eligible families. There is no overlap among community areas in Tables 5 and 6. The slot deficit numbers for these community areas are low compared to those in Table 5; nonetheless, the service levels, which are well below the City’s level of 18 percent, show that few resources for low-income families have been made available in these communities. The average population for the lowest service level communities is 18,515 compared to an average of 62,257 people in the highest slot deficit communities. The average household income ranges from \$37,042 in Eastside to \$67,037 in Mount Greenwood, whereas it ranges from \$24,075 in North Lawndale to \$38,720 in Austin in the previous table.⁹ Although there are fewer low-income children in these communities, the lack of slots makes it extremely difficult for those families to find care.

⁹ Claritas Marketing Company, Inc.

CHILD CARE NEED ANALYSIS – BREAKDOWN BY AGE GROUPS

Slot Deficit – Infants

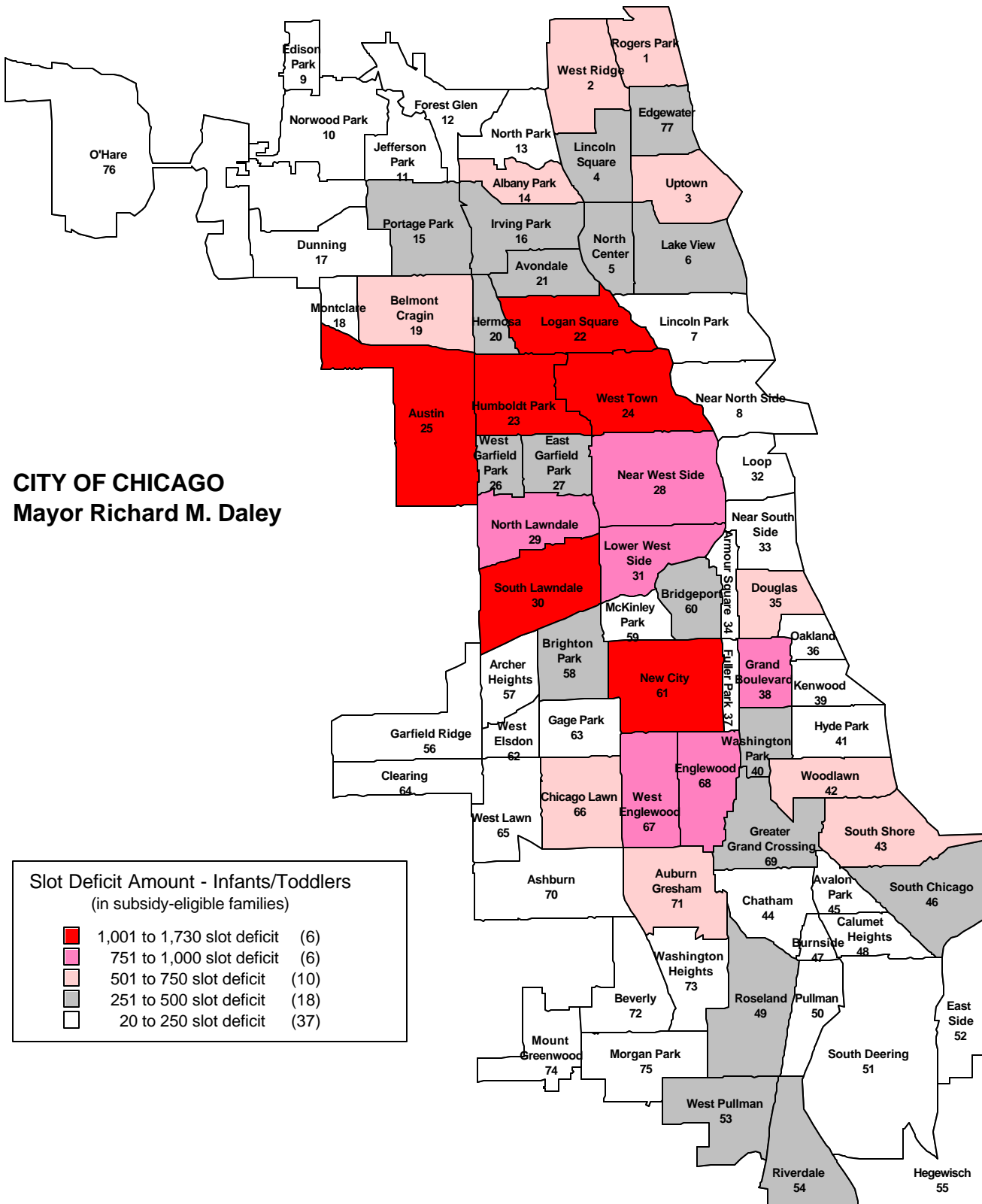
Table 7 shows the ten communities with the highest slot deficits and their corresponding service levels for all subsidy-eligible infants. Map D shows the distribution of infant and toddler slots for each community area. The community areas are listed in order of highest slot deficit.

Table 7

Community Area	Number of Infants	Infants Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
South Lawndale	941	523	8	515	2%
West Town	842	505	65	440	13%
Logan Square	651	415	21	394	5%
New City	569	330	18	312	5%
Lower West Side	552	313	18	295	6%
Humboldt Park	600	398	117	281	29%
Grand Boulevard	463	257	18	239	7%
North Lawndale	468	289	51	238	18%
Englewood	390	259	34	225	13%
West Englewood	381	266	54	212	20%

The community areas in the infant slot deficit table overlap with those in the slot deficit table for all children with the exception that Grand Boulevard replaces Austin. The nine other community areas do not fall in the same order as on Table 5; nonetheless, there are large numbers of infants in these community areas. The service levels vary greatly, indicating that some community areas have received more resources than others. Only Humboldt Park and West Englewood have higher service levels than the City’s overall level of 19 percent for infants. The three neediest community areas – South Lawndale, West Town and Logan Square – require additional slots for infants.

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Service Level – Infants

Table 8 shows the ten communities with the lowest service levels and their corresponding slot deficits for all subsidy-eligible infants. Map E shows the service level for infants and toddlers in each community area. The community areas are listed in order of lowest to highest service levels.

Table 8

Community Area	Number of Infants	Infants Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
McKinley Park	71	42	0	42	0%
Armour Square	62	40	0	40	0%
Oakland	69	39	0	39	0%
West Eldson	36	26	0	26	0%
Mount Greenwood	40	25	0	25	0%
Hegewisch	33	19	0	19	0%
O'Hare	15	10	0	10	0%
Loop	7	6	0	6	0%
Riverdale	206	134	2	132	1%
South Lawndale	941	523	8	515	2%

The zero percent service level presented in the first eight community areas reflects that no slots are available for infants in these communities. South Lawndale appears on the top ten list for both the slot deficit and service level for infants. Clearly, there is an acute child care need in this neighborhood for infants.

Slot Deficit – Toddlers

Table 9 shows the ten communities with the highest slot deficits and their corresponding service levels for all subsidy-eligible toddlers. The community areas are listed in order of highest slot deficit.

Chicago Early Childhood Care and Education Needs Assessment

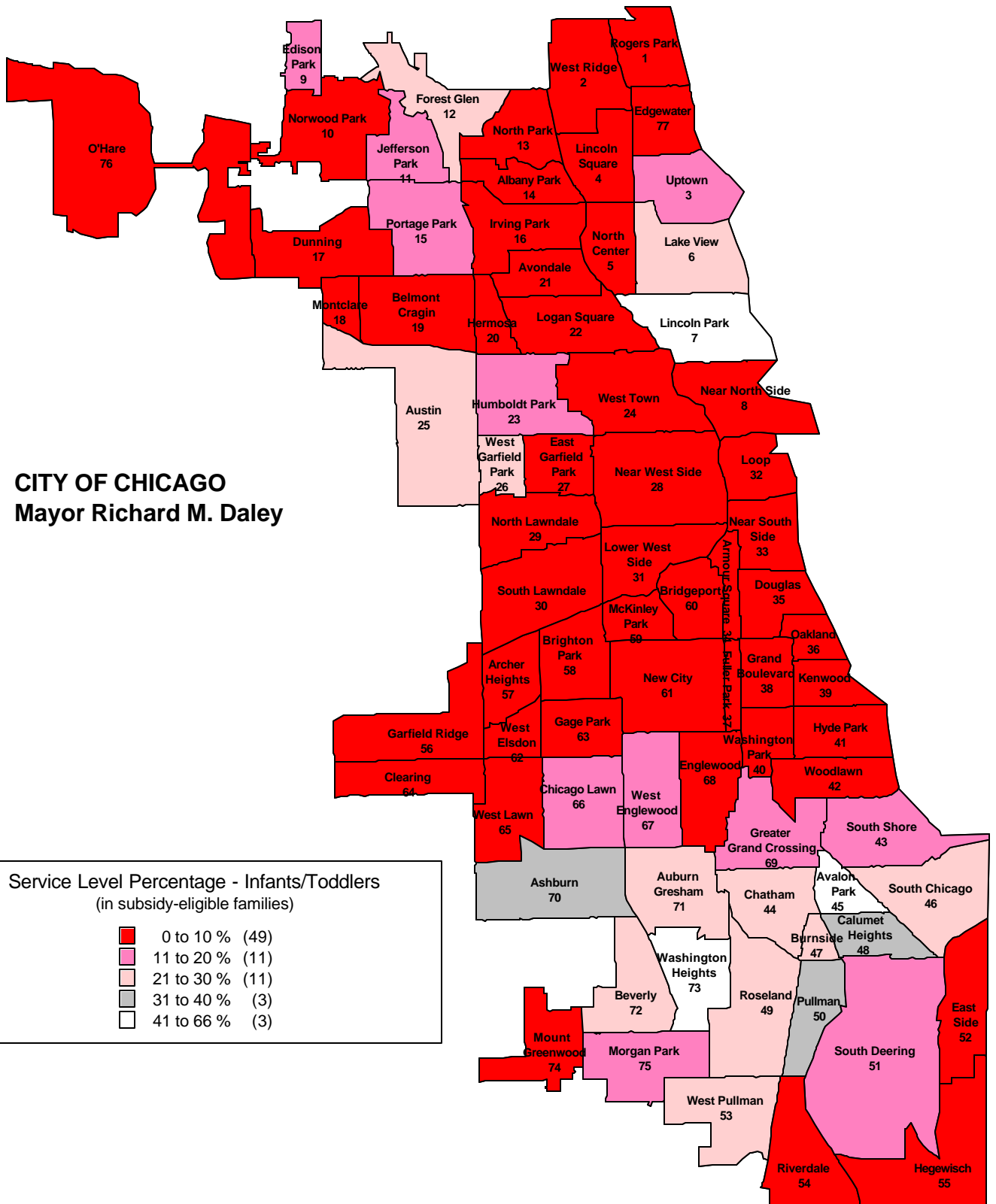


Table 9

Community Area	Number of Toddlers	Toddlers Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
South Lawndale	2,195	1,219	8	1,211	1%
West Town	2,095	1,258	76	1,182	6%
Austin	1,887	1,335	255	1,080	19%
Logan Square	1,611	1,026	21	1,005	2%
Humboldt Park	1,684	1,116	131	985	12%
New City	1,377	798	17	781	2%
Englewood	1,198	797	34	763	4%
North Lawndale	1,227	758	51	707	7%
Lower West Side	1,250	708	17	691	2%
Near West Side	1,218	714	38	676	5%

Again, many of the same community areas appear among the ten neediest areas for toddlers in terms of slot deficit. South Lawndale tops the list once more, with West Town a close second. Austin and Humboldt Park appear again, but their service levels are also higher than other areas and are higher than the City’s overall service level of 8 percent for toddlers.

Service Level – Toddlers

The service levels for toddlers are generally low among the communities with the highest slot deficits. Table 10 shows the ten communities with the lowest service levels and their corresponding slot deficits for all subsidy-eligible toddlers. The community areas are listed in order of lowest to highest.

Table 10

Community Area	Number of Toddlers	Toddlers Needing Care	Number of		Percent of Demand Served
			Slots Available	Slot Deficit	
Riverdale	515	334	1	333	0%
Armour Square	175	112	0	112	0%
Oakland	179	100	0	100	0%
McKinley Park	168	98	0	98	0%
Mount Greenwood	104	65	0	65	0%
West Eldson	78	56	0	56	0%
Hegewisch	80	48	0	48	0%
O'Hare	34	22	0	22	0%
Loop	18	14	0	14	0%
South Lawndale	2,195	1,219	8	1,211	1%

It is not surprising that the community areas with the lowest level of service to toddlers are identical to those with the lowest level of service to infants. Center-based infant and toddler care is not available in these communities for low-income families. Licensed homes are providing the minimal levels of care that exist in South Lawndale. It is possible that parents may bring their children to centers in surrounding areas where there may be more subsidized care available. This will be discussed further under the regional service level analysis. South Lawndale again suffers in both the slot deficit and service level categories.

Slot Deficit – Three to Five Year Olds

Traditionally, more emphasis has been placed on developing child care for this age group. The importance placed on obtaining early childhood development for three to five year olds has long been supported by parents of all income groups and working status. Higher income families, even those with stay-at-home parents, send their three to five year olds to preschool or “nursery” school programs as a preparation for school. Head Start and Pre-K programs for the same age group are modeled on this philosophy. It is not surprising then that the City’s overall service level for this age group is the highest at 25 percent. What is surprising are the high slot deficits and low service levels in many

community areas. Forty-nine community areas have service levels under 25 percent (see Appendix D).

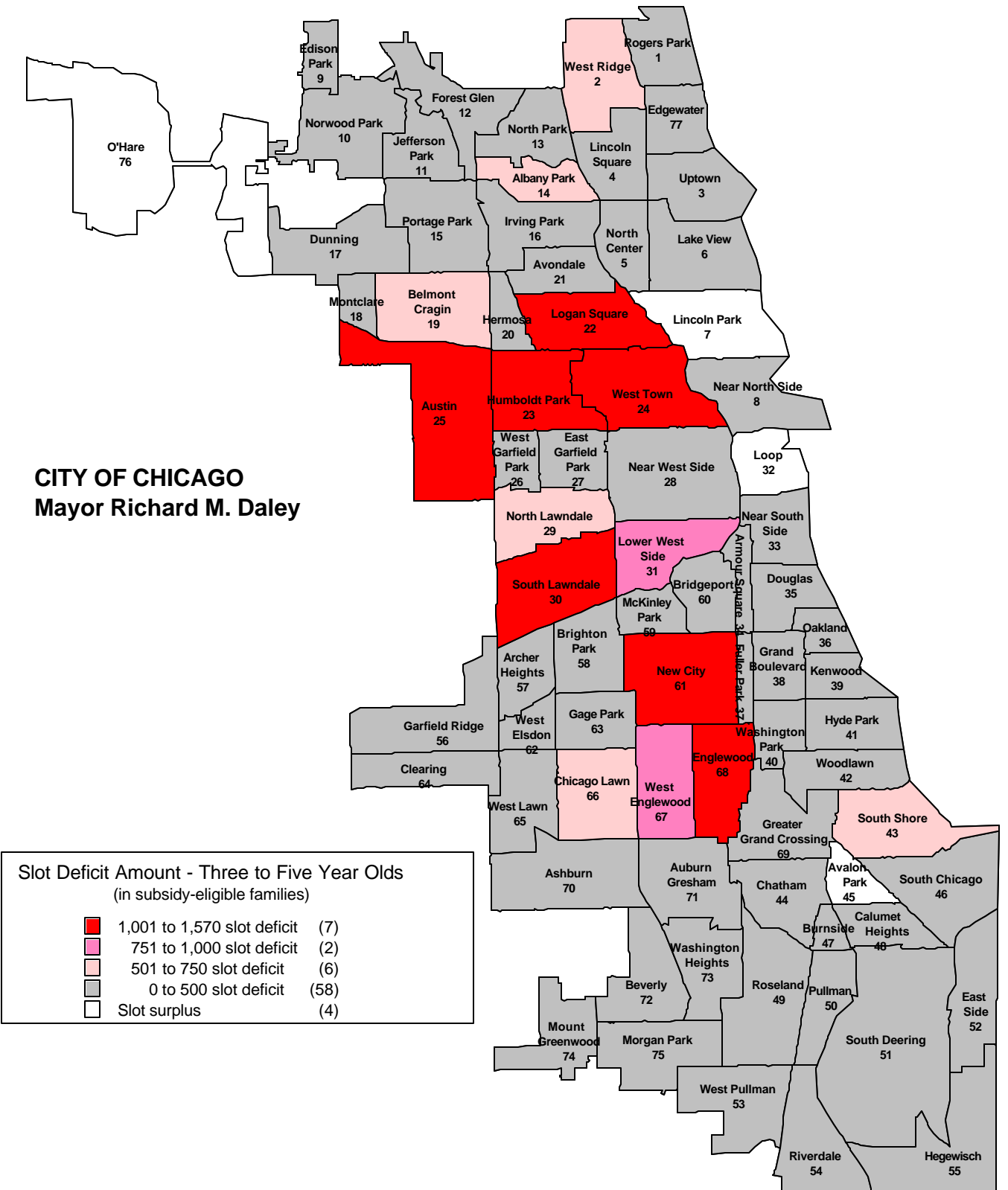
Table 11 shows the ten communities with the highest slot deficits and their corresponding service levels for all subsidy-eligible three to five year olds. Map F shows the distribution of three to five year old slots for each community area. The community areas are listed in order of highest slot deficit.

Table 11

Community Area	Number of 3 to 5 Year Olds	3 to 5 Year Olds Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
South Lawndale	3,010	1,672	102	1,570	6%
West Town	3,007	1,805	354	1,451	20%
Logan Square	2,248	1,431	21	1,410	1%
Humboldt Park	2,388	1,582	221	1,361	14%
Austin	2,482	1,758	597	1,161	34%
New City	1,946	1,128	37	1,091	3%
Englewood	1,565	1,042	34	1,008	3%
West Englewood	1,341	934	84	850	9%
Lower West Side	1,745	988	157	831	16%
North Lawndale	1,644	1,016	280	736	28%

Again, many of the same communities appear on the three to five year old slot deficit table as on the infant and toddler tables. Slot deficits of over 500 for this age group indicate a severe shortage of child care for preschoolers since this is the age group where most believe children should be in some type of school setting. This is true because most center-based care available in the City is offered for three to five year olds, thus one expects smaller slot deficits. Communities with both high slot deficits and low service levels for this age group – such as Logan Square, New City and Englewood – are in desperate need of center-based care for their three to five year olds.

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Service Level – Three to Five Year Olds

Table 12 shows the ten communities with the lowest service levels and their corresponding slot deficits for all subsidy-eligible three to five year olds. Map G shows the service level distribution for three to five year olds in each community area. The community areas are listed from lowest to highest.

Table 12

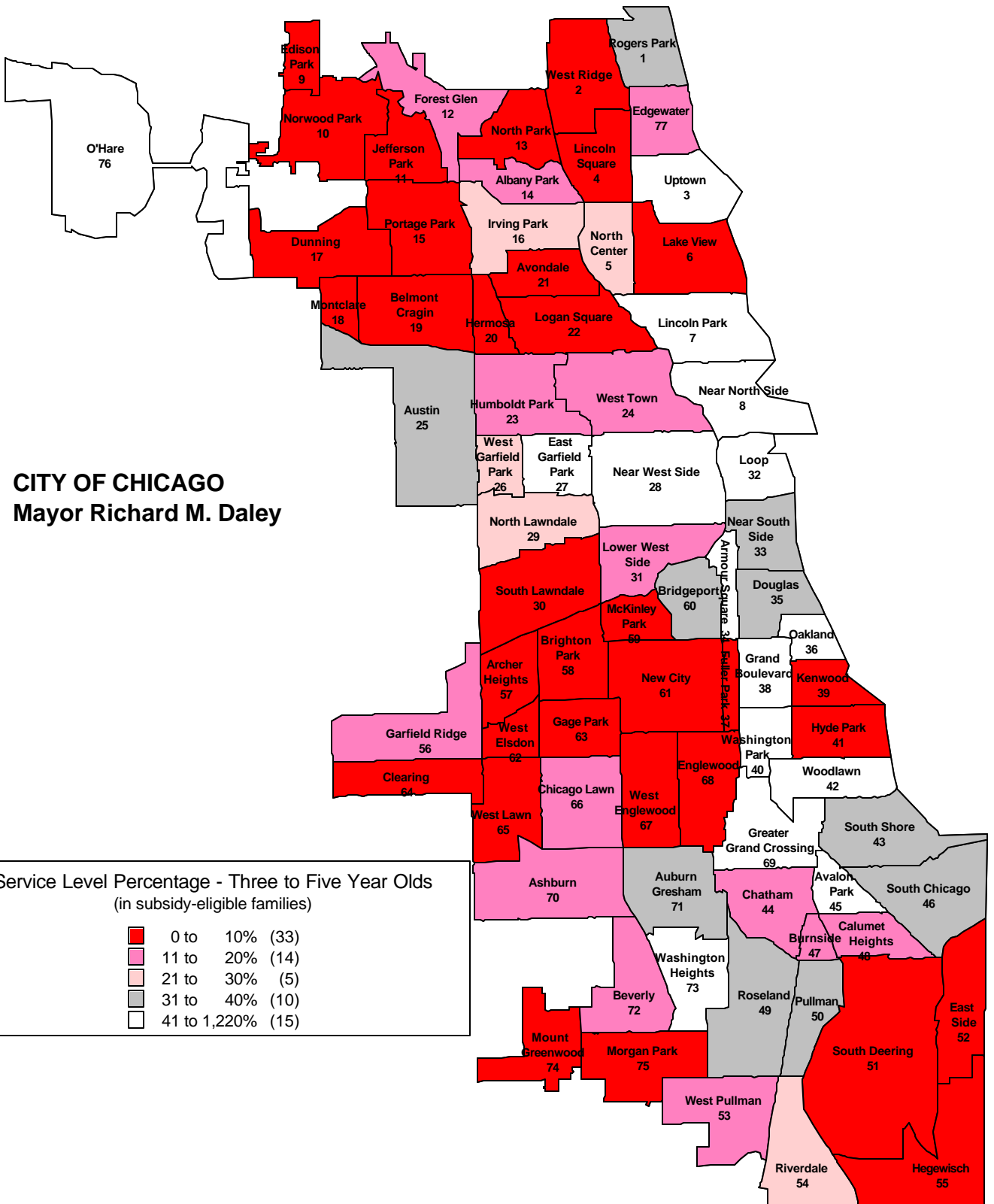
Community Area	Number of 3 to 5 Year Olds	3 to 5 Year Olds Needing Care	Number of Slots Available	Slot Deficit	Percent of Demand Served
McKinley Park	225	132	0	132	0%
Mount Greenwood	145	91	0	91	0%
West Eldson	117	84	0	84	0%
Hegewisch	107	64	0	64	0%
Hermosa	648	444	5	439	1%
Brighton Park	570	375	2	373	1%
Gage Park	397	244	2	242	1%
Eastside	296	176	1	175	1%
West Lawn	201	125	1	124	1%
Clearing	151	99	1	98	1%

As with the comparison of service levels for infants and toddlers, many of the same communities appear on the three to five year old table. The slot deficits are significantly higher for three to five year olds than for infants and toddlers in these communities. Hermosa makes its first appearance on this table; it has both a high slot deficit (close to 500 children) and a low service level.

COMMUNITY COMPARISONS

The preceding tables reveal that slot deficit and service level numbers are indicators of demand and of past strategies for meeting demand. The dramatic disparity in population figures among communities creates a bias for dedicating more resources to communities with large populations. The service level percentages correct for this bias to some degree. There is no overlap in the top ten communities for these two indicators

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and indeed there is no overlap in the top twenty (see Appendices C and D – Slot Deficit Tables and Service Level Tables). When the numbers are broken down by age group, some overlap emerges, but the overlap is not significant. Regardless, as indicated in the Priority Section of this report, the two indicators must be used together to set priorities.

Some generalizations can be drawn from these tables. The community areas with the largest slot deficits are predominantly Latino community areas. This is true in the aggregate and for each age group. Regardless of percentage levels, community areas with slot deficits of 1,500 or more are in need of more child care. The communities with high deficits and high service levels may have historically received more child care resources, so the communities with both high slot deficits and low service levels should be given priority for resources

Eight community areas appear on the highest slot deficit tables for all age groups: South Lawndale, West Town, Logan Square, Humboldt Park, New City, Englewood, Lower West Side and North Lawndale. Austin does not rank in the top ten for slot deficits for infants because Austin has the largest number of licensed homes. West Englewood does not rank in the top ten for slot deficits for toddlers and ranks tenth for infants. West Englewood also has a large home provider network. Grand Boulevard appears in the top ten area list for infants. It ranks 12th in toddler slot deficit and 37th in three to five year-olds slot deficit. Thus, increasing resources for infant and toddler care is a higher priority in Grand Boulevard. The Near West Side ranks in the top ten for toddlers. Its slot deficit rank among infants is 12 and among three to five year olds is 26. As with Grand Boulevard, additional infant and toddler care should become a priority for the Near West Side.

The analysis above assumes that slot deficit and service levels are equally important in determining child care need. The data are not weighted and only examine two indicators of child care need. As described in Appendix A, a regional indicator and a composite index of Other Service Needs Indicators are also used in the prioritization of community areas.

REGIONAL ANALYSIS

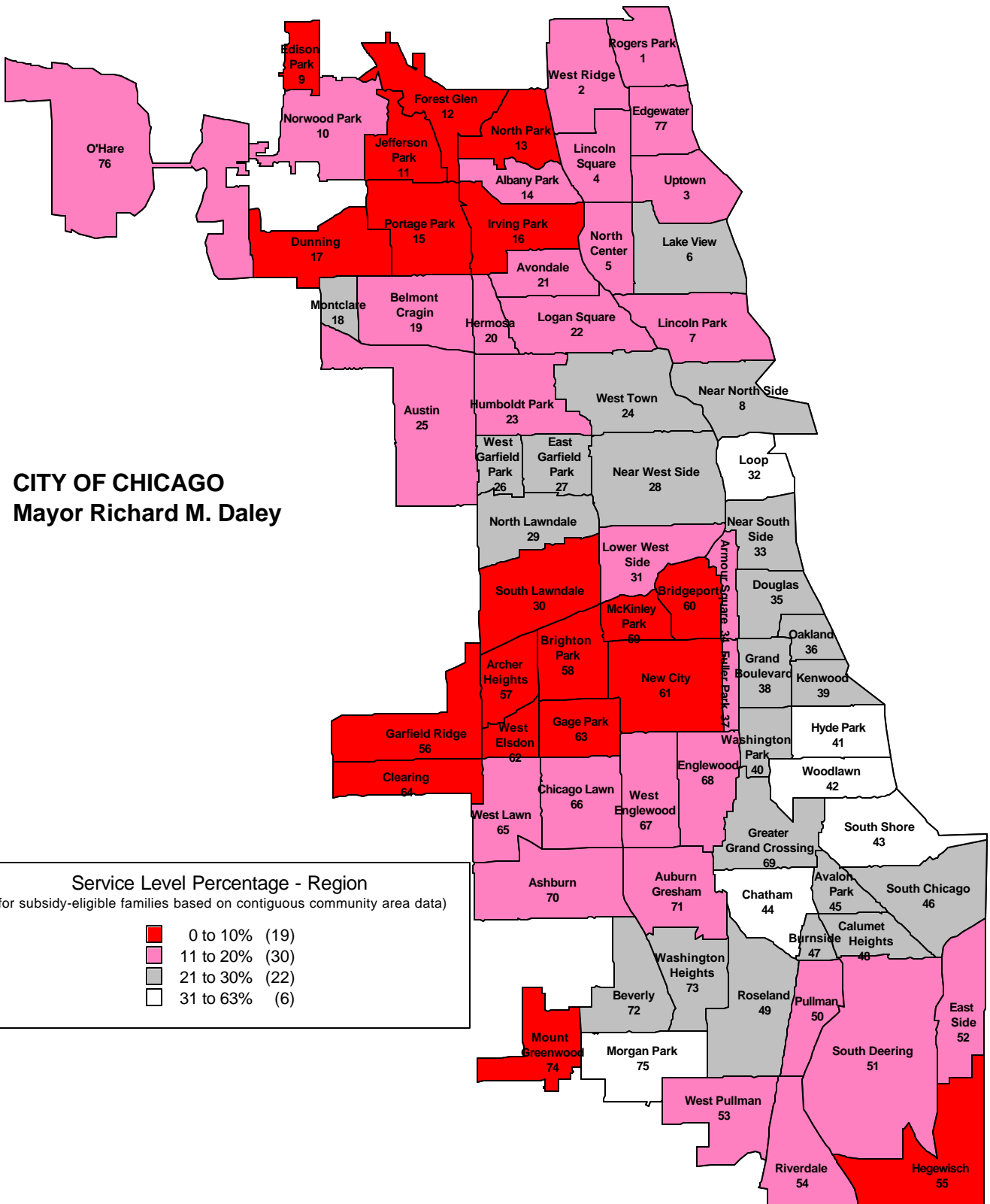
The regional service analysis was performed by examining each community area in its larger geographic context. In prior studies, IFF found that some community areas may have an extremely low service level while a contiguous community area may have higher service levels (above 50 percent), and also have active wait list participation. This suggests that families do not stay within their community area boundaries to find child care. Thus community area service levels should not be viewed in isolation because individuals do not necessarily choose care only within the boundaries of the community area where they live.

For purposes of this needs assessment, a region is comprised of a community area and all its contiguous community areas. Therefore, each community area has its own distinct region. For example, Rogers Park's region consists of itself and the contiguous community areas of Edgewater and West Ridge. The regional service level is the percentage of children in subsidy-eligible families for the community area and its contiguous community areas (region) that are being served by the total number of available full-day subsidized slots in that region. The regional analysis examines service level percentages only – not slot deficit information – for each community area region. Service level percentages are used because they are adjusted proportionately for regional size.

Table 13 shows the ten communities with the lowest regional service levels for all children eligible for subsidies. The community areas are listed in order of lowest to highest. The regional ranking indicator is important because it measures a family's ability to find licensed child care close to home. This table shows that there are large regions in the City where licensed child care simply does not exist for subsidy-eligible families. Map H shows the regional service level distribution for the City and further illustrates this.

The most severe region-wide shortage of child care for subsidy-eligible families is on the southwest side. The next largest cluster is located on the Northwest Side. Child care resources for families living in these regions are warranted because little is currently

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available to them. A benefit of this regional analysis is that resources can be deployed to either a community area or a region.

Table 13

Community Area Region	Number of Children Needing Care	Number of Slots Available	Percent of Demand Served
Archer Heights	4,910	180	4%
Garfield Ridge	4,625	180	4%
Brighton Park	9,469	401	4%
Clearing	1,084	58	5%
Gage Park	7,039	493	7%
McKinley Park	7,174	507	7%
West Eldson	3,684	287	8%
North Park	3,751	295	8%
Bridgeport	5,683	449	8%
Portage Park	5,518	441	8%

OTHER SERVICE NEEDS INDICATORS

As described in Appendix A – Methodology, another indicator used in determining child care need is a composite index of other community measures. This composite index or Other Service Needs Indicators was developed by CDHS for its annual Head Start Needs Assessment. Because this measure is so comprehensive, IFF uses it in this analysis as a factor affecting the need for child care. For a detailed discussion of the methodology used to develop these rankings, see the 1998 CDHS Head Start Needs Assessment.

The health of a community is not easily measured, but this composite index allows for a reliable comparison among communities. The Other Service Needs Indicators measure is crucial to this report in that it ameliorates some of the bias towards generally higher income communities that have low service levels.

Table 14 represents the ten communities with the highest composite index of Other Indicators.

Table 14

Community Area	Problem		Problem Change Index Ranking	Average Ranking	Overall Ranking
	Problem Volume Index Ranking	Intensity Index Ranking			
Humboldt Park	2	14	14	10.0	1
New City	11	17	3	10.3	2
Douglas	21	11	12	14.7	3
South Lawndale	5	33	10	16.0	4
South Chicago	19	20	9	16.0	5
Chicago Lawn	17	34	1	17.3	6
Riverdale	41	5	6	17.3	7
Logan Square	4	26	23	17.7	8
Washington Park	29	4	26	19.7	9
Rogers Park	16	37	7	20.0	10

Three community areas that have high slot deficits – South Lawndale, Humboldt Park and Logan Square – and three areas that have low service levels – South Lawndale, Logan Square and New City –rank in the top ten for Other Service Needs Indicators.

CARE FOR CHILDREN WITH SPECIAL NEEDS

Child care for preschool children with special needs is difficult to analyze because of a lack of information and little formal tracking. Most agencies or advocacy groups that serve people with disabilities do not track child care supply and demand. The Chicago Public Schools (CPS) has a responsibility to provide services to children with special needs and disabilities whose parents enroll them in a preschool or kindergarten program. In an attempt to identify special needs in the child’s early development, Child Find, a program of CPS, alerts parents by going into communities to promote the availability of screenings and testing for children at their local public school. However, the preschool programs available through CPS, Head Start and Pre-K, are primarily part-day programs.

IDHS' 1997 Report on Illinois Child Care documents that 4.6 percent of subsidy-eligible children have special needs. Applying this 4.6 percent figure to the number of subsidy-eligible children means approximately 3,200 children require special needs care.

Parents with special needs children who require full-day care compete for the same full-day slots as all families. The Americans with Disabilities Act requires that all providers of child care accept children with disabilities unless acceptance would be an undue burden on the provider. However, obtaining available slots in communities with low service levels and high slot deficits is difficult. In addition, licensed centers and homes do not necessarily have staff trained to meet the various special needs. Parents seeking full-day care are directed to the local Child Care Resource and Referral Network of the Day Care Action Council for referrals.

Centers and Licensed Homes

The Day Care Action Council maintains a database of child care centers and home care providers with staff who are experienced in working with children with special needs, according to specific categories of need. These categories include emotional and behavioral needs, physical needs, developmental needs, and the need for sign language. Parents are referred to centers and/or homes that can meet the special needs of their child. It is the responsibility of the parent to contact the center and/or home to ask about availability of slots and experience of the staff. During the first half of 1998, the Day Care Action Council received 295 requests from parents for centers that serve special needs children.

The Day Care Action Council lists 330 child care centers (including part-day Head Start centers) and 440 home care providers in its database that have staff experienced to work with children with special needs. The majority of the 77 communities have some resources available, but it is not possible to measure whether these resources are meeting the needs of children without tracking the progress of these children from child care centers through kindergarten with a child by child survey.

The Day Care Action Council keeps records of only the total number of slots within a center or home, so it is impossible to ascertain how many slots are specifically allocated and/or used by children with special needs. Further, not all centers and homes have training in all special needs. These maps do not indicate the ability of parents to find care in their community for any one special need. Parents must determine if the experience of the staff in these centers and homes can meet the needs of their child. Several needs can include a wide range of disabilities, and a given program's strengths may not be the right match for a special needs child.

An analysis of the top twenty priority areas indicates that some communities have more special needs home care providers than centers. But homes may not be a good resource for special needs children because of the small number of slots. As Maps L and K indicate, some communities, such as Brighton Park, McKinley Park, Gage Park, and Avondale, have little or no special needs resources available. Others such as South Lawndale, New City, and Logan Square clearly do not have any meaningful level of services because of the scale of their populations. Not only is a parent faced with the problem of finding child care in these communities, but if they have children with special needs, it is almost impossible for them to find those resources as well.

Part-Day Programs

In 1998, there were more than 1,400 CDHS Head Start enrollees receiving specialized services. This represented 10.5 percent of all CDHS Head Start slots, including those in CPS. When entering CPS Head Start and Pre-K programs, parents can request to have their children tested and evaluated as early as age 2 years and 9 months. The Early Childhood Special Education division of CPS is responsible for the assessment of three to five year old children with special needs, and to find programs where they can receive the services they need to help prepare them for kindergarten. Children are diagnosed according to thirteen special needs categories.

A diagnosed special needs child does not have to meet the Head Start income guidelines in order to be enrolled in a Head Start classroom if the services the child requires are available in a classroom close to the child's home. Ten percent of Head Start slots are

set aside for children with special needs, however, a Head Start classroom will not hold slots open for special needs children even if it has not reached the 10 percent goal.

Depending on the particular need, special needs children may also be placed in Pre-K classrooms that have additional teachers, or a mixed classroom with 12 Pre-K children and five special needs children with an additional special education teacher. There are also a few classrooms within the school system for children with severe disabilities and only special education teachers.

STATE SUBSIDIZED LICENSE-EXEMPT CARE

In 1997, the State of Illinois combined its Employment-Related Day Care (formerly Title XX) contracts to providers for low-income working parents with its certificate program for women on welfare. The former Department of Public Aid had experimented with child care certificates for several years prior to the Federal welfare reform, by using them to encourage women to work at least part-time. Since then, the State has maintained contracts and in some cases has expanded contracts, but the use of certificates to pay for child care has far exceeded the contracts in funds expended, largely because of welfare reform.

The State of Illinois' estimated fiscal year 1999 expenditures for child care are \$97 million for contracts and \$295 million for certificates.

Certificates address parents' needs for flexible child care arrangements that centers or other licensed programs may not be able to accommodate. Certificates also increase the supply of child care by allowing caretakers without site-based contracts to participate in the subsidized system. While certificates may be used in licensed child care, and carry a higher value if they are, they also require a parent co-payment if they are used in a licensed care arrangement. Most certificates are used in license-exempt care. The reasons for this may be speculative because few, direct parent surveys have been conducted. Some of the possible reasons are:

1. Parents do not have the choice of a licensed provider – there are no licensed child care centers or homes available to the parent, or if they are available, the parent does not know about them.
2. A licensed provider requires a co-pay, making it more expensive for the parent.
3. Parents prefer the most convenient care, which might be a neighbor or relative in close proximity.
4. Parents prefer the least expensive care, which may have the same characteristics as the most convenient care.
5. Parents piece child care together, using part-day Head Start and another caregiver, who also may be a relative or friend.
6. Parents work irregular shifts, which requires the use of more informal care at nights and on week-ends.
7. Parents engage in shared, pooled arrangements with other parents in the same situation.

Illinois recognizes and will pay for four types of child care that are license-exempt, non-center-based. Table 15 details the types of license-exempt care and describes their parameters.

Table 15

Type of Arrangement	Description
Day Care Home Exempt from Licensing	No more than 3 unrelated children under the age of 12 may be cared for, including the provider's own children
Relative in Relative's Home	Care provided by a relative in the home of the relative
Relative in Child's Home	Care provided by a relative in the home of the child
Non-Relative in Child's Home	Care provided by a non-relative in the home of the child

For the month ending December 31, 1998, IDHS issued certificates to approximately 25,700 Chicago families. IDHS estimates that there are 1.9 children per case family and that 54 percent of certificates, or approximately 26,700 were for the care of children

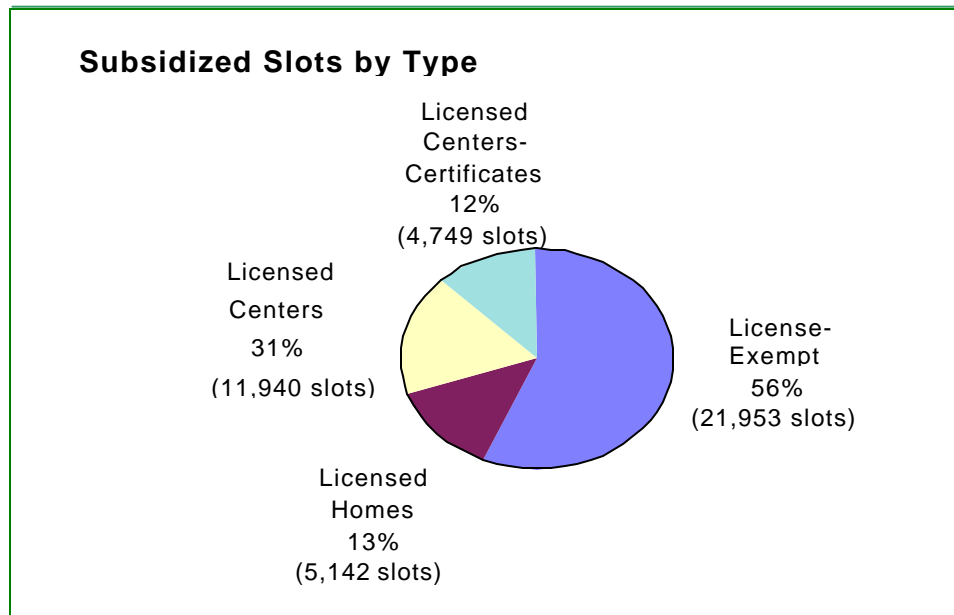
under five. Table 16 details the breakdown of certificate use for preschool children into the four types of license-exempt care and in licensed and license-exempt centers.

Table 16

Type of Arrangement	Chicago Total Certificates	Percentage of Certificates
Day Care Home Exempt from Licensing	701	3%
Relative in Relative's Home	7,602	28%
Relative in Child's Home	5,667	21%
Non-Relative in Child's Home	7,984	30%
<i>Sub-Total Unlicensed Certificates</i>	<i>21,953</i>	
Licensed and License-Exempt Centers	4,789	18%
<i>Total Certificates</i>	<i>26,742</i>	

Figure 5 shows licensed child care and license-exempt child care for Chicago's preschool children.

Figure 5



It is estimated that 56 percent of Chicago's subsidized care for preschool children is provided in license-exempt, unregulated and unmonitored settings.

Certificate Impact on Community Areas

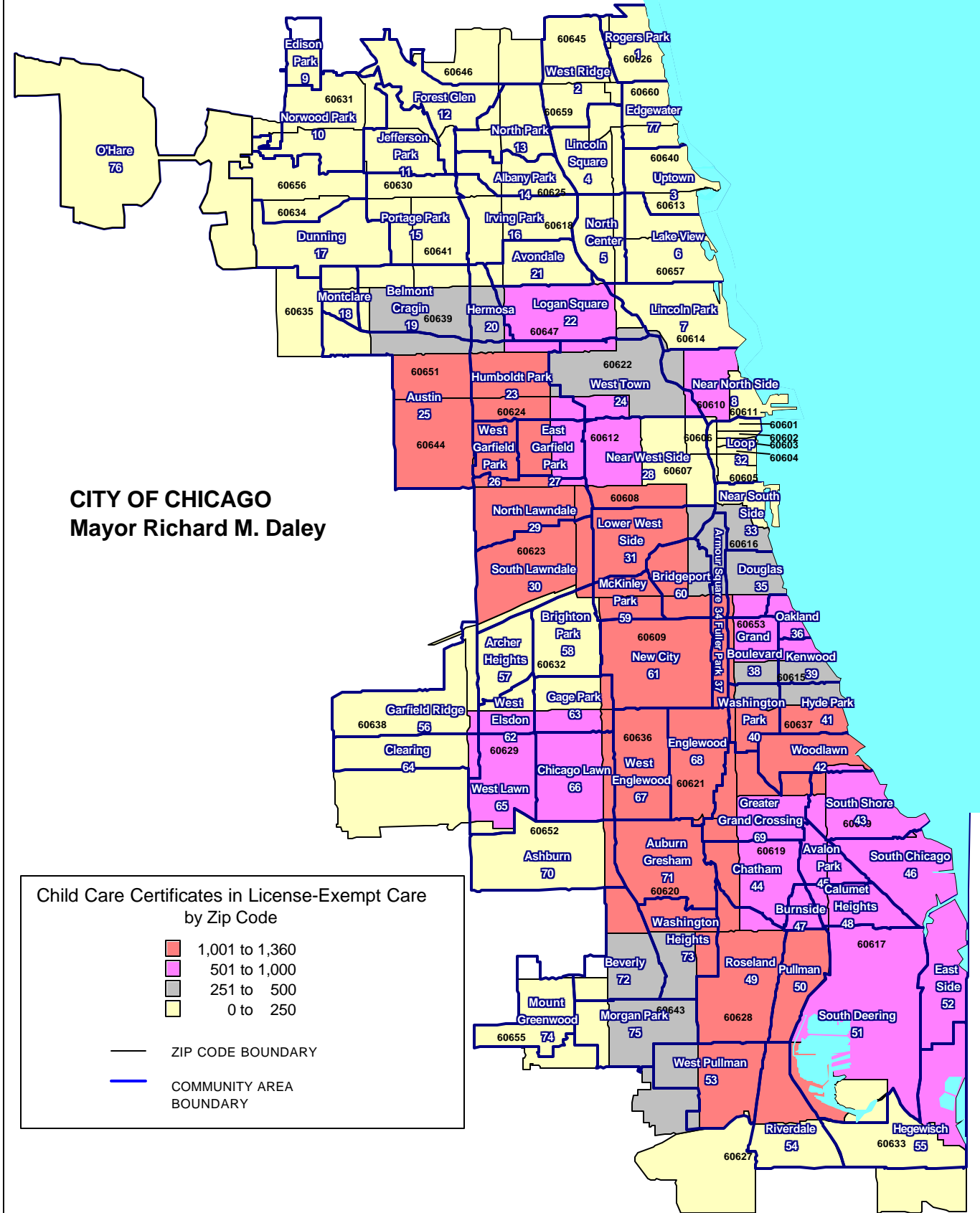
IDHS certificate data are available only by the zip code of the family using the certificate. Zip codes are comprised of multiple community areas and parts of community areas, making direct comparisons between the child care need analysis provided in this report and the number of certificates being used in a community area difficult. The 60623 zip code, for example, has 1,072 certificates, but includes North and South Lawndale whose combined slot deficits equal 4,975. It may be reasonable to assume that certificates are used in the community areas where the qualifying parent lives, but this cannot be proven. IDHS has undertaken a study to map where the certificate payment (provider's address) is made by zip code, but this study is not complete. Clearly certificates are relieving only a small amount of pressure on the system in these very high need communities.

Map I shows an overlay of certificates by zip code on Chicago community areas. The 60651 zip code area has the greatest number of certificates (1,359) issued in Chicago. Its boundaries do not correspond with any one community area. It is mostly comprised of a third of the Austin community and half of Humboldt Park. Table 17 shows the zip codes with more than one thousand certificates and the community areas that are part of the zip code.

Table 17

Zip Code	Certificates Issued	Community Areas Served
60651	1,359	north Austin, Humboldt Park
60644	1,332	central and south Austin
60609	1,266	New City, Fuller Park, south McKinley Park, south Bridgeport
60621	1,189	Englewood, west Greater Grand Crossing
60624	1,172	West Garfield, west East Garfield, south Humboldt Park
60628	1,142	Roseland, Pullman, east West Pullman, east Washington Heights, north Riverdale
60636	1,130	West Englewood
60620	1,124	Auburn Gresham, north Washington Heights, north Beverly, west Chatham
60623	1,072	North Lawndale, South Lawndale
60608	1,071	Lower West Side, south Near West Side, north McKinley Park, northwest Bridgeport, east South Lawndale
60637	1,009	Woodlawn, south Hyde Park, south Washington Park, northeast Greater Grand Crossing

Chicago Early Childhood Care and Education Needs Assessment



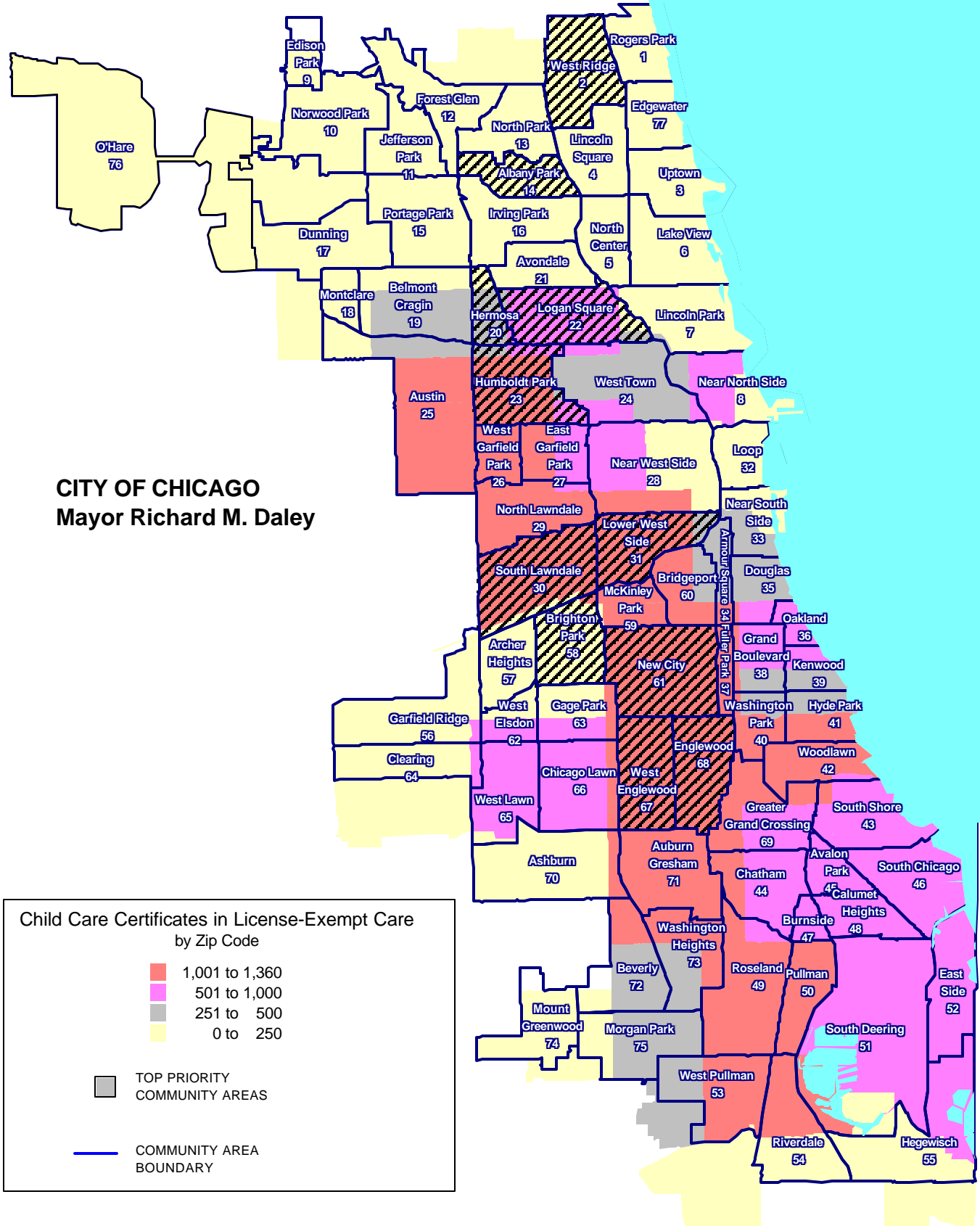
April 1999

Illinois Facilities Fund

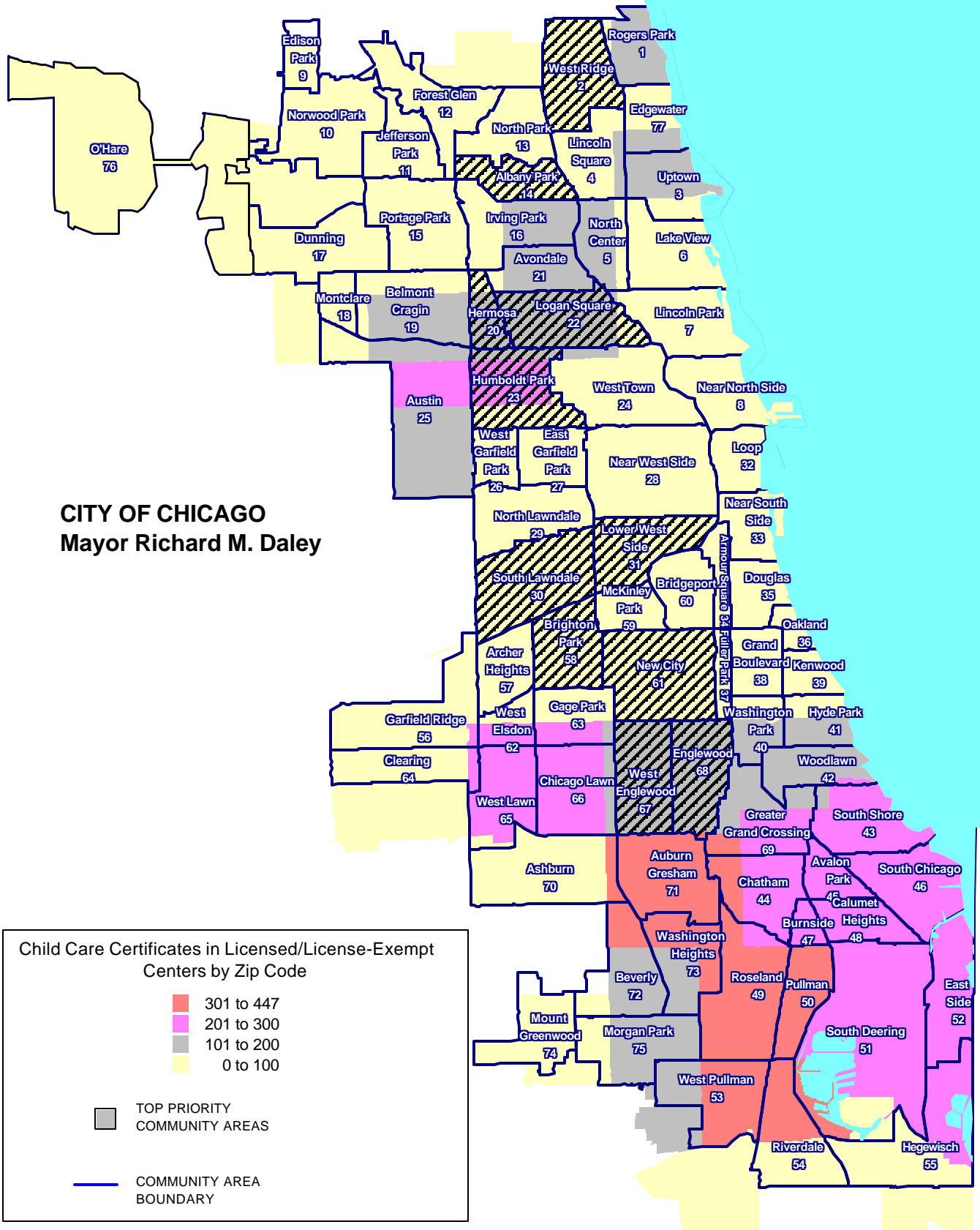
Six of the top zip codes affect priority areas discussed in this report. Map J shows license-exempt care by zip code with the priority community areas. Of the six, only two zip codes, 60621 (Englewood) and 60636 (West Englewood) closely correspond to priority area community boundaries. The issuance of certificates in these zip codes clearly assists with a significant portion of the demand in these two communities, although it cannot be determined whether children are in care in or outside of the community. Approximately 1,200 certificates were issued in Englewood compared with a slot deficit of 1,997. More than 1,100 certificates were issued in West Englewood compared with a 1,695 slot deficit. Clearly, State-subsidized, license-exempt care is helping to meet families' needs for child care. Map K shows child care certificates used in licensed or license-exempt centers.

The remaining zip codes do not correspond closely enough with one community area to make any comparisons, but the zip codes that make up West Ridge, Albany Park, Brighton Park have few certificates. The 60632 zip code, which includes all of Brighton Park and Archer Heights, as well as half of Gage Park and West Eldson has only 106 certificates. These communities comprise the region with the lowest service levels in the City.

Chicago Early Childhood Care and Education Needs Assessment



Chicago Early Childhood Care and Education Needs Assessment



April 1999

Illinois Facilities Fund

RECOMMENDATIONS

This report represents the initial phase in the creation of a multi-year plan for the development of child care in the City of Chicago and will serve as a resource document for city-wide planning efforts. Recognizing the increased demands that welfare reform will place on the early childhood care and education system, the Chicago Department of Human Services has taken interim steps to increase full-day care for working families including: creating 500 full-day Head Start slots for infants/toddlers; converting 30, half-day Head Start sites to full-day; and supporting the construction of nine Child and Family Resource Center facilities for 1,700 children within the federally designated Empowerment Zone and Enterprise Communities.

Significant work remains ahead. As detailed in this report, numerous communities have little or no licensed, full-day child care to support working families and those making the transition from welfare to work. Other communities are faced with converting their half-day Head Start and Pre-K slots into full-day care. With these challenges in mind, this report makes the following recommendations:

1. Thirty-five percent of the demand for subsidized child care should be licensed by the Year 2005.

There are no standards or guidelines for an ideal service level for licensed child care in a particular community. As described in this report, parents make a myriad of choices to obtain care for their children while they work. Parents take leave from work, work different shifts from their spouse, work part-time, turn to relatives, in-home baby sitters, license-exempt homes, licensed homes, and licensed child care centers for full-day care of their children. The Illinois subsidized child care system subsidizes a growing number of those choices. The debate around what is the appropriate service level of and place for care will never be resolved; it involves far too many issues of personal choice to ascertain a "correct" answer.

What is known is that each year too many children arrive at their first kindergarten class in the Chicago Public Schools unprepared. If the City is going to meet Governor Ryan's goal of each and every child reading at or above grade level, then the City and the State must begin preparing each and every child before kindergarten. And as this report clearly details, such preparation must be provided in a full-day, full-year child care context so that parents can obtain and retain employment.

Presently in Illinois, approximately two-thirds of child care occurs in a license-exempt context and one third occurs in a licensed setting. The goal of serving 35 percent of the potential demand by subsidy-eligible children in licensed care means that the City will provide the same level of choice and service to its low-income families as families throughout the State already have. This report documents that Chicago's present service level of licensed care is 18 percent of potential demand. Ten of Chicago's 77 community areas already provide licensed care for 35 percent or more of subsidy-eligible preschool children. Twenty-seven have service levels above 20 percent. However, 33 community areas have service levels that are 10 percent or below.

To achieve a 35 percent service level in the 67 communities with service levels under 35 percent, the City must create 12,500 new, full-day slots, or 2,500 per year for five years. This will not be an easy task. Previously the largest increase in capacity in a single year was 1,200 slots, including half-day Head Start slots. One of the most efficient ways to achieve this 35 percent goal is to align Head Start resources with the need for full-day care. Additional planning is required to document the cost of meeting this goal.

2. The Chicago Department of Human Services and The Ounce of Prevention Fund should survey Head Start families to document the number of families that would qualify for and choose licensed, full-day child care if available in their community. These parents are included in the IFF demographics, but the resources dedicated to part-day programs are not.

There are approximately 12,500 part-day Head Start slots in use (3,100 of which are in public schools) in Chicago as part of the City's early childhood care and education system. As evidenced by focus groups and interviews the IFF has conducted with Head

Start providers and as discussed in this report, the need for full-day care for working parents continues to outpace the demand for these part-day, part-year programs. Parents are demanding full-day care from Head Start centers. Head Start programs in the City are suffering from their highest vacancy rates and highest student turnover in their history. Parents use part-day Head Start slots that they patch together with other part-time care, while they search for full-day care. Such evidence also documents that parents choose center-based, early childhood education for their children when it is available and if they can piece together a full day of care. If they cannot, they leave Head Start and their children are unable to take advantage of it, even if they qualify.

By conducting a survey (designed for statistical analysis) of the current Head Start families, CDHS and The Ounce of Prevention Fund can document the need for converting Head Start classrooms into full-day services and determine what percentage of Head Start slots should remain part-day. The survey will also provide powerful statistical evidence of Chicago parents' desire for using licensed child care centers to prepare their children for school, while allowing them to find and retain employment.

3. Develop community-specific action plans for increasing licensed care in the priority community areas. Such plans should analyze the feasibility of, and develop implementation for, increasing capacity through conversions of Head Start to full-day, expansion of existing centers, adding new centers, and creating and/or expanding new, licensed home networks.

The information presented in this report clearly indicates that the appropriate method for increasing full-day child care will be different in each community. Each community area's early childhood care and education infrastructure has developed (or not developed) over time in different ways and offers differing resources on which to build. The most obvious asset on which to build is part-day Head Start slots. Communities also have other assets affecting the ability to increase early childhood care and education capacity including: part-day Pre-K slots, strong community-based social service organizations and a community's housing stock. For example, the success of developing affordable care for infants and toddlers in homes greatly depends on whether

a community has housing stock conducive to licensable homes – those that are low density and have larger housing units.

The Action Plans should specifically detail how to build on each community's assets to increase capacity. In some communities this will require building additional child care centers. In others it may mean expanding home networks or converting Head Start into full-day child care. Or the community may benefit from all of the above. CDHS can also utilize the Action Plans to provide the documentation required in Head Start regulations for dramatic changes in awards and for capital requests.

4. Develop, with the full support of the key funding agencies, Health and Human Services and Illinois Department of Human Services, a written plan for increasing licensed, full-day care through conversions of Head Start slots to full-day and adding Head Start to child care programs to create an incentive for expansion in priority areas.

While the success of expanding full-day capacity in priority areas will depend on building on local community assets, the use of those assets such as converting half-day Head Start slots, requires planning, administration, and cooperation at a higher level. The logistics of significantly increasing licensed care in the priority communities and converting the present system from 77 percent part-day slots to predominately full-day will take considerable leadership and time. The success of such an undertaking will require CDHS, The Ounce, and their funding agencies – IDHS and HHS – to work together with a common purpose: supporting the early childhood education of low-income children in full-day care.

There are 3,362 part-day Head Start slots in the top eleven priority community areas alone, of which 2,563 are in nonprofit centers. These slots and the classrooms they occupy are a tremendous asset to the communities they serve. Conversion of half the Head Start slots in the nonprofit centers in the eleven priority areas would increase the overall service level in the communities to 19 percent for three to five year olds – a 167 percent increase.

The largest obstacle to converting half-day Head Start slots is the potential overall reduction of children now served by Head Start in part-day programs. Each part-day Head Start classroom serves 34 children in two sessions of 17 children. Full-day care for 20 children means that 14 children will not be served unless new classrooms can be found and an additional six new Head Start slots allotted. If CDHS is given flexibility for reprogramming slots, however, for every ten classrooms that are converted seven additional classrooms of 20 could be added in high need neighborhoods. CDHS has over 12,000 part-day Head Start slots with which to plan for conversion and to use to support full-day programs in high need communities. A written plan, based on the Head Start survey and the Action Plans, prioritizing centers for conversion and detailing expansion into high need communities should be developed and presented to CDHS' funding sources for support and to request the flexibility required for accomplishing the goals described here.

One of the most critical actions needed is authority to issue targeted RFPs to Head Start centers in priority areas to convert half-day Head Start slots to full-day by adding child care funding. Additionally, targeted RFPs for priority communities should be issued to child care providers for an increase in full-day services, with reprogrammed funds from Head Start. The RFP should be directed to all providers interested in serving the priority areas regardless of their current service area(s). Strong agencies wishing to expand their services to priority communities should be encouraged to do so. Because there are no, or a limited number of, agencies in many of the priority areas, the RFP should create incentives for agencies to provide services in these areas.

CDHS, with proper planning, should be able to reprogram part-day slots to other needy communities and possibly other age groups (infants and toddlers) and therefore serve more children in a full-day context. Because expansion will, in many cases, require facility renovations and improvements, the plan should request the use of Head Start capital dollars to meet a portion of physical expansion needs. One of the greatest obstacles for expansion by nonprofits into other neighborhoods is their inability to locate, acquire, and develop facilities.

5. The CDHS, IDHS, and HHS should actively pursue further development of child and family resource centers (centers serving all preschool ages and school-aged children) in growing communities with large slot deficits, especially those with high slot deficits for infants and toddlers.

Conversion of Head Start to full-day will greatly increase full-day capacity for three to five year olds, but will do little to increase capacity for infants and toddlers. Licensed home networks will increase service to infants and toddlers, but the overall volume of slots will not greatly affect communities with high slot deficits. Within the parameters of the City of Chicago's Empowerment Zone work and a commitment from Mayor Daley, the City is actively planning nine child and family resource centers serving eight of the top twenty priority communities. These centers and their locations are:

<u>Center</u>	<u>Community Area</u>
The North Lawndale Child and Family Resource Center	North and South Lawndale
The Little Village Child and Family Resource Center	North and South Lawndale
El Hogar Del Nino Child and Family Resource Center	Lower West Side
Back of the Yards Child and Family Resource Center	New City and McKinley Park
Englewood Child and Family Resource Center	West Englewood, Englewood
Logan Square YMCA	Logan Square
North Lawndale YMCA	North Lawndale
Family Service Center	Austin

However, five communities in the top ten – each having slot deficits of more than 500 slots – could use the full-day child care for all ages that a child and family resource center provides. In 1993 the State of Illinois set out to significantly increase early childhood care and education capacity in high need communities around the State. It created a public-private partnership to build seven child and family resource centers which was designed and implemented by the IFF in partnership with DCFS – The Child Care Facility Development Program. Three centers were built in the Chicago communities of Uptown, Humboldt Park, and West Town. Those communities currently rank 36, 10, and 13 respectively. Humboldt Park would have ranked two and West Town would have ranked in the top ten without those centers.

Child and family resource centers offer the best structure to increase early childhood care and education capacity for all children, providing a continuum of care available for families with multiple children and family support programs that assist parents make the transition from welfare to work. However, these centers are difficult to finance. The City of Chicago and the State of Illinois should promote a public-private partnership to develop licensed centers in high need communities. Such a partnership should use the private sector to focus on taking care of the financing and development of the centers in advance so that the CDHS and child care nonprofits can concentrate on developing high quality child care and education programs.

6. CDHS should continue to increase licensed home networks in the top twenty priority areas.

Licensed homes are the greatest contributor of slots for infant and toddlers. Of the 1,898 infant slots in the City, 1,735 or 91 percent are in licensed homes. Of the 1,957 toddler slots, 1,717 or 80 percent are in homes. Aggressive expansion of slots in licensed homes can significantly increase service to infants and toddlers and three to five years olds. Such expansion is especially important in smaller communities that do not have high slot deficits but do have low service levels. However, increases in home slots is limited by housing stock. Careful analysis of the licensed home and infant/toddler data show that communities with more single family housing stock have the greatest number of home slots and therefore the greatest service to infants and toddlers.

The lowest service levels in the City are found in the southwest side communities of Gage Park, Brighton Park, Chicago Lawn and Archer Heights. This region also has a preponderance of single family bungalows. It is a logical target for increasing licensed homes.

7. CDHS and CPS should work with IDHS to encourage license-exempt home providers to use part-day Head Start and Pre-K programs to increase the number of children obtaining early childhood education as preparation for kindergarten.

This report documents that approximately 21,000 Chicago preschool children are not in licensed care. Three-fifths of these children are three to five years old – crucial ages for preparing for success in school. Setting aside the issue of lack of access to licensed care and the debate over the relative quality of license-exempt care, these low-income children still may enter school never having experienced an educational setting. Thus they may have no concept of basic classroom expectations. Chicago's licensed early childhood care and education system cannot absorb the more than 13,000 children into licensed care. Reaching the goal of serving 30 percent of potential demand in licensed care over five years (as suggested in recommendation #1) will require the creation of more than 9,000 slots.

A concerted marketing campaign to encourage parents to combine license-exempt care with Head Start or Pre-K programs, when possible, will enable the City to meet the twin policy goals of providing children with full-day care and preparation for school. Such arrangements are already occurring in the system.

An education campaign to parents receiving certificates will encourage them to consider preschool education. Including local Head Start and Pre-K program brochures and contacts in an IDHS biannual mailing of certificates will facilitate the use of these programs. Clearly, not all parents using license-exempt care arrangements will be able to take advantage of such services, but low-income families' access to early childhood development programs should be encouraged and facilitated to meet the needs of working parents and their children.

APPENDIX A – METHODOLOGY

The IFF has developed a methodology for determining child care need that accounts for changes in population and the working status of parents. The methodology assumes that not all parents require child care and therefore the number of children needing care are only counted in those families where both parents work and the only parent works. The methodology also accounts for child care need among parents who are securing employment under welfare reform. Thus, the demand for child care is not just based on the gross number of preschool children; it is based on those who actually need it.

In addition to measuring child care need based on the work status of parents, the IFF methodology measures need among families with different incomes. Specifically, the methodology determines need among families eligible to receive State child care subsidies. Potential demand is then measured against the supply of slots that are available to all families and those eligible for State child care subsidies.

The following presents a step-by-step guide on the child care needs assessment methodology, how and where each separate data estimate was obtained and/or calculated, and the assumption used in its calculation.

DATA

Child care data for this report are compiled from numerous sources, some of which are continually changing (e.g. the number of slots). All information and data are accurate as of the date they were provided to the IFF. The data, their sources, and the dates they were provided are detailed in Appendix I – Data Sources.

Information in this report is provided for the 77 community areas that comprise the city of Chicago. Community areas are used because of the availability of Census statistics necessary for analysis.

DEMAND

Children

Child care need is measured for children from birth to five years (“preschool children”). After-school and summer care for children between six and twelve years old (the age through which the State will subsidize care) is not part of the analysis.

The total number of preschool children is further broken into three age categories, which correspond, to the Census breakdown:

Infants	Birth to 12 months
Toddlers	13 months to 36 months
3 – 5 Year Olds	36 months to 5 years

The 1990 Census numbers for these age groups are updated to 1998 using Claritas population change projections for each community area. These projections are provided to the IFF by the Nathalie P. Voorhees Center of the University of Illinois at Chicago and Claritas Marketing, Inc.

Potential Demand for Child Care

Potential child care demand is determined in part by the labor force status of parents, a measure recorded by the Census. The Census categories are as follows:

1. Two-parent families, one parent in labor force
2. Two-parent families, both in labor force
3. One-parent families, in labor force
4. One-parent families, not in labor force

The following percentages of the types of families with children are used to determine potential child care demand:

0 percent of two-parent families with one parent working
100 percent of two-parent families with both parents working
100 percent of one-parent families with parent working
35 percent of one-parent families with parent not working
The sum of these equals the “Target Families” multiplier

The term “target families” is used throughout the report to refer to working families and a percentage of families moving from welfare to work. The term “potential demand for child care” is used to refer to the number of preschool children in these families.

Thirty-five percent of children in one-parent, non-working families are added to working-parent families to factor in increasing demand for full-day child care from families moving from welfare to work. Temporary Assistance for Needy Families (TANF) work mandates require that 35 percent of non-working, single-parents must work within the next year. The children of these parents, therefore, will need child care and are added to the potential demand.¹

It is assumed that two-parent families where only one parent works do not require care. Although the non-working parents may be involved in activities requiring child care such as school or other training, there are no meaningful ways of measuring such activities.

The number of preschool children is multiplied by the target family multiplier to determine the number of children in each age group potentially requiring child care. Because the exact demand is impossible to ascertain, the term “potential demand” is used in this report when referring to the children in target families. Part-time employment, differing work shifts, in-home work, and other non-traditional work arrangements will reduce the demand for full-day child care.

¹ The 35 percent figure is conservative, reflecting federal goals. The December 1998 publication of Illinois Welfare News reports that 33.8 percent of TANF families in Cook County are involved in work-related activities that require parents to obtain child care. No all of these activities are full-time.

Income of Target Families

This report presents the number of children in target families in two income classifications: 50 percent of SMI and all income levels. The State's qualifying family income for subsidized child care is 50 percent of SMI or below. The number of target families with incomes at or below 50 percent of the SMI is estimated to measure demand of subsidized child care.

Calculating the total number in subsidy-eligible target families is a four-step process.

1. The average family size by community area is obtained from the Census and rounded up.
2. Fifty percent of the SMI based on the average family size is determined using IDHS income guidelines.
3. The percentage of families with incomes at or below 50 percent of SMI for the average family size is calculated using Claritas income projections. This percentage is the income multiplier.
4. The total number of children who potentially demand full-day child care services is multiplied by the income multiplier to estimate the number of children potentially demanding and qualifying for subsidized child care.

The number of all children in target families regardless of income is also presented in Appendix G and not discussed in the report unless noted.

SUPPLY

Slots

Only fully-day child care slots are included in this needs assessment. These include all full-day slots in licensed child care centers, licensed home providers, and license-exempt child care centers (schools, colleges, and governmental facilities). Unlicensed slots are not included in the needs assessment analysis. Data on slot are compiled from lists from the Day Care Action Council, Chicago Department of Human Services, Illinois Department of Human Services, and the Chicago Public Schools.

The number of licensed homes is only available in the aggregate, not by ages served. For this analysis, the number of available home care slots in a community area is divided into three for the three age groups – infants, toddlers, and three to five year olds – and these numbers are added to the number of center-based child care slots for each age group to provide a total for each age group. If the number of home care slots is not divisible by three, the extra slots are allocated to the infant and toddler totals.

Part-day Slots

Part-day slots are included in full-day slot counts if they are part of collaboration or other full-day care program.

Subsidized Slots

Subsidized slots include all slots in child care centers under contract for subsidies with the Illinois and/or Chicago Departments of Human Services.

In addition, a portion of licensed home care slots is included. Because most homes receive subsidies through certificates, they theoretically can accept subsidies for all home slots. However, the market in which homes operate greatly affects whether a home operator will accept a certificate that generally pays less than market rate. Therefore, this report uses community area average household income to determine the percentage of home slots counted as available for subsidies. The breakdown is as follows: 100 percent of the slots are counted as available for subsidy certificates in community areas where the average household income falls in the bottom quartile of the City; 75 percent of the slots are counted in community areas where the average household income falls in the second quartile of the City; and the 50 percent of the slots are counted in areas where the average household income falls in the top two quartiles of the City.

A family may use a certificate in a licensed or license-exempt child care center if the center will honor the certificate. IDHS estimates that approximately 4,800 certificates were used in Chicago center in 1998. These slots are already included in the overall full-day slot count for the City, but are not counted as subsidized. Because IDHS does not code certificates by community area, it is impossible to estimate the number of

certificates accepted by centers in each community area. Additionally, the number of slots are not guaranteed as available to low-income families because they are only available if the center continues to accept certificates. If the market rate fee for center-based care increases beyond the State reimbursement rate, such centers may decline certificates (many centers do not accept certificates). The number of certificates in centers is discussed in the Child Care Needs Assessment section of the report.

CHILD CARE NEED

Child care need is measured by comparing the potential demand for care among subsidy-eligible target families with the supply of subsidized slots to provide two indicators of child care need in each community area: slot deficit – potential demand minus slots (target families not receiving care); and service level – slots divided by potential demand (the percentage of demand being served).

Slot Deficit

The slot deficit is measured by subtracting the number of full day slots from the potential demand by target families for those slots. The slot deficit represents the volume of potential, unmet demand in the given community. Slot deficits are highly dependent on community size. Larger community areas have higher deficits although some have higher than average service levels.

Service Level

The service level is calculated by dividing the number of full-day slots by the potential demand among target families in the given community. The service level percentage measures the ability of families to find child care in their community. The lower the service level percentage, the less likely families will find care within their community. Service levels indicate the intensity of the lack of services in each community area.

Regional Service Level

The regional service level takes into consideration that families will cross community area boundaries. The regional service level is based on the service level of the community and its adjoining community areas.

For the purposes of this assessment, a region is comprised of a community area and its contiguous community areas. For example, Rogers Park's contiguous community areas are Edgewater and West Ridge. The regional service level is the percentage of children in target families for the entire region that are being served by the total number of available full-day slots in that region. To determine the regional service level, the total number of slots available in the communities comprising the region is divided by the potential demand by target families in those communities.

A lower regional service level indicates that it is difficult to find care, even if the particular community has a higher service level, because families in the adjoining community areas with low service levels will seek care in the community with the higher service level. The regional analysis examines service level percentages only – not slot deficit information – for each community area region. Service level percentages are used because they are adjusted proportionately for regional size. Slot deficits vary too greatly between community areas to be comparable.

Other Service Need Indicators

CDHS uses eight measures of the need for other services to address a community's overall socio-economic health. In some cases these needs can be directly or indirectly addressed with child care services. These measures are presented for each community area and include:

1. Number of three to five year olds in poverty;
2. Total number of persons in poverty;
3. Number of persons receiving public assistance;
4. Number of single-parent families with children under 18 years old;
5. Lack of quality of health: infant deaths, births to teenage mothers, and low birth weights;
6. Level of educational achievement: the rates of 16 to 19 year olds not in school and not high school graduates, the percentage of people 25 years and older who are not high school graduates, and the median reading scores of third graders;

7. Unemployment rate; and
8. Median family income.

These measures are examined, and communities are ranked using three dimensions: the volume of the problem (total number of people possessing a certain characteristic that is a need or problem); the intensity of the problem (percent of people within the community with the need or problem); and change over time (change in either the volume or intensity of the problem). This report uses the summary ranking of these measures and dimensions to represent the need for other services in each community Needs Assessment and presented in Appendix F – Other Indicators Ranking Tables. For the data and rankings of the individual measures and dimensions, refer to the 1998 CDHS Head Start Needs Assessment.

**APPENDIX B – WEIGHTED RANKING TABLES –
SUBSIDY-ELIGIBLE PRESCHOOL CHILDREN**

Area #	Community Area	Slot Deficit Rank¹	% Served Rank²	Regional % Served Rank³	Other Indicators Rank⁴	Weighted Average	Overall Weighted Rank
	Weight	45%	35%	10%	10%		
1	Rogers Park	19	50	25	10	29.55	20
2	West Ridge	14	19	22	34	18.55	5
3	Uptown	18	67	43	15	37.35	37
4	Lincoln Square	24	21	33	38	25.25	16
5	North Center	38	42	34	59	41.10	47
6	Lakeview	39	39	64	66	44.20	52
7	Lincoln Park	76	76	29	70	70.70	75
8	Near North	55	68	65	49	59.95	70
9	Edison Park	72	31	13	77	52.25	64
10	Norwood Park	52	25	32	73	42.65	50
11	Jefferson Park	63	28	18	71	47.05	57
12	Forest Glen	73	48	19	76	59.15	68
13	North Park	57	23	8	57	40.20	46
14	Albany Park	13	30	21	18	20.25	9
15	Portage Park	35	27	10	50	31.20	25
16	Irving Park	27	38	12	39	30.55	22
17	Dunning	47	22	11	64	36.35	32
18	Montclare	70	24	55	63	51.70	62
19	Belmont Cragin	16	18	40	40	21.50	12
20	Hermosa	25	9	31	21	19.60	7
21	Avondale	33	15	20	28	24.90	15
22	Logan Square	3	11	28	8	8.80	2
23	Humboldt Park	4	41	41	1	20.35	10
24	West Town	2	40	50	27	22.60	13
25	Austin	5	62	45	13	29.75	21
26	West Garfield Park	32	55	59	23	41.85	48
27	East Garfield Park	41	73	52	30	52.20	63
28	Near West Side	12	69	54	24	37.35	36
29	North Lawndale	10	49	51	12	27.95	18
30	South Lawndale	1	14	15	4	7.25	1
31	Lower West Side	8	32	30	22	20.00	8
32	Loop	77	77	76	75	76.70	77
33	Near South Side	49	54	53	19	48.15	58
34	Armour Square	56	52	36	46	51.60	61
35	Douglas	20	44	61	3	30.80	23
36	Oakland	60	61	60	37	58.05	67
37	Fuller Park	67	20	37	47	45.55	54
38	Grand Boulevard	15	70	58	14	38.45	43

Area #	Community Area	Slot Deficit Rank ¹	% Served Rank ²	Regional % Served Rank ³	Other Indicators Rank ⁴	Weighted Average	Overall Weighted Rank
	Weight	45%	35%	10%	10%		
39	Kenwood	45	16	68	53	37.95	40
40	Washington Park	37	65	57	9	46.00	56
41	Hyde Park	50	26	74	67	45.70	55
42	Woodlawn	36	71	72	31	51.35	60
43	South Shore	11	56	75	20	34.05	28
44	Chatham	42	53	77	45	49.65	59
45	Avalon Park	75	75	71	65	73.60	76
46	South Chicago	23	60	62	5	38.05	42
47	Burnside	71	47	67	42	59.30	69
48	Calumet Heights	69	59	70	55	64.20	73
49	Roseland	22	58	56	16	37.40	38
50	Pullman	68	64	49	41	62.00	72
51	South Deering	48	36	44	36	42.20	49
52	Eastside	46	7	47	44	32.25	26
53	West Pullman	26	51	27	25	34.75	30
54	Riverdale	28	37	46	7	30.85	24
55	Hegewisch	65	4	16	58	38.05	41
56	Garfield Ridge	43	35	2	56	37.40	39
57	Archer Heights	66	12	1	61	40.10	45
58	Brighton Park	30	5	3	35	19.05	6
59	McKinley Park	51	1	6	48	28.70	19
60	Bridgeport	34	43	9	51	36.35	31
61	New City	6	13	14	2	8.85	3
62	West Elsdon	62	3	7	69	36.55	33
63	Gage Park	40	6	5	32	23.80	14
64	Clearing	58	10	4	72	37.20	34
65	West Lawn	53	8	23	54	34.35	29
66	Chicago Lawn	17	45	38	6	27.80	17
67	West Englewood	9	33	24	33	21.30	11
68	Englewood	7	17	35	17	14.30	4
69	Greater Grand Crossing	29	63	63	29	44.30	53
70	Ashburn	59	57	42	52	55.90	65
71	Auburn Gresham	21	66	48	11	38.45	44
72	Beverly	64	46	66	62	57.70	66
73	Washington Heights	54	72	69	43	60.70	71
74	Mount Greenwood	61	2	17	74	37.25	35
75	Morgan Park	44	29	73	60	43.25	51
76	O'Hare	74	74	26	68	68.60	74
77	Edgewater	31	34	39	26	32.35	27

¹ For detailed slot deficit information, see Appendix C.

² For detailed service level percentage information see Appendix D.

³ For detailed regional service level percentage information, see Appendix E.

⁴ For detailed information on other indicators ranking, see Appendix F.

Area #	Community Area	Slot Deficit Rank	% Served Rank	Regional % Served Rank	Other Indicators Rank	Weighted Average	Overall Weighted Rank
	Weight	45%	35%	10%	10%		
30	South Lawndale	1	14	15	4	7.3	1
22	Logan Square	3	11	28	8	8.8	2
61	New City	6	13	14	2	8.9	3
68	Englewood	7	17	35	17	14.3	4
2	West Ridge	14	19	22	34	18.6	5
58	Brighton Park	30	5	3	35	19.1	6
20	Hermosa	25	9	31	21	19.6	7
31	Lower West Side	8	32	30	22	20.0	8
14	Albany Park	13	30	21	18	20.3	9
23	Humboldt Park	4	41	41	1	20.4	10
67	West Englewood	9	33	24	33	21.3	11
19	Belmont Cragin	16	18	40	40	21.5	12
24	West Town	2	40	50	27	22.6	13
63	Gage Park	40	6	5	32	23.8	14
21	Avondale	33	15	20	28	24.9	15
4	Lincoln Square	24	21	33	38	25.3	16
66	Chicago Lawn	17	45	38	6	27.8	17
29	North Lawndale	10	49	51	12	28.0	18
59	McKinley Park	51	1	6	48	28.7	19
1	Rogers Park	19	50	25	10	29.6	20
25	Austin	5	62	45	13	29.8	21
16	Irving Park	27	38	12	39	30.6	22
35	Douglas	20	44	61	3	30.8	23
54	Riverdale	28	37	46	7	30.9	24
15	Portage Park	35	27	10	50	31.2	25
52	Eastside	46	7	47	44	32.3	26
77	Edgewater	31	34	39	26	32.4	27
43	South Shore	11	56	75	20	34.1	28
65	West Lawn	53	8	23	54	34.4	29
53	West Pullman	26	51	27	25	34.8	30
60	Bridgeport	34	43	9	51	36.4	31
17	Dunning	47	22	11	64	36.4	32
62	West Elsdon	62	3	7	69	36.6	33
64	Clearing	58	10	4	72	37.2	34
74	Mount Greenwood	61	2	17	74	37.3	35
28	Near West Side	12	69	54	24	37.4	36
3	Uptown	18	67	43	15	37.4	37
49	Roseland	22	58	56	16	37.4	38
56	Garfield Ridge	43	35	2	56	37.4	39
39	Kenwood	45	16	68	53	38.0	40
55	Hegewisch	65	4	16	58	38.1	41
46	South Chicago	23	60	62	5	38.1	42
38	Grand Boulevard	15	70	58	14	38.5	43
71	Auburn Gresham	21	66	48	11	38.5	44
57	Archer Heights	66	12	1	61	40.1	45
13	North Park	57	23	8	57	40.2	46
5	North Center	38	42	34	59	41.1	47
26	West Garfield Park	32	55	59	23	41.9	48
51	South Deering	48	36	44	36	42.2	49
10	Norwood Park	52	25	32	73	42.7	50
75	Morgan Park	44	29	73	60	43.3	51
6	Lakeview	39	39	64	66	44.2	52
69	Greater Grand Crossing	29	63	63	29	44.3	53
37	Fuller Park	67	20	37	47	45.6	54
41	Hyde Park	50	26	74	67	45.7	55
40	Washington Park	37	65	57	9	46.0	56
11	Jefferson Park	63	28	18	71	47.1	57
33	Near South Side	49	54	53	19	48.2	58
44	Chatham	42	53	77	45	49.7	59
42	Woodlawn	36	71	72	31	51.4	60
34	Armour Square	56	52	36	46	51.6	61
18	Montclare	70	24	55	63	51.7	62
27	East Garfield Park	41	73	52	30	52.2	63
9	Edison Park	72	31	13	77	52.3	64
70	Ashburn	59	57	42	52	55.9	65
72	Beverly	64	46	66	62	57.7	66
36	Oakland	60	61	60	37	58.1	67
12	Forest Glen	73	48	19	76	59.2	68
47	Burnside	71	47	67	42	59.3	69
8	Near North	55	68	65	49	60.0	70
73	Washington Heights	54	72	69	43	60.7	71
50	Pullman	68	64	49	41	62.0	72
48	Calumet Heights	69	59	70	55	64.2	73
76	O'Hare	74	74	26	68	68.6	74
7	Lincoln Park	76	76	29	70	70.7	75
45	Avalon Park	75	75	71	65	73.6	76
32	Loop	77	77	76	75	76.7	77

APPENDIX C – DATA SOURCES

Data used to prepare this report were collected from the following sources:

The Day Care Action Council of Illinois, September 1998

- ◆ All licensed and license-exempt centers excluding Head Start programs
- ◆ All Head Start centers excluding those with child care slots
- ◆ All Head Start Centers with additional child care slots
- ◆ All licensed family day care homes

The Chicago Department of Human Services

- ◆ FY 1999 Head Start program sites, October and November, 1998
- ◆ FY 1998 Child Care delegate agency program sites, October and November, 1998

The Illinois Department of Human Services

- ◆ All Child Care site administered contracts in SDA IV, September, 1998
- ◆ 1997 Report on Illinois Child Care

The Chicago Public Schools, September, 1998

- ◆ Public Schools with Head Start programs
- ◆ Public Schools with State Pre-Kindergarten programs
- ◆ Agencies with State-Pre-Kindergarten programs

The Ounce of Prevention Fund, November, 1998

- ◆ List of Head Start delegate agencies

Nathalie P. Voorhees Center at the University of Illinois at Chicago, October, 1998

- ◆ Census projections from Claritas Marketing, Inc.

U.S. Bureau of the Census

- ◆ 1990 Census of Population and Housing

APPENDIX D – AUTHORS

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